

Trafford's Local Transformation Plan for Children & Young People's Mental Health & Wellbeing – 2015-2021



4th Edition



TRAFFORD
COUNCIL



Trafford

Clinical Commissioning Group

Contents

| | |
|--|-----------|
| 1. Introduction | 3 |
| 2. Mental Health Needs of Children & Young People in Trafford | 8 |
| 3. Trafford's Current Service Offer | 24 |
| 4. Activity, Resource and Funding | 47 |
| 5. Stakeholder Engagement | 57 |
| 6. Local Transformation Plan | 66 |
| Jargon buster | 85 |

1. Introduction

- 1.1 This plan outlines Trafford's ambition for the mental health and wellbeing of its children, young people and families.
- 1.2 Our vision is: ***to ensure that children and young people in Trafford receive the right type of support, in the right place, at the right time, that is high quality, personalised and effective to support healthy emotional development and help them to become thriving adults.***
- 1.3 We are now three years on since this document was first published. What follows includes updated details of all of the transformational changes that have occurred in this time, alongside details of our plans between now and 2021.

National and Greater Manchester Strategic Mental Health Context

- 1.4 Trafford sits as one of the ten local authorities in the Greater Manchester (GM) region and has a unique chance to deliver lasting change. This will be achieved through collaboration, greater financial flexibility and harnessing innovation on a large scale.
- 1.5 Children and young people's mental health forms an essential part of the GM wide Health and Social Care priorities. The recent devolution provides GM with the opportunity to take advantage of this unique position and respond to the challenges outlined within the key national children's mental health documents:
 - **Future in Mind**, a Department of Health document to improve mental health services for young people by 2020
 - **The Five Year Forward View for Mental Health**, a report from the Mental Health Taskforce looking at better support for people of all ages
 - **The Transforming Children and Young People's Mental Health Provision Green Paper**, which focuses on improving access to mental health support in education settings
 - **The NHS Long Term Plan**, which prioritises a number of areas, including children's mental health
- 1.6 There have been a number of GM plans produced that will provide an umbrella for our work on children and young people's mental health via our transformation plan and form part of Greater Manchester's Sustainability Transformation Plan. This includes the Greater Manchester Strategy, its programme of Health and Social Care reform and more specifically the GM Mental Health and Wellbeing Strategy.
- 1.7 The GM strategy focuses on:
 - **Prevention** – Place based and person centred life course approach improving outcomes, population health and health inequalities.
 - **Access** – Responsive and clear arrangements connecting people to the support they need at

the right time.

- **Integration** – Parity of mental health and physical illness through collaborative and mature cross-sector working.
- **Sustainability** – Ensure the best spend on the GM funding through improving financial and clinical sustainability.

1.8 Six of the thirty two strategic initiatives identified within the GM strategy relate to children and young people:

- **Children, Families and Early Years** – improving perinatal, child and parental mental health and wellbeing
- **Supporting vulnerable people** – to help reduce the risk of developing poor mental health or from any existing mental health conditions
- **Improving support for parents and carers at risk** – through linkages to existing programmes across GM
- **Better access to support including more flexible CAMHS service models** – Including working outside usual office hours and 24/7 mental health crisis response and liaison services
- **Eating disorders** – developing specialist Children and Adolescent Eating Disorder Services (CAEDS) through multi-disciplinary community based teams.
- **Attention Deficit Hyperactivity Disorder (ADHD)** – co-commissioned multi-agency care pathways for children and young people with ADHD across the lifespan into early adulthood.

1.9 As well as this, the Greater Manchester Combined Authority has produced a Children's and Young People's Mental Health Implementation Plan. This sets out the actions that will take place across GM to support improvement in children's mental health in a number of areas, including:

- Maternity Mental Health Provision
- Schools Promotion and Educational Programmes
- Integrated Health for Youth Offending Services
- Mental Health Provision for those in Transition
- Mental Health for Carers
- Community Engagement and Provision

1.10 Finally, GM has established a strategy for integrated children's and young people's health and mental health commissioning. This sets GM-wide common standards of provision, and consistent target outcomes for all commissioners that promote early intervention and preventative action to reduce variation across GM boroughs. These are framed around the ten aspirations outlined in the national Future in Mind publication, having been developed by building on best practice evidence base and national guidance, and through co-design with Experts by Experience Groups. The intentions within these standards have been incorporated into Trafford's Local Transformation Plan (see Chapter 6).

Trafford Strategic Linkage

1.11 In Trafford, there has been a variety of activity happening over recent years to transform mental health services for children and young people. Much of the 'Future in Mind' agenda was already planned or underway as reflected in the key strategic documentation of both Trafford Clinical Commissioning Group (CCG) and the Local Authority, including:

- Trafford's Corporate Plan describes Trafford Council's vision and priorities for the borough and the priorities we have identified as an organisation as being key to the delivery of that vision. This Local Transformation Plan sits under the priority of 'children and young people'.
- The Trafford Locality Plan to 2020 creates the framework for enhanced, integrated and co-commissioned health and social care services for people living in the borough. One of the seven areas the Locality Plan covers is 'mental health services' and includes the following areas to focus on:
 - The need to reduce waiting times and increase the range of mental health support provision.
 - Targeted action in the areas of neurodevelopmental disorders and eating disorders.
 - Additional evidence based and early intervention programmes.
- The CCG's 5 Year Strategic Plan (2014-2019) which sets out a number of key areas of focus with regard to specialist mental health interventions for children and young people, as well as perinatal health. This work included a full review of Healthy Young Minds (CAMHS), developing out of hours mental health support, reviewing perinatal pathways and step-up/step-down provision within Healthy Young Minds.
- The Trafford Health and Wellbeing Strategy 2016-2019 identifies reducing the impact of poor mental health as one of its five priorities and is committed to supporting those people in mental health services to stop smoking and become more physically active by providing specialised, patient-focussed support.

Trafford's Vision

1.12 Children and young people's mental health is an essential element of our local health and social care priorities. Following devolution, Greater Manchester (GM) now has the opportunity to respond to the challenges outlined within 'Future in Mind' and change the services that are offered to young people for the better. As part of this, Trafford embraces the GM standards which make a promise to young people and provide a benchmark against which services can be measure. We are committed to the adoption of the new GM CAMHS Service Specification which will contractually bind delivery against these standards and the collation of data to evidence the effectiveness and efficiency of our mental health service offer.

1.13 Trafford's transformation vision has been built on a foundation of significant engagement activity

with children and young people as well as a full review of the services offered in 2013 and a review of our specialist service in 2015-16 which has informed both the restructure of our HYM service and investment priorities over this transformation period thus far. This is detailed in Chapter 5.

- 1.14 It is being delivered from a platform of existing mental health related activity across a range of children and adult services. As an example, Trafford was an early adopter of the Association of Greater Manchester Authorities (AGMA) Early Years Public Service Reform project, which it was able to take advantage of by using a skilled and well-populated health visiting workforce, engaged schools, a strong adult Improving Access to Psychological Therapies (IAPT) service and perinatal infant and maternal health expertise.
- 1.15 We strongly believe that the cost benefit of early intervention, particularly early on in an infant and parent relationship, is obvious and, although it takes time to get a return on that financial investment, it is a central point of our plan.
- 1.16 Having a clear offer is another central principle of this plan, as delivering high quality, effective and sustainable services for children and young people is the only way in which rising demand and need can be addressed.
- 1.17 The idea that mental health is everybody's business has been key to our approach in the development of needs-led comprehensive mental health services for children and young people. Our local services are integrated and operate on an area-based model to give a co-ordinated, multi-agency, holistic approach whereby the workforce 'think family' and create a 'team around the family'.
- 1.18 Additionally, significant research has shown that children and young people who are exposed to adverse childhood experiences (or ACEs) such as abuse, trauma and persistent stress have substantially worse life outcomes. They are more likely to partake in high-risk health behaviours as an adult, more likely to have conditions such as depression, cancer and heart disease, and more likely to have a shortened life span. Those children and young people who experienced six or more ACEs are 300% more likely to attempt suicide. It is important that Trafford does more work to ensure that adverse childhood experiences do not occur and support children and young people to develop resilience to mitigate their impact.
- 1.19 In Trafford, our transformation will primarily take place through implementing the THRIVE model across our wider system of education, health, social care, leisure and community provision (details of this model are described in Chapter 3).

Structure of the Report

- 1.20 This chapter has set the context behind our Local Transformation Plan at a national, sub-regional and local level. The remainder of the report is structured in accordance with the guidance provided by NHS England:
 - **Chapter 2** provides a summary of the mental health needs of children and young people in Trafford
 - **Chapter 3** summarises the borough's current service offer in respect of children and young

people's emotional health and wellbeing

- **Chapter 4** presents an overview of the structure, funding and baseline information in respect of the borough's Healthy Young Minds (CAMHS) service.
- **Chapter 5** contains evidence of engagement, partnership and multi-agency working
- **Chapter 6** contains our wider Local Transformation Plan and the key areas of focus until 2021.

2. Mental Health Needs of Children & Young People in Trafford

2.1 This chapter presents a demographic profile of Trafford's children and young people as well as mental health prevalence. It brings together the most recent mental health data available, including the latest Public Health England Children & Young People's Mental Health & Wellbeing profiles. However, at a Trafford population level, mental health data is limited. Some of the data presented are local estimates generated from national survey intelligence, although local data has been used wherever possible and is aligned with Trafford's Joint Strategic Needs Assessment (JSNA) <http://www.traffordjsna.org.uk/Trafford-JSNA.aspx>.

Key Demographics

2.2 There are an estimated 60,302 children and young people aged 0-19 years living in Trafford. This amounts to around 1 in 4 (25.6%) of the total population and is proportionally slightly higher than in England (23.7%).

Table 1: Age structure of Trafford's child population compared to England¹

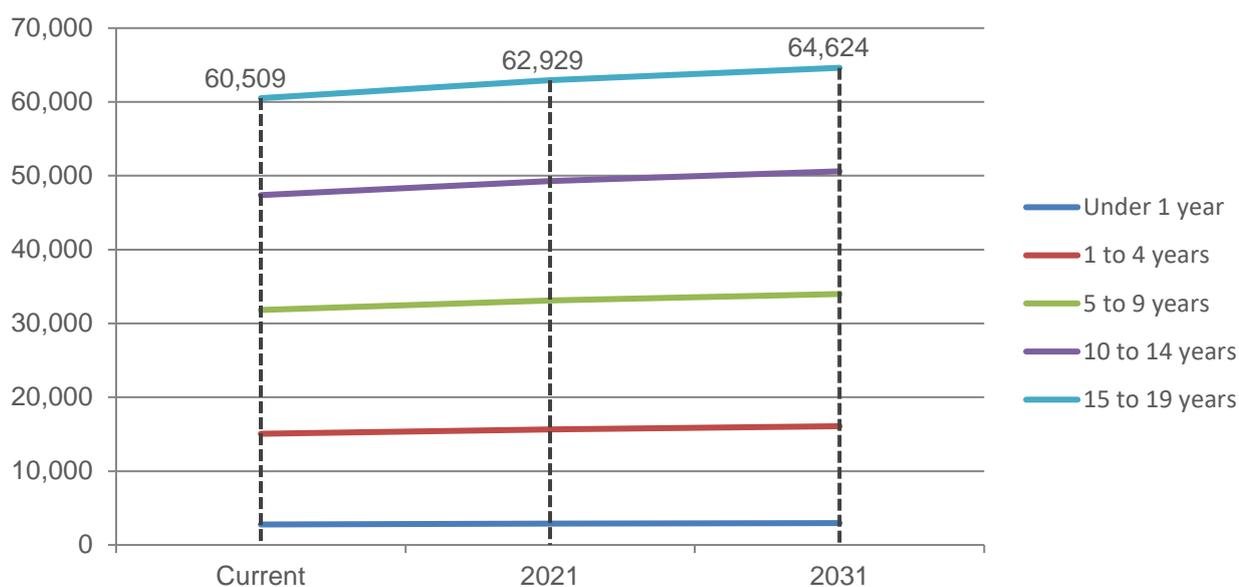
| Age | Trafford | | | England | |
|--|---------------|-----------------------|-----------------------|-----------------------|-----------------------|
| | Number | % of child population | % of total population | % of child population | % of total population |
| Under 1 year | 2,806 | 4.7% | 1.2% | 5.0% | 1.2% |
| 1 to 4 years | 12,047 | 20% | 5.1% | 20.7% | 4.9% |
| 5 to 9 years | 16,763 | 27.8% | 7.1% | 26.6% | 6.3% |
| 10 to 14 years | 15,560 | 25.8% | 6.6% | 24% | 5.7% |
| 15 to 19 years | 13,126 | 21.8% | 5.6% | 23.7% | 5.6% |
| Total child population (0-19 years) | 60,302 | 100.0% | 25.6% | 100.0% | 23.7% |
| Total population (all ages) | 235,493 | - | 100.0% | - | 100.0% |

2.3 Trafford's population continues to increase. The Local Transformation Plan covers the period up until 2021, by which point, the population of 0-19 year olds in Trafford is estimated to be 62,929.² By 2031, it is estimated that Trafford's population of 0-19 year olds will be 64,624, which is a 7.2% increase.

¹ Office for National Statistics (ONS) (2016), Table A2-1, Principal projection - UK population in age groups

² ONS (2018), Population projections by single year of age – clinical commissioning groups, <https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationprojections/datasets/clinicalcommissioninggroupsinenglandz2>

Figure 1: Population estimates for children and young people in Trafford aged 0-19 broken down by age for 2021 and 2031³

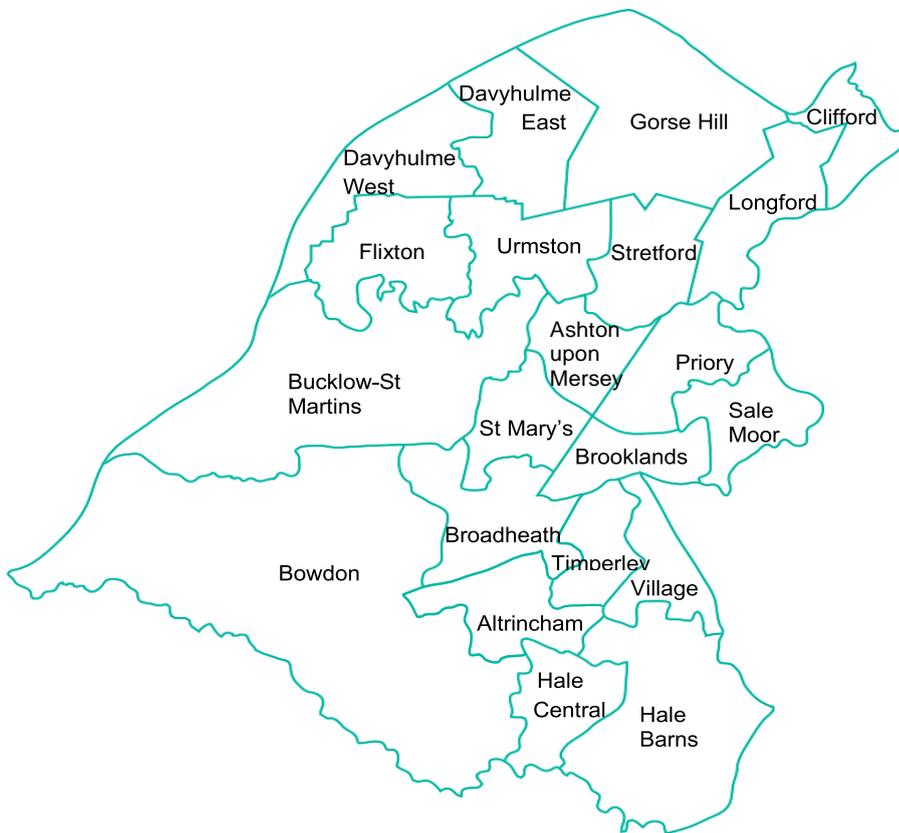


2.4 Trafford is divided into four localities. Of the estimated 235,493 people that live in Trafford, 33.7% (79,295) live in the South, 23.5% (55,240) in Central, 22.3% (52,539) in the West and 20.6% (48,419) in the North locality.⁴ The wards in each area are shown in the image below.

| Locality | Ward |
|------------|--------------------|
| North | Stretford |
| | Clifford |
| | Longford |
| | Gorse Hill |
| West | Davyhulme East |
| | Davyhulme West |
| | Urmston |
| | Flixton |
| | Bucklow St Martins |
| Central | Brooklands |
| | Priory |
| | Sale Moor |
| | Ashton on Mersey |
| South | St Mary's |
| | Bowden |
| | Broadheath |
| | Village |
| | Timperley |
| | Hale Central |
| | Hale Barns |
| Altrincham | |

³ Ibid.

⁴ ONS, (2015) Population mid-year estimates



2.5 More than a fifth (22%) of 0-19 year olds in Trafford belong to a non-white ethnic group, which is higher than the overall proportion (14.5%).⁵ Of this 22%, Asian and Asian British make up the biggest proportion in Trafford, at 11%. Evidence demonstrates that certain Black & Minority Ethnic (BME) communities have a higher risk of developing mental health conditions and have poorer treatment related outcomes than other groups.⁶

Social Determinants of Mental Health

2.6 The following areas cover a range of issues that can impact upon children's mental health and wellbeing:

Education

2.7 Trafford has 66 primary schools, 18 high schools, 6 special schools and 1 college. Early child development and educational attainment are strong determinants for future health and wellbeing. School readiness overall in Trafford is the best in the North West, with three quarters (75.3%) of children achieving a good level of development at the end of reception. This is significantly above the England average of 71.5%. However, when considering only those children with free school meal status, Trafford ranks less favourably (50.3%), which is statistically lower than England (56.6%) and the lowest of statistically comparable authorities⁷.

⁵ ONS (2011), Census, <https://www.ons.gov.uk/census/2011census>

⁶ Mental Health Foundation (2015), Black, Asian and minority ethnic (BAME) communities, <https://www.mentalhealth.org.uk/a-to-z/b/black-asian-and-minority-ethnic-bame-communities>

⁷ Public Health England (2016), Fingertips Child Health Profiles, Children & Young People's Mental Health & Wellbeing <https://fingertips.phe.org.uk/profile-group/child-health/profile/cypmh>

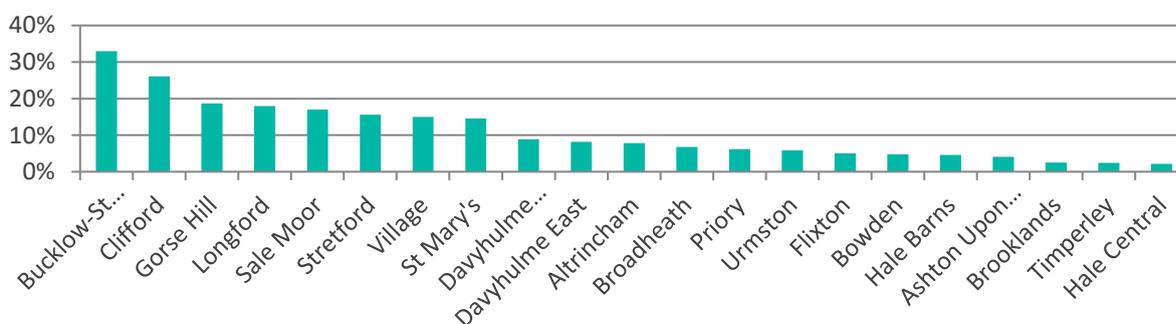
2.8 Furthermore, the proportion of young people achieving A*-C in their GCSE English and Maths is 50.3% among Trafford pupils known to be eligible for free school meals, compared to 69.2% among all other pupils.⁸

Poverty

2.9 Children and families from the lowest 20% of household income are considered to be three times more likely to have common mental health problems.⁹ Thirty Trafford Lower Super Output Areas¹⁰ (LSOAs) are ranked among the 10% least deprived in England, whilst four are among the 10% most deprived,¹¹ which include areas in Sale West, Partington and the North of Trafford. This is an improvement upon 2010 when there were nine in the 10% most deprived. Life expectancy is 9.4 years lower for men and 7.3 years lower for women in the most deprived areas of Trafford than in the least deprived areas: both of these are improvements from the previous figures of 11.9 for men and 7.9 for women.¹²

2.10 In Trafford, 11.8% of dependent children under 16 live in a low income family, which amounts to 5,185 children. This compares favourably with the national average (16.8%) and is lower than the previous year's figure (14.8%). In 2016, 8.6% (3,533) of Trafford school children claimed free school meals, significantly lower than England average (13.5%). This figure is also significantly lower than that of 4 years ago when it was 11.5% (4,423). However, there is wide variation between wards within Trafford, with child poverty among under 16s, ranging from 2.2% in Hale Central ward to 33% in Bucklow-St. Martins.

Figure 2: Percentage of children aged 0-15 living in income deprived households; electoral wards in Trafford¹³



2.11 **Homeless Families** (where there are either dependent children or pregnant women) are especially vulnerable to poor mental health. During 2017/18, there were 126 homeless families in Trafford. This figure of 1.3% is lower than England figure of 1.7% and is a slight improvement on the 2016/17 figure

⁸ Department for Education, 2015/16

⁹ ONS (2005), Mental health of children and young people in Great Britain, <http://digital.nhs.uk/catalogue/PUB06116>

¹⁰ LSOA is a boundary of geography; it is typically made up of 1500 people and is a more sensitive measure of population demographics than wards

¹¹ Info Trafford, (2016) Indices of Deprivation 2015 and 2010 Comparison, <http://www.infotrafford.org.uk/deprivation>

¹² Public Health Profiles, (2015): Fingertips Child Profiles, <https://fingertips.phe.org.uk/profile/health-profiles>

¹³ HM Revenue and Customs, (2015) Personal tax credits: children in low-income families local measure: 2015 snapshot at 31 August 2015, <https://www.gov.uk/government/statistics/personal-tax-credits-children-in-low-income-families-local-measure-2015-snapshot-as-at-31-august-2015>

of 1.4% (135 homeless families)¹⁴.

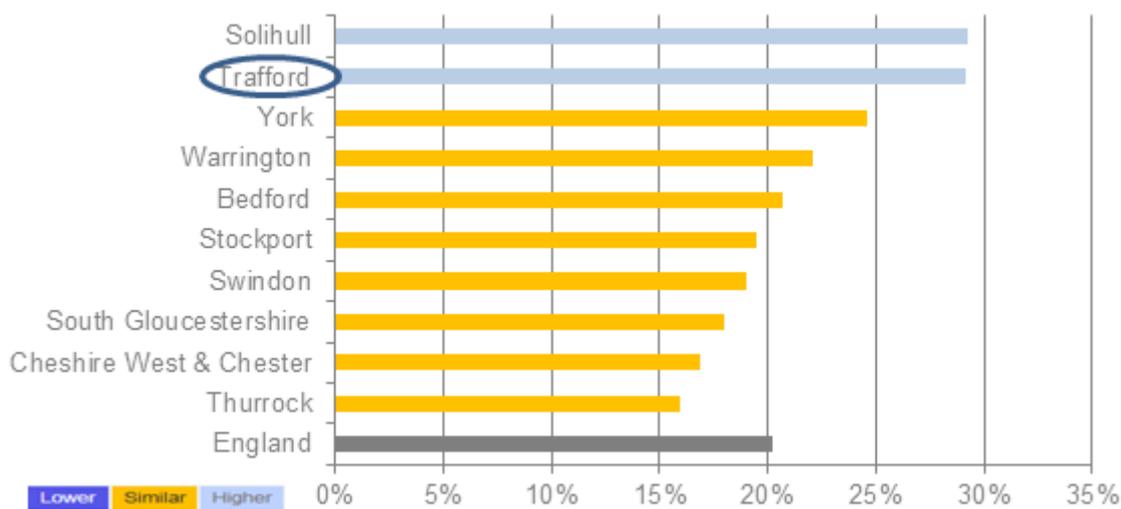
Groups of children who are particularly vulnerable to poor mental health

2.12 The following section looks at different groups of children who can be especially vulnerable to mental health issues. A child can be considered a **child in need** under Section 17 of the Children's Act if their health or development is threatened or they have a disability. In Trafford, the rate of children in need due to family stress or dysfunction or absent parenting (114.3 per 10,000) is higher than the England average (93.8 per 10,000) though much lower than the Trafford figure from the previous year (141.3 per 10,000). There are approximately 628 children within this at risk cohort.

2.13 Children in need are vulnerable to mental health issues as a result of exposure to frequent, intense and poorly resolved inter-parental conflict which heighten the risk of emotional problems such as anxiety, depression as well as behavioural issues such as conduct disorders. In 2018, the Trafford rate of children in need due to socially unacceptable behaviour (11.9 per 10,000) is higher than the rate for England (6.9 per 10,000), though is a reduction on the figures from both 2017 (12.9 per 10,000) and 2016 (15 per 10,000).

2.14 Children who are the subject of a **child protection plan** have been identified as at risk of abuse and/or neglect, and there is strong evidence to suggest that this has a detrimental effect on mental health and wellbeing. At the start of 2019, there were 233 children on a child protection plan. This has continued the trend of reductions in this number from 253 at the start of 2018 and 308 in 2017. The rate of repeat child protection cases in Trafford of 29.1% is substantially higher than the England average of 20.2%. Trafford also has a high percentage when compared with similar authorities. The rate of children subject to a child protection plan with an initial category of abuse is 21.6% which is similar to the England average of 21.2%. For those with the initial category of neglect, Trafford is higher than the national average with 24.4% compared to the England average of 21.8%.

Figure 3: Repeat child protection cases - Percentage of children subject to a child protection plan; 2018 – Trafford and statistically similar authorities¹⁵

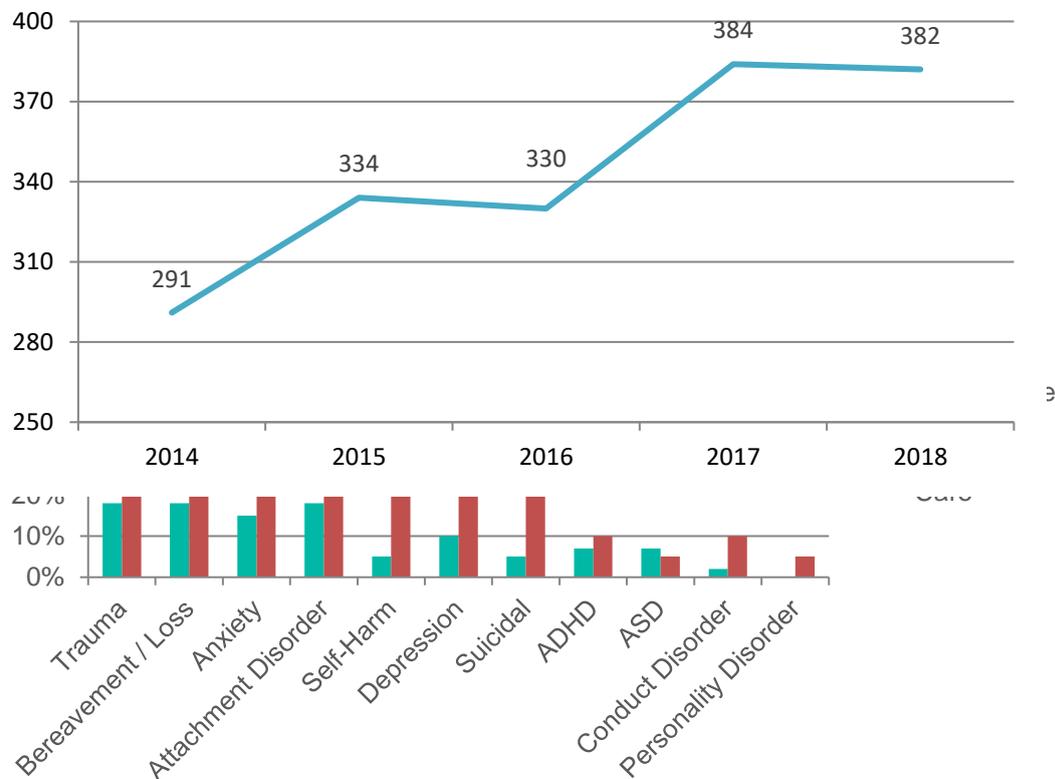


¹⁴ Public Health Profiles, (2018) Family homelessness, <https://fingertips.phe.org.uk/search/homelessness#page/4/gid/1/pat/6/par/E12000002/ati/102/are/E08000009/iid/90819/age/-1/sex/4>

¹⁵ Public Health England, (2016): Fingertips Child Profiles, Public Health Profiles

2.15 **Looked After Children** includes those in foster care, residential care, or secure units. Trafford has seen a rise in the number of Looked After Children of 31% between 2014 and 2018. The increase in numbers is not dissimilar to the national average or that of our statistical neighbours.

Figure 4: Numbers of Looked After Children in Trafford between 2014 and 2018¹⁶



2.16 Looked after children are more likely to suffer from mental health issues than those that are not in care.¹⁷ The Office of National Statistics estimate that in England, 12% of Looked After Children aged 5-17 have emotional disorders, 37% have a conduct disorder and 7% have a hyperkinetic disorder.¹⁸ Based on Trafford's total numbers of Looked After Children aged 5-17 (323), this would mean that there are 39 with emotional disorders, 23 with hyperkinetic disorders and 120 with conduct disorders.

2.17 A needs assessment carried out in 2017 that looked at the needs of Trafford children externally placed in either residential care or foster care demonstrated that 55% had at least one mental health issue and 42% had more than one. The most common issues were around trauma, bereavement and anxiety. As to be expected, those in residential care were shown to be significantly more likely to have a mental health issue than those in foster care.

¹⁶ Internal Trafford Data on Looked After Children

¹⁷ House of Commons Education Committee (2016), Mental Health & Wellbeing of Looked After Children, <https://publications.parliament.uk/pa/cm201516/cmselect/cmeduc/481/481.pdf>

¹⁸ ONS (2003), The mental health of young people looked after by local authorities in England

FFigure 5: Needs assessment of Trafford's externally placed Looked After Children¹⁹

- 2.18 In addition to fostering and residential provision, there are also **residential schools** that support Looked After Children who have complex needs such as Special Education Needs (SEN). (See below for details on SEN).
- 2.19 Looked After Children are occasionally placed in **Secure Welfare Units**. These units serve two main purposes. First, to protect young people who are placing themselves or others at risk of harm. The second is for children who break the law and are reprimanded. In 2017/18 there were 4 placements supporting 3 young people, an average of 1.33 placements down from an average of 2.3 in the previous year. One of the 2017/18 placements was a continuation of a placement made in 2016/17.
- 2.20 **Care leavers** will often have significant mental health issues, with nearly half suffering from poor mental health.²⁰ Care leavers are between four and five times more likely to attempt suicide in adulthood.²¹ It is widely recognised that leaving the care system is a time of great disruption and this is arguably more acute for care leavers with mental health concerns.²² The government recognises that there is a lack of mental health data for care leavers although is looking to rectify this. Many mental health services in Trafford only go up to the age of 18, although 42nd Street is commissioned to support those aged 13-25.
- 2.21 Research has shown that **adopted children** are more likely to suffer from mental health issues, than those that are not.²³ Between April 2018 and March 2019 there were eight adoption orders in Trafford, compared with seven in 2017/18 and four in 2016/17. A correlation between adoption breakdowns and mental health issues has been noted in Trafford.
- 2.22 Links between child migrants and mental health issues are well documented.²⁴ The most common form of child migration in Trafford is **Unaccompanied Asylum Seeking Children**. In 2016/17 Trafford supported 14 child migrants, aged from 15 to 17, from countries such as Iraq, Ethiopia, and Eritrea.

¹⁹ Trafford internal survey of externally placed Looked After Children

²⁰ Barnardo's (2017), Care leavers urgently need mental health support, https://www.barnardos.org.uk/news/Care-leavers-urgently-need-mental-health-support/press_releases.htm?ref=126296

²¹ Centre Point (2017), From Care to Where: Care leaver's access to accommodation.

²² House of Commons Education Committee (2016), Mental health and well-being of looked after children.

²³ DeJong, Hodges, & Malik, (2016), Children after adoption: Exploring their psychological needs

²⁴ Gaber et al., (2013) Migration background and juvenile mental health: a descriptive retrospective analysis of diagnostic rates of psychiatric disorders in young people

- 2.23 **Children entering the youth justice system** are commonly from disadvantaged and deprived communities who have experienced abuse and neglect which can lead to mental health problems. During 2017, 33 Trafford children were first time entrants to the youth justice system, a drop of 21 from 2016 (54). Other than an increase in 2016, figures for Trafford have been falling sharply since 2010 to date, with an overall reduction of 79% from 160 to 33.²⁵ The number of Trafford children in the youth justice system has also been falling for a number of years and currently sits at 2.8 per 1,000, which is down from 4.0/1000 in two years prior and also compares favourably with the 4.8 per 1,000 in England²⁶.
- 2.24 During 2017/18, there were 135 children and young people known to Trafford Youth Offending Service (YOS) in a statutory capacity. This is an increase of 9% on the figure last year and 21% on the figure 2 years ago. Of the 135, 87 received a Statutory Order and 48 were an Out of Court Disposal. Of these young people, 41 are new offenders and all have been seen for a holistic health assessment by the YOS Specialist Practitioner.
- 2.25 The YOS offers all young people a holistic health needs assessment to screen for any additional health needs, including around mental health. 74% of YOS cases assessed presented with mental health and/or emotional issues. Examples of this were anger, low mood, ADHD, hearing voices and unusual visions. 24 of the above young people were directly referred to Healthy Young Minds, the same number as the previous year. A further 10 received a targeted mental health intervention from the YOS Counsellor²⁷.
- 2.26 78% of these young people's offences were considered to be directly or indirectly related to their mental health issues, and specific offence-focused work was completed with them by their Case Manager.

Special Educational Needs

- 2.27 Children with special educational needs (SEN) may have a range of issues that affect their ability to learn. Those with SEN are six times more likely to have a mental health disorder than those that do not.²⁸ In 2018, 12.3% of pupils in Trafford had SEN, which equates to 5,328 pupils. This is a 3.3 percentage point decrease on the figures from 2014 when there were 6,306 pupils (see Figure 6). Some pupils with SEN will have either a statement of SEN or an Education, Health & Care (EHC) Plan following a formal assessment which sets out the support that the child requires. The proportion of pupils with either a statement of SEN or an EHC Plan in Trafford has remained relatively stable for the past six years at 1,367 (3.2%).²⁹ Some children with SEN will attend a special school rather than a mainstream one. There are seven special schools in Trafford: Delamere School, Pictor Academy, Brentwood High School, The Orchards, Manor Academy, Egerton High and Longford Park School.

²⁵ Public Health England (2016), Fingertips 1.04 First time entrants to the youth justice system, <https://fingertips.phe.org.uk/profile-group/child-health/profile/cypmh>

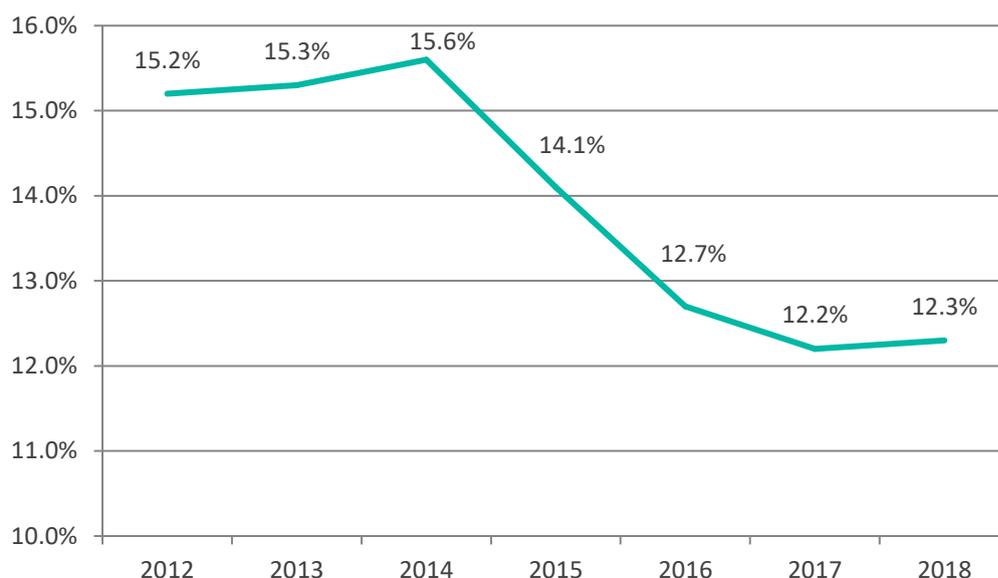
²⁶ Public Health England (2016), Fingertips Children in the youth justice system, <https://fingertips.phe.org.uk/profile-group/child-health/profile/cypmh>

²⁷ Internal YOS data

²⁸ Rose et al., (2009) Mental Health and SEN: Mental health and special educational needs: exploring a complex relationship

²⁹ Department for Education (2018), Statistics: Special Educational Needs (SEN), <https://www.gov.uk/government/collections/statistics-special-educational-needs-sen>

Figure 6: Percentage of pupils in Trafford with SEN²²



2.28 The Department for Education publishes data on the primary needs of pupils with SEN in state run schools. In primary schools the most prominent are Speech, Language & Communication Needs (27.4%), Moderate Learning Difficulties (24%) and Specific Learning Difficulties (17%). In secondary schools the main area of need are Specific Learning Difficulties (31.1%), Moderate Learning Difficulties (20%) and Social Emotional & Mental Health issues (15.8%). A full breakdown is shown in Table 2.

Table 2: Number of pupils in Trafford with SEN by primary type of need in 2018²²

| Type of Need | State Funded Primary | | State Funded Secondary | | Special Schools | |
|---|----------------------|--------------|------------------------|--------------|-----------------|--------------|
| | Number | Percentage | Number | Percentage | Number | Percentage |
| Specific Learning Difficulty | 463 | 17.0% | 536 | 31.10% | 17 | 2.3% |
| Moderate Learning Difficulties | 654 | 24.0% | 360 | 20.9% | 90 | 12.0% |
| Severe Learning Difficulties | 15 | 0.6% | 7 | 0.4% | 114 | 15.2% |
| Profound & Multiple Learning Difficulties | 7 | 0.3% | * | * | 72 | 9.6% |
| Social Emotional & Mental Health | 361 | 13.2% | 272 | 15.8% | 129 | 17.2% |
| Speech, Language & Communication Needs | 747 | 27.4% | 164 | 9.5% | 35 | 4.7% |
| Hearing Impairment | 67 | 2.5% | 45 | * | * | * |
| Visual Impairment | 28 | 1.0% | 23 | * | * | * |
| Multi-sensory impairment | * | * | * | * | * | * |
| Physical Disability | 76 | 2.8% | 71 | 4.1% | 6 | 0.8% |
| Autistic Spectrum Disorder | 68 | 2.5% | 97 | 5.6% | 283 | 37.8% |
| Other Difficulty/Disability | 138 | 5.1% | 92 | 5.3% | * | * |
| SEN support but no | 98 | 3.6% | 51 | 3.0% | * | * |

| | | | | | | |
|---------------------------------------|--|--|--|--|--|--|
| specialist assessment of type of need | | | | | | |
|---------------------------------------|--|--|--|--|--|--|

* Data redacted due to low numbers.

Prevalence of Mental Health Conditions in Trafford

2.29 Mental health and wellbeing are wide-ranging terms covering a spectrum of issues. The World Health Organisation notes that mental health can affect a person’s interactions, thought processes, and overall enjoyment of life. It is estimated that 8.4% of children aged 5 to 16 in Trafford have a mental health disorder, which is 0.8 percentage points lower than the England level of 9.2%. The 8.4% figure equates to 3,629 children in Trafford with a diagnosed mental health condition. It should be noted, however, that this is an estimate and the following Public Health England data estimates are “modelled”. This means that it is based on national estimates, which are then adjusted for local factors known to influence the prevalence of mental health disorders (in this case, age, sex and socio-economic classification).

Table 3: Modelled estimates of the prevalence of mental health conditions for children in Trafford aged 5-16.³⁰ Estimated number of children is based on ONS 2016 population data.

| Condition | England | Trafford | | |
|-------------------------|----------------------|----------------------|---------------------------------------|------------------------------------|
| | Estimated prevalence | Estimated prevalence | Current estimated no. children (5-16) | 2021 estimated no. children (5-16) |
| Mental health disorders | 9.2% | 8.4% | 3,629 | 3,446 |
| Emotional disorders | 3.6% | 3.3% | 1,420 | 1,354 |
| Conduct disorders | 5.6% | 4.9% | 2,209 | 2,010 |
| Hyperkinetic disorders | 1.5% | 1.3% | 592 | 533 |

2.30 There are three main categories of mental health disorder:

- **Emotional disorders** are one of the most common mental health problems suffered by children and includes issues such as anxiety and depression.³¹ The number of children aged 5-16 in Trafford with emotional disorders is estimated to be 1,420 (3.3%) slightly lower than the England level of 3.6%.
- **Conduct disorders** which include defiance, aggression and anti-social behaviour. Children who have conduct disorders are twice as likely to leave school without qualifications and four times as likely to be drug dependent.³² There are an estimated 5.6% of children aged 5-16 in England with conduct disorders, with Trafford having a lower figure of 4.9%.
- **Hyperkinetic disorders**, such as Attention Deficit Hyperactivity Disorder (ADHD), are associated with issues around inattention and over-activity. Hyperkinetic disorders are usually evident in the first five years of a child's life and can include an impairment of cognitive functions along with delays in motor and language development.³³ Around 1.3% of Trafford's children aged 5-16 are estimated to have a hyperkinetic disorder, which is just under the England level of 1.5%. This would therefore mean that there are around 592 children in Trafford affected. ADHD can lead to lower educational attainment, lower earnings and interpersonal difficulties.³⁴

Specific Disorders

2.31 The following table provides a further breakdown on specific mental health conditions.

Table 4: Trafford estimates of specific mental health issues alongside rate/percentage –

³⁰ Public Health England (2015), Fingertips Child Health Profiles, Children & Young People's Mental Health & Wellbeing

³¹ ONS (2005). Mental health of children and young people in Great Britain

³² Public Health England (2016), The mental health of children and young people in England

³³ World Health Organisation (2010), International Statistical Classification of Diseases and Related Health Problems 10th revision (ICD-10), <http://apps.who.int/classifications/icd10/browse/2016/en>

³⁴ Public Health England (2016), The mental health of children and young people in England

| Type | Estimated Prevalence | Current Trafford estimated no. children | 2021 Trafford estimated no. children |
|--------------------------------------|----------------------|---|--------------------------------------|
| Anorexia nervosa, (10-14) | 13.1 per 100,000 | 2 | 2 |
| Anorexia nervosa, (15-19) | 26.7 per 100,000 | 4 | 4 |
| Bulimia nervosa, (10-14) | 2.9 per 100,000 | 1 | 1 |
| Bulimia nervosa, (15-19) | 25.9 per 100,000 | 3 | 4 |
| Eating disorders, NOS, (10-14) | 24.1 per 100,000 | 4 | 4 |
| Eating disorders, NOS, (15-19) | 41.8 per 100,000 | 6 | 6 |
| Autistic Spectrum Disorders (pupils) | 1.1% | 513 | 529 |
| Anxiety Disorders (5-10) | 2.2% | 442 | 444 |
| Anxiety Disorders (11-16) | 4.4% | 893 | 896 |
| Depression (5-10) | 0.2% | 40 | 40 |
| Depression (11-16) | 1.4% | 270 | 285 |

2.32 The eating disorders figures above broadly match the numbers our Community Eating Disorders service is supporting, with the service seeing 30 young people in 2017/18. It is concerning that in the 2014 'What about YOUth' survey, the proportion of 15 year olds in Trafford who said that they think they are the right size was 48.9%, which is lower than England average of 52%. This does not reflect our national child measurement figures that show 65.4% of children were a healthy weight in year 6, suggesting it is based on a false perception.

2.33 Public Health England estimates that the rate of children with autism known to schools in Trafford is 7.7 in every 1,000.³⁷ This is lower than both the England rate of 10.8 and the North West rate of 10.3. Using the 2017 level of pupils in Trafford (42,655), the rate of 7.7 per 1000 would mean that there are 328 pupils with autism in Trafford. This closely matches local GP data which has 318 children as being identified as having ASD. Other population studies have found varying prevalence of autistic spectrum disorders, but the latest estimate is 1.1%.³⁸ This would give a higher estimate of 469 pupils with ASD in Trafford. However, there are on average 75 children and young people diagnosed with autism each year in Trafford which would far exceed these estimates.

Hospital Admissions

2.34 Children and young people in mental health crisis will usually present at Wythenshawe Hospital, or Manchester Royal Infirmary. Psychiatric conditions (84%) was the most common reason, with the other being social problems (16%).

Table 5: Numbers of Trafford children aged between 0-15 presenting with a Mental Health issue to A&E/urgent care location in 2017/18³⁹

³⁵ BMJ (2009) The incidence of eating disorders in the UK in 2000–2009: findings from the General Practice Research Database

³⁶ National Autistic Society (2018), Autism facts and history

³⁷ Ibid.

³⁸ National Autistic Society (2017), Autism Facts & History, <http://www.autism.org.uk/about/what-is/myths-facts-stats.aspx>

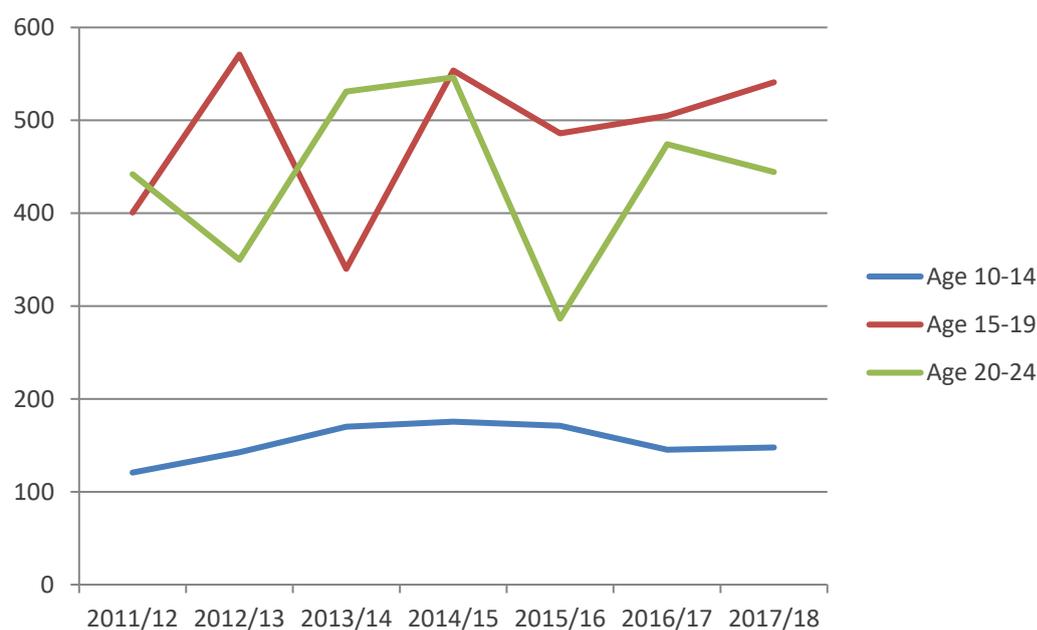
³⁹ Internal Trafford Data on Hospital Admissions

| A&E/urgent care Location | Numbers presenting |
|-----------------------------|--------------------|
| Wythenshawe Hospital | 36 |
| Royal Manchester Children's | 35 |
| Salford | 10 |
| Trafford General | 7 |
| Other | 5 |
| Total | 93 |

2.35 **Self-harm** involves the deliberate damage or injury to a part or parts of a person body. There is a significant and persistent risk of future suicide following an episode of self-harm. During 2017/18, there were 141 hospital admissions of 10-24 year olds as a result of self-harm. The rate for Trafford (379.7 per 100,000) is better than England (421.2 per 100,000), and low compared to similar authorities.

2.36 According to age group, 15-19 year olds are at higher risk than 10-14 year olds and 20-24 year olds. 2016/17 saw a large jump (66%) in hospital admissions for the 20-24 years age range and a small increase (4%) in the 15-19 years are range. In 2017/18 both the 10-14 (2%) and 15-19 (7%) have seen increases in self-harm. Positively, 2017/18 saw a decrease in hospital admissions for self-harm in the 20-24 years are range of 6%. Nonetheless, as Figure 7 below shows, the top two age ranges have fluctuated heavily over the past five years.

Figure 7: Hospital admissions as a result of self-harm in Trafford, per 100,000⁴⁰



Perinatal/Parent and Infant mental health

2.37 A key indicator for the mental health and wellbeing of children is that of mothers. Perinatal mental health problems are some of the most common complications of pregnancy, affecting between 10-20% of all pregnancies.⁴¹ It is therefore estimated that of the 2,674 Trafford births in 2018, between

⁴⁰ Public Health England (2017), Fingertips Child Health Profiles, Children & Young People's Mental Health & Wellbeing

⁴¹ Public Health England (2017), Perinatal Mental Health, <https://www.gov.uk/government/publications/better-mental-health-jsna-toolkit/4-perinatal-mental-health>

267 and 534 pregnancies would be affected by perinatal mental health problems.

Table 6: Rates of perinatal psychiatric disorder per thousand maternities⁴²

| Type | Rate per thousand | Trafford Estimate |
|---|-------------------|-------------------|
| Postpartum psychosis | 2/1000 | 5 |
| Chronic serious mental illness | 2/1000 | 5 |
| Severe depressive illness | 30/1000 | 80 |
| Mild-moderate depressive illness and anxiety states | 100-150/1000 | 267-405 |
| Post-traumatic stress disorder | 30/1000 | 80 |
| Adjustment disorders and distress | 150-300/1000 | 405-810 |

2.38 Research has shown that if the mother is in the top 15% for symptoms of anxiety or depression while pregnant, her child has double the risk of a probable mental disorder by the age of 13.⁴³

Service Need

2.39 The above information highlights a number of key issues for Trafford. Looked After Children are much more likely to suffer from mental health issues than those that are not, and the numbers in Trafford are continuing to rise. Using our assessment rates for autism, we know there are significant pressures in this area with demand and prevalence mismatched. We know that despite significant investment in preventative services, referrals to Healthy Young Minds (CAMHS) continue to rise in both numbers and degree of complexity. The numbers of children with either a SEN Statement or EHC Plan is flat, though this may be down to the move towards EHC Plans and the higher threshold compared with a SEN Statement. Most services only go up to the age of 18, which means that during what can be a challenging times in people’s lives they can also be required to move to adult services. This is especially challenging for vulnerable children such as care leavers. There also appears to be a need for more support for those who adopt.

2.40 Public Health England has previously used the Tiered model to estimate level of need. Since moving to the THRIVE model (explained in detail in Chapter 3), this data has not been updated. Whilst taking into account that the THRIVE model is far more fluid than the Tiered model and that people will move between quadrants freely, an estimation of levels of need has been developed based on previous Public Health England estimates.

Figure 8: Estimated level of need in Trafford at each segment of the THRIVE model



⁴² Joint Commissioning Panel for Men <https://www.rcpsych.ac.uk/pdf/perinat>

⁴³ Talge, Neal, Glover (2007) Antenatal Child Psychology & Psychiatry

ital mental health services,

velopment: how and why? Journal of

2.41 The data presented in Chapter four would suggest that the proportion of children accessing Healthy Young Minds broadly aligns with those in the Getting More Help quadrant. Increasing the numbers of children accessing support across the Getting Help, Getting Advice and Thriving sections is a key preventative aim of our Local Transformation Plan.

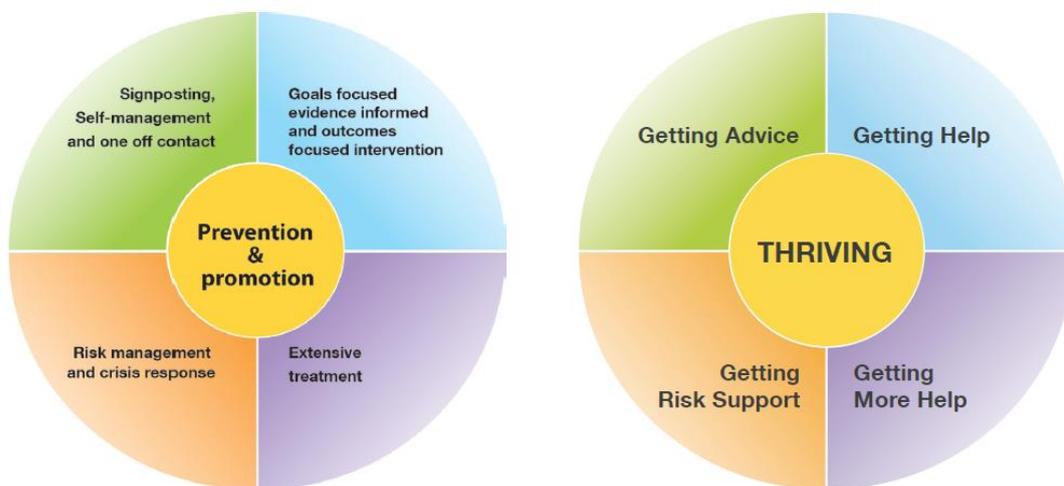
Summary

- There are 60,302 children and young people living in Trafford, which represents around a quarter of Trafford's total population. This figure is expected to grow by around 4% by 2021.
- Life expectancy is 9.4 years lower for men and 7.3 years lower for women in the most deprived areas of Trafford than in the least deprived areas. 11.8% of dependent children live in low income families and around 1 in 11 of Trafford school children claimed free school meals. Both these figures are lower than the English average.
- There are a range of factors that are connected with mental health. This includes homelessness (135 families in Trafford), those on a child protection plan (308 children in Trafford) and being a Looked After Child (382 children in Trafford).
- It is estimated that 8.4% of children aged between 5 and 16 in Trafford have mental health disorders, which equates to 3,629 children. Conduct disorders (4.9%) are estimated to be the most common, followed by Emotional Disorders (3.3%) and Hyperkinetic Disorders (1.3%).
- The available data on specific mental health issues varies, but it can be estimated that there are 592 5-16 year olds with ADHD and 513 pupils with ASD. It is likely that Trafford's ASD figures are much higher than the estimates.
- An estimated 1,335 5-16 year olds have an anxiety disorder and 310 5-16 year olds have depression.
- 12.3% of pupils in Trafford have Special Educational Needs (SEN), which is a reduction on 2014 when there were 15.6%. The most prominent issues for those with SEN are learning difficulties, mental health issues and communication issues.
- The number of hospital admissions in Trafford as a result of self-harm increased in 2017/18 across all age groups. 15-19 year olds (540 per 100,000) are at higher risk than 10-14 year olds (147 per 100,000) and 20-24 year olds (444 per 100,000).

- The percentage of mothers being diagnosed with perinatal health problems is between 10-20% of all pregnancies. Of the 2,674 births in Trafford in 2017 an estimated 267-534 pregnancies were affected.
- Service need estimates suggest that there is a large level of need at the 'Getting Advice' and 'Getting Help' segments of the THRIVE model. This Local Transformation Plan sets out efforts to address this issue.

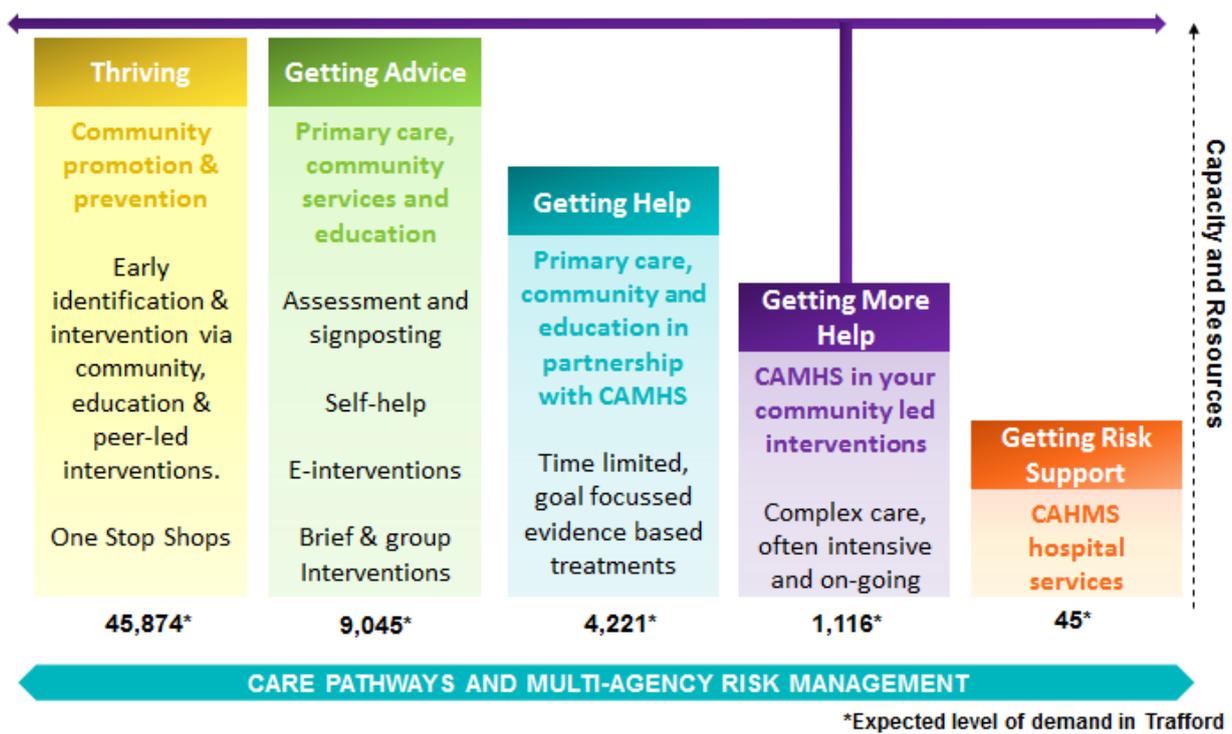
3. Trafford's Current Service Offer

- 3.1 This section reviews the different types of support that exist for children and young people in Trafford. We understand that mental health is an important element in the capabilities and positive adaptation that allow people to cope, flourish and experience good health and social outcomes. Improving mental health brings major benefits for health and quality of life, and is a key factor in positive outcomes for children's life chances. Trafford Council and Trafford Clinical Commissioning Group (CCG) spend £2.4 million per year on the provision of children's mental health services, which is detailed in chapter four.
- 3.2 Trafford has chosen to follow the recommendations of 'Future in Mind', and has moved to deliver its services in line with the THRIVE model. 'Future in Mind' recognised that children and young people do not neatly fit into Tiers and that the THRIVE model is better able to meet their needs.
- 3.3 There are five groups that are distinct in terms of the needs and choices of the individuals within each group and the resources required to meet these needs and choices. THRIVE aims to draw a clearer distinction between treatment on the one hand and support on the other. The image to the left describes the input offered for each group. The image to the right describes the state of being of people in that group



- 3.4 The model has been developed to address a number of issues facing services offering mental health support. Most children and young people were previously being seen by specialist services in the 'Getting More Help' group. However, demand for mental health support is estimated to be significantly higher at targeted and universal level. The new model aims to ensure that children and young people receive timely support in accordance with their needs. The image below aims to demonstrate how Trafford aims to put more of a focus on the 'Getting Advice' and 'Getting Help' rather than just focusing on 'Getting More Help'.
- 3.5 It is important to note that not all services sits within just one THRIVE group, with many crossing

over. Where this is the case, this section aims to demonstrate the different offers that exist within the same service.



3.6 This chapter outlines Trafford’s current provision aligned with the THRIVE model.

Thriving

3.7 The ‘Thriving’ group encompasses the majority of children and young people. Individuals in this category are fundamentally managing, though some people may still benefit from some general, as opposed to specific, interventions. There are a range of organisations in Trafford, both commissioned and non-commissioned, that are able to provide this very low level support, including access to self-help and community initiatives that support emotional wellbeing.

3.8 Trafford has a strong voluntary, community and social enterprise (VCSE) sector, supported by Thrive Trafford⁴⁴, from which a broad range of providers deliver universal services on a locality or borough wide basis. A large proportion of these community services can be found on the Trafford Directory alongside our commissioned services; www.trafford.gov.uk/servicedirectory. The directory allows residents to search by key word or postcode to discover to services that are available in their local area. The Youth Zone now has a specific page on mental health which offers support aligned to the THRIVE model; [Service Directory: Young People's Mental Health & Wellbeing](#). This directory has been expanded significantly following a service mapping exercise of children mental health and wellbeing services as part of the Local Transformation Plan.

3.9 Investment from the Transformation Fund has been spent to redevelop the ‘With U in Mind’ website into a new Healthy Young Minds website. The website now has a range of quality assured self-help

⁴⁴ The Trafford Partnership commission ‘Thrive Trafford’ to provide infrastructure support to the VCSE sector. Thrive Trafford’s role is to develop, grow and sustain the sector, and they also have a role in coordinating volunteer support.

information, links to national resources, NHS applications approved by young people and links to local support via the Trafford Directory.

Getting Advice

3.10 Much like 'Thriving', the 'Getting Advice' group consists of early intervention, with the difference being that it involves low level support around signposting, self-management and minimal contact. Support in this group is provided by practitioners, who are not mental health specialists, working in universal services such as GPs, health visitors, school nurses and voluntary agencies. Practitioners offer general advice and support for less severe problems, contribute towards mental health promotion, identify issues early in their emergence and refer children to more specialist services if needed. Some of these services are preventative and as such, it is expected that many of these will positively impact on wider pathways. In Trafford there is a wide variety of activity within 'Getting Advice' as detailed below.

| Support offer | |
|------------------------|--|
| GPs | <ul style="list-style-type: none"> GPs are able to refer families to a wide range of interventions and services. This may include social prescribing (where activities such as sport are used as a way of improving wellbeing). |
| Health Visitors | <ul style="list-style-type: none"> Health Visitors are the key professionals for children under 5. They can provide tailored and specific support for children and families through co-design and promoting self-care and independence. |
| School Nurses | <ul style="list-style-type: none"> All primary schools have a named school nurse for prevention, information and safeguarding support. All secondary schools in Trafford have access to a School Nurse drop-in session where pupils can attend and talk about any mental health related issues they might have. School Nurses can also offer ongoing advice and support to children, young people and families on issues such as parenting, eating disorders and deliberate self-harm. |
| Schools | <ul style="list-style-type: none"> All schools have a pastoral lead offering direct support to pupils and families. There are many schools in Trafford who have previously implemented the Social and Emotional Aspects of Learning approach or are one of the 30 schools signed up to Trafford's 'Feel Good Schools' programme which promotes and supports a whole school, classroom and individual approach to emotional health and wellbeing. A group of young people in collaboration with education professionals and Healthy Young Minds (CAMHS) established the Mental Health Schools Network in 2014. This gives Trafford schools the opportunity to sign up to a pledge to address issues around emotional health and wellbeing. There are currently eight schools in Trafford signed up to the network. It involves establishing a team of youth ambassadors which receives 4-5 referrals a |

| | |
|--|--|
| | <p>month in the school to identify improvements to support emotional wellbeing and gives a range of tools that can be adopted within the setting.</p> <ul style="list-style-type: none"> • Following a conference run by the Education of Vulnerable Children Service in late 2017, schools should also now: have an awareness of mental health support in schools via a whole school approach; know how to identify and support children and young people who had experienced Adverse Childhood Experiences; know how to build resilience in pupils via low cost interventions. • The Greater Manchester Mentally Healthy Schools Rapid Pilot has seen a number of schools in Trafford supported to receive Mental Health First Aid training, produce mental health champions and have a whole school approach to mental health. Phase 2 has involved increased work with these schools, whilst Phase 3 is due to start in September 2019 and will increase the number of schools involved. |
| <p>Early help Hubs</p> | <ul style="list-style-type: none"> • The 0-11 years hubs in Stretford and Partington aim to provide access to a range of parenting, behaviour management and family support services, as well as providing targeted community groups and courses. Examples of this include baby club, stay and play sessions and Incredible Years parenting programme. In addition to this, the hubs maintain strong links with community health services and wider partners to support achieving positive outcomes around child development, school readiness, parenting skills and aspirations, child and family health, and child and family life chances. • The 11-18 Hub (Talkshop) offers an integrated service to improve outcomes for young people and reduce inequalities. It provides targeted support in health and wellbeing (including sexual health), information, advice & careers guidance, young parents' services, and youth educational & recreational activities. They also hold drop-in sessions and provide intensive 1-1 case work to up to 100 young people per year. In 2017-18, 1,286 young people accessed the service, up from 1,169 in 2016-17. In addition to this Talkshop provides 'Getting Help' services which are described in section below. |
| <p>Trafford Council Commissioned Services</p> | <ul style="list-style-type: none"> • Targeted, community based commissioned services provide support to children, young people and their families across the borough. Whilst these services are not mental health specific, they contribute to the wider mental wellbeing agenda as they support social, emotional and developmental needs. Services include, family support, evidence based parenting programmes, mentoring, young carers service and domestic abuse services. • Family support services offered within the VCSE sector form part of the wider mixed model of family support on offer, leading sustained, positive behaviour change. Trafford Council employs three Senior Family Support Practitioners who provide support for families needing intensive family support (detailed under 3.15). |

| | |
|---|---|
| | <ul style="list-style-type: none"> • A number of Trafford’s mental health services within the ‘Getting Help’ section also provide support in the ‘Getting Advice’. For example, Kooth is Trafford’s online counselling service, but it also has message boards and articles where young people can go to get advice and information. |
| <p>Social Care In Partnership (SCIP)</p> | <ul style="list-style-type: none"> • The role of the SCIP worker is to engage with families who are below the threshold for social care involvement. The support is tailored to the needs of the individual families and helps to encourage positive change and reduce the risk of escalation to social care. Usually it is the Head Teacher or Pastoral Lead who would discuss with a parent the role of a SCIP worker and whether they would be interested in accessing the service. The role regularly provides emotional support to parents who are facing difficulties. This could be via a one-off intervention, or longer term support under the Early Help Assessment framework. For families requiring more regular support, an Early Help Assessment would usually be completed and regular meetings held to make sure that there is a clear multi-agency approach to identifying the needs of the family. |

3.11 Access to some of these services is via the weekly multiagency Early Help Panel or One Trafford Response Panel; whose purpose is to ensure the most appropriate support is provided at the earliest possible opportunity as part of a holistic whole family approach. Mental health is consistently one of the top five reasons families across Trafford require support and so a representative from Healthy Young Minds (CAMHS) is present at the panel to inform discussion and decision making. Commissioned services are also represented at panel and these include emotional health and wellbeing, parenting courses, family support, mentoring, and coaching.

3.12 In addition to the above service offer, Trafford has a strong market place for agencies and professionals supporting the emotional wellbeing of children, young people and their families privately or via the voluntary sector e.g. The Counselling and Family Centre, Talk, Listen, Change (TLC). Further information about these organisations and services can be found on the Trafford Service Directory; www.trafford.gov.uk/servicedirectory. There are also a number of projects that are now commissioned on a wider geographical footprint across Greater Manchester, for example the STRIVE domestic abuse service, supported by Greater Manchester Police.

Getting Help

3.13 Support for those in the ‘Getting Help’ group is provided by specialists working in the community, and in primary care settings such as primary mental health workers, psychologists, specialist parenting workers and counsellors working in general practices, paediatric clinics, schools and youth services.

3.14 The work at this level includes building capacity and capability within ‘Getting Advice’, in relation to early identification and intervention with children’s mental health needs and providing a range of support, advice, assessment and treatment to children, young people and their families. Support may be across a number of sessions. ‘Getting Help’ provision includes the following mental health provision commissioned by the CCG, local authority and directly by schools:

| Support/Offer | |
|--|--|
| Healthy Young Minds (CAMHS) | <p>Whilst the majority of support from Healthy Young Minds sits in the 'Getting More Help' category, there is still some elements of support within 'Getting Help'. This includes:</p> <ul style="list-style-type: none"> • Work with key partner agencies to develop an overall response to children's mental health between universal and specialist services. • First assessment appointments (Choice Appointment) in order to identify the right intervention for the young person and family. • Consultation and advice to universal professionals from mental health specialists. • Link to multi-agency Family Support Teams (Health visitors and Senior Family Support Practitioners). • Supervision and support to the Children and Young People's Wellbeing Practitioners who work within the HYM team to provide brief parent treatment and parent-led self-help to support children and young people with mild and moderate anxiety and depression focusing on the 8-13 year age range. • Senior Primary Mental Health Worker to oversee and develop support and relationships to schools. |
| Healthy Young Minds School Commissioned Service | <ul style="list-style-type: none"> • Schools are able to purchase targeted mental health services from Healthy Young Minds on an individual basis. These services are commissioned on an annual basis. • In 2017/18, a total of eight schools purchased this provision (one less than 2015/16), with three schools interested in additional provision. Each school has a designated practitioner and dedicated time (47.2 hours per week) to deliver activity such as: <ul style="list-style-type: none"> ○ Undertaking individual assessments of students referred to the service by the school ○ Providing individual and group therapy interventions in response to identified needs (e.g. solution focused, Cognitive Behavioural Therapy (CBT), family and parenting interventions) ○ Reviewing and evaluating the impact of the interventions with individual pupils and families ○ Work in partnership with parents or carers to improve behaviour and school attendance ○ Providing bespoke training and consultation on any emotional wellbeing and mental health issues ○ Supporting young people and parents to engage with more specialist statutory services e.g. specialist Healthy Young Minds (CAMHS) ○ Signposting to appropriate statutory and voluntary sector services |

| | |
|-------------------------------|---|
| School provision | <p>Many schools employ counsellors directly or commission support such as play therapy, mentoring or bereavement support as needed. It is up to schools as to what specific mental health support they buy in. A number of schools commission additional support from 42nd Street.</p> |
| 42nd Street | <p>42nd Street provides mental health support for those aged 13-25. The service aims to:</p> <ul style="list-style-type: none"> • Engage with young people under stress • Provide interventions that promote spirit and recovery using the recovery model • Ensure that the voice of young people influences the development of the service offering • Give young people chances for personal development and growth • Improve awareness of the mental health needs of young people • Challenge the stigma associated with mental health <p>The service focuses on giving individual, time limited, therapeutic support. This ranges from group sessions to one to one psycho-social support and counselling. It is delivered from the organisation's city centre base as well as through other community venues in Trafford and is available during normal office hours, as well as two evenings a week.</p> <p>Young people, parents/carers and professionals are able to self-refer to this service by telephone, website, in writing, email, visiting in person.</p> <p>Additional CAMHS Local Transformation Plan funding has been committed to enhance 42nd Street provision, reduce waiting times and introduce specific support for children and young people with high functioning ASD.</p> <p>This has led to 585 young people accessing the service in 17/18, which is an increase on 166 the year before the additional funding came in. Overall, 70% of young people in Trafford experienced recovery or a clinically significant improvement as a result of the service, which compares with 60% in 2015/16.</p> <p>In order to increase the amount of young people seen by the service, 42nd Street are taking part in a GM waiting times pilot in 2019/20.</p> |
| Kooth.com | <p>Kooth is a free, safe, confidential and non-stigmatised way for young people to receive counselling, advice and support on-line. The service in Trafford is commissioned for young people aged 11-18, providing access to counsellors until 10pm each night, every day of the year, as well as peer support via fully moderated forums. The service can be accessed directly at www.Kooth.com.</p> <p>Kooth's therapy team are qualified counsellors and psychotherapists, clinically supervised in house and independently. The team work closely together to ensure the best outcome is achieved for the young person and</p> |

| | |
|---|--|
| | have clear pathways into other services, ensuring the young person gains the right information and is signposted to the most appropriate provision. |
| Trafford Sunrise (Just Psychology) | <p>Trafford Sunrise is provided by Just Psychology and supports children aged 5-12 years and their families with emotional health and wellbeing needs. The service was commissioned jointly by Trafford CCG and Trafford Council following learning from a pilot programme in 2016/17 that highlighted much higher level of needs than anticipated and a gap in 'Getting Help' support for children under 13 years of age.</p> <p>Trafford Sunrise provides support for children in coping with stress, learning how to relax and promoting emotional wellbeing. There is a mixed model of 1 to 1 support and group sessions where they can practice their coping skills and make new friends. Support is provided across 6 sessions that occur weekly. There are also parenting workshops and topics such as anxiety and bullying.</p> <p>In order to increase the amount of young people seen by the service, Trafford Sunrise are taking part in a GM waiting times pilot in 2019/20.</p> |
| Coaching Inside & Out (CIAO) | <p>The young person or member of their family works with a skilled life coach to raise aspirations and reduce risk factors associated with negative outcomes, in particular for those at risk of offending. This service is for Trafford residents aged 13 to 19 years old (up to 25 where the young person has additional needs) or for parents of children aged 0-18 years..</p> <p>Some of this support includes helping those at risk of poor mental health to develop skills and mechanisms to improve their health and build resilience.</p> |

Family Support Services

- 3.15 There are a number of services in Trafford supporting families with different complexities. The role of the **Senior Family Support Practitioner** is to provide support for families that require intensive family support. Each area team has an IAPT trained Senior Family Support Practitioner that focuses on providing support to families at an early intervention level by providing multi-agency working through the Early Help Assessment (EHA). In 2017-18, there were 118 families receiving support from the team, this is up from the 79 families supported in 2016-17. Referrals are received from a variety of professionals including Healthy Young Minds (CAMHS), social care, health, education and other early help services. The majority of referrals relate directly to both emotional wellbeing and conduct disorder.
- 3.16 The Senior Family Support Practitioners also complete thorough assessments to assess parents' suitability to access parenting courses, such as Incredible Years, an evidence-based parenting programme that runs over 14 weeks to strengthen parental competencies. It is accessed through Trafford's Early Help Panel and runs 6-10 times per year giving practical methods that encourage families to address their problems in a way that results in positive change and prevents further problems arising.

- 3.17 Trafford also has a Family Focus service for children at risk of going into care. This service has been in place since March 2017 and offers 6-8 weeks of direct intervention to support a child to maintain a placement or return back to their family. Young people are offered support developing resilience and skills for staying safe and succeeding through family sessions or direct 1 to 1 work.
- 3.18 The Early Help Intervention Workers provide a whole family support package where children and young people are high at the safeguarding tier thresholds but do not require a statutory intervention by Social Care. The Intervention workers use the Early Help Assessment and Plan to identify priority areas and to bring together a team of multiagency professionals around the child and family. Emotional wellbeing and very challenging behaviour may often feature as areas of need in the cohort group. These cases are allocated through identification of the need for intensive and coordinated Early Help when cases are referred to MARAT.

Support for Child Sexual Exploitation

- 3.19 For young people at risk of or involved in Child Sexual Exploitation (CSE) there is support through a range of services, mainly delivered from Trafford Talkshop. This includes sexual health services, counselling, missing from home interventions, youth work and dedicated CSE counselling and mentoring. The counselling element is delivered by 42nd Street and provides a complete service to 11-25 year olds combining therapeutic interventions with advocacy and social care. The mentoring element is delivered by two dedicated workers: a CSE Intervention Worker and a CSE Mentor. Both workers encourage and empower young people to recognise their potential and achieve their goals. This is done by focusing on engagement in education and employment, as well as increasing the quality of relationships within their social lives and recognising the signs of sexually exploitative relationships.
- 3.20 This provision is supported by a variety of CSE forums, including the monthly Sexual Exploitation and Missing (SEAM) Panel which are attended by a range of professional's (including Healthy Young Minds) covering all localities across Trafford and providing a confidential space to share information and intelligence ensuring a holistic approach to the safety for young people affected.
- 3.21 The **Trafford Safeguarding Children Board** provides a range of training in relation to CSE including 'train the trainer' approaches. Any CSE training provided by Trafford is co-delivered by a member of the CSE team to ensure relevant and accurate information is provided to those in attendance. The borough also embraces Project Phoenix (the Greater Manchester approach to CSE) through the Trafford Phoenix Team who take part in peer reviews as well as making use of the assessment tools.
- 3.22 Trafford services all perform comprehensive assessments of all young people who they support including: sensitive enquiry regarding neglect, violence/ abuse and Child Sexual Exploitation to identify any safeguarding issues, and ensuring that the young person receives the most appropriate care for their needs. A did not attend (DNA) and cancellation (CAN) protocol is also in place to ensure any missed appointments are followed up.
- 3.23 The Talkshop CSE team work closely with schools in the borough to inform and educate both pupils and teaching staff. The team recognises the importance for teachers to have up to date and accurate information in order to safeguard their pupil's to the best of their ability. The Talkshop CSE team are

currently working on literature to provide to all schools which will inform schools of the early warning signs of CSE and grooming and signpost them to the most appropriate support. The literature will also include a referral process if further support is required.

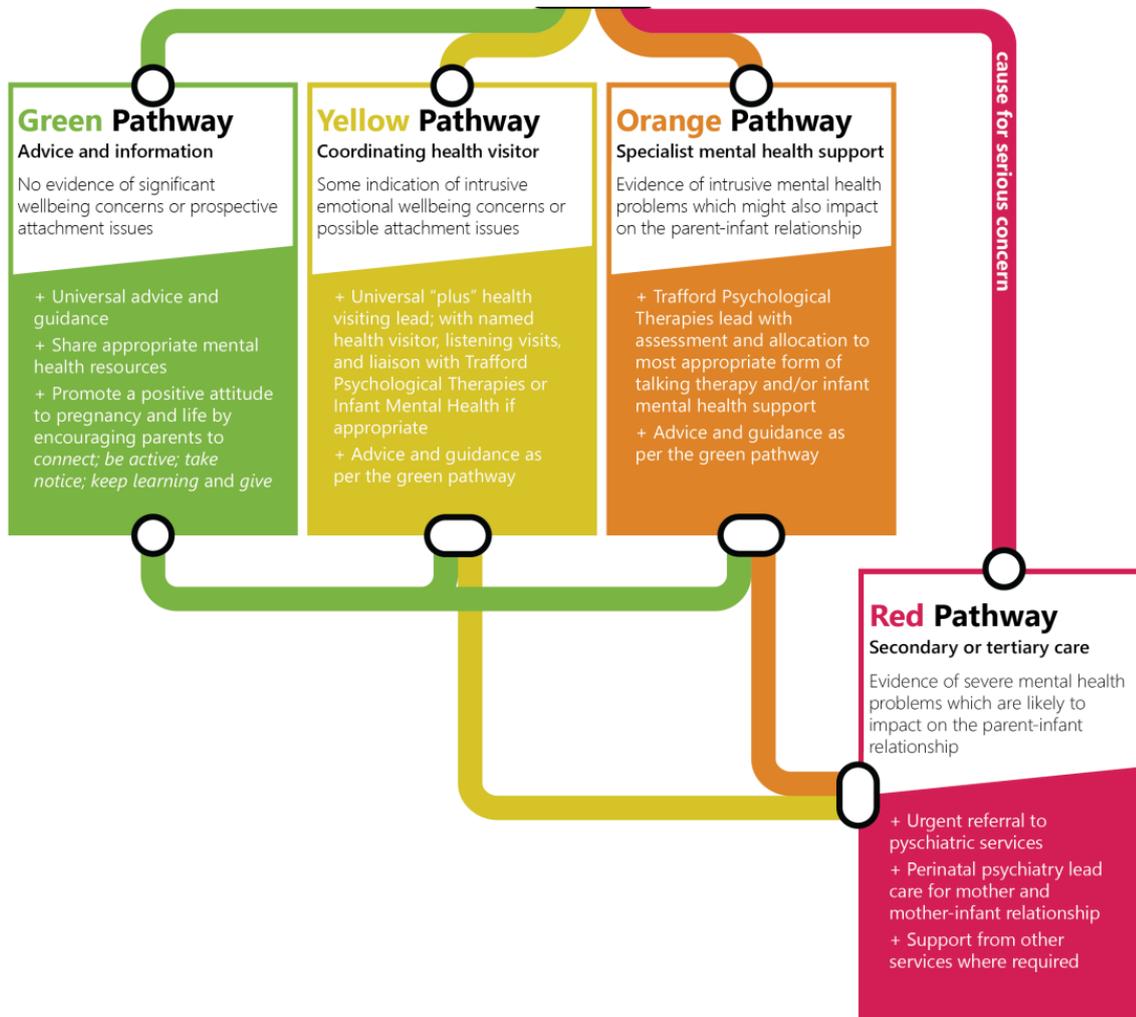
Self-harm

- 3.24 Trafford's self-harm pathway enables the early identification, starting point and in-depth risk assessment for self-harm by education, health (e.g. school nurses) or social care staff who have been trained to undertake the basic risk assessment. This assessment gives a clear guide to the appropriate intervention based on the level of risk. When the assessment indicates that an in-depth assessment is required, this should be done within seven working days. Practitioners doing the in-depth assessment can consult with the Duty Clinician within Healthy Young Minds (CAMHS), should they need specialist support to assess the level of risk. The staged risk assessment approach ensures that workers are supported when uncertainty arises, and that young people receive timely and appropriate support and assessment.
- 3.25 The pathway details the actions that should be taken, depending on the risk assessment. 'Low Risk' and 'Raised Risk' relate to intervention at Level 2 of Trafford Safeguarding Children Board's Threshold Criteria, where a single or multi-agency response is provided. 'High Risk' equates to intervention at Level 3 or Level 4 and will involve a specialist multi-agency response. However, the worker remains responsible for setting up an on-going support system in accordance with the child or young person's needs and wishes and the assessed level of risk. This needs to be agreed locally, between key professionals and in consultation with the family and young person. A multi-agency family support meeting may be needed, especially in cases of 'Raised Risk'. Young people at 'High Risk' are referred to Healthy Young Minds and/or Children's Social Care, with continued support from the referring worker as part of a co-ordinated multi-agency support plan.

Perinatal and Parent and Infant Mental Health Care

- 3.26 Perinatal care and Parent Infant Mental Health (PIMH) services in Trafford are delivered by both the Health Visiting Service and Healthy Young Minds (CAMHS). Our Perinatal Pathway⁴⁵ sets out an overarching approach for managing perinatal mental health support and recognises the importance of the parent infant relationship, and hence the early emotional development of the infant. The pathway is for prospective parents, their children and family, starting before birth and continuing until the child reaches one-year-old. It includes a process for screening and assessing perinatal mental health needs in order to identify which of four pathways would be most suitable for the parent and their family's needs as depicted below.

⁴⁵ Trafford Perinatal Maternal and Infant Mental Health Pathway: <http://www.traffordccg.nhs.uk/wp-content/uploads/2014/05/Trafford-Maternal-and-Infant-Mental-Health-Pathway-final-2016.pdf>



3.27 Trafford has 47 Health Visitors, with 44 trained in New-born Behavioural Observation (NBO). All Health Visitors have the two day Institute of Health Visiting (iHV) PMH training which is delivered by a Health Visitor trained in Parent and Infant Mental Health. As of March 2019, five Health Visitors are Neonatal Behavioural Assessment Scale (NBAS) trained and 4 more in training, of which three are accredited. Each Health Visitor Team has a Parental Mental Health Champion (a Health Visitor with a special interest in PIMH), two of these champions and the specialist Health Visitor are PIMH trained by the iHV. NBOs are currently being carried out with 57% of new births across Trafford.

3.28 Health Visitors in Trafford have been trained in identifying and addressing the emotional and mental health needs presented by parents and their infants in the perinatal period. They provide screening assessments through the Edinburgh Postnatal Depression Scale (EPDS), listening visits offered in response to early detection of parental perinatal distress and more targeted support through the Baby and Me programme delivered by a Mental Health Nurse and Health Visitor in Parent and Infant Mental Health.

3.29 The borough also offers a weekly mental health drop-in for parents who are experiencing low mood or anxiety, or have attachment and bonding difficulties. The drop-in is facilitated by the Parent and Infant Mental Health Health Visitor. In addition there a range of parenting courses, including Incredible Years Baby and Toddler to support early attachment.

3.30 Home Start Trafford & Salford have been commissioned to deliver the Baby Bond project which focuses on engaging with parents earlier to offer more intensive support to nurture the parent-infant bond. Staff and volunteers have received specialist PIMH training in order to embed the principles of supporting secure early attachment into their core practice. The development of Home Start's offer is a key aspect of our ambition to develop an Early Attachment Service. Healthy Young Minds have supported this with training and weekly supervision.

Getting More Help

3.31 The 'Getting More Help' category involves support for more serious issues that may require extensive or intensive treatment. Much of this support is provided by Healthy Young Minds (CAMHS). The service is commissioned by Trafford CCG and Trafford Council for children and young people up to the age of 18 with complex emotional/mental health difficulties who are registered with a Trafford GP. This may include:

- Moderate to severe emotional and behavioural difficulties
- Possible psychotic symptoms
- Possible depressive episodes and severe adjustment reactions
- Threatened or actual self-harm in the context of a mental health issue
- Anxiety disorders, developmental trauma and post-traumatic stress disorder (PTSD)
- Obsessive compulsive disorder (OCD), tics and Tourette's syndrome that interfere with functioning
- Eating disorders
- Attention Deficit Hyperactivity Disorder (ADHD) (Community Paediatricians will also provide support for ADHD)
- Mental health difficulties associated with chronic illness
- Assessment of Neurodevelopment (ND) difficulties including autistic spectrum disorders
- Complex comorbid presentations where diagnosis is unclear, social and biological factors are hard to separate or second opinions are needed
- Attachment disorders and need for parenting interventions or systemic work
- Psychological consequences to medical conditions or learning difficulties
- Severe school refusal as a result of a mental health issue
- Disorders co-morbid with substance misuse, or those linked to substance misuse (e.g. dual diagnosis)

3.32 Healthy Young Minds is multi-disciplinary team is made up of psychiatrists, nurses, psychologists, therapists, mental health practitioners, assistant psychologists and family support workers. The work of the service involves the assessment and management of children and young people through the use of evidence-based therapeutic intervention. This includes providing advice and consultation to other professionals in relation to children's mental health and wellbeing, as well as training and supervision.

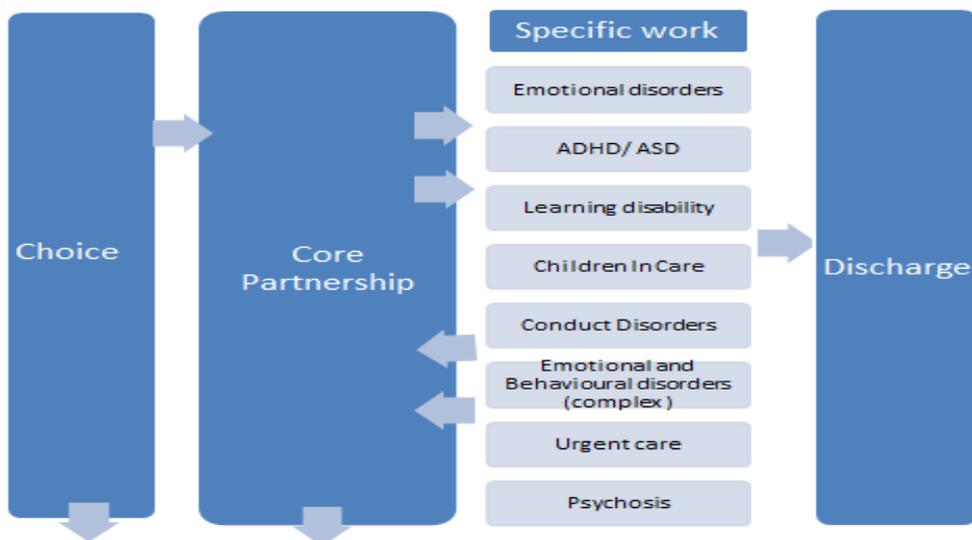
3.33 Referrals to the service are accepted from professionals working with the young person and their family including: GPs, health professionals, educational psychologists, social workers and the Youth Offending Service. All referrals are screened within 24 hours, or one working day, by the Healthy Young Minds duty clinician and the following action is taken:

- If the situation is deemed urgent, the child or young person will receive follow up and assessment within seven working days;
- If a different organisation would be better able to meet the child's needs then they are signposted on;
- If the situation is not urgent, but it appears that they may be appropriately supported by Healthy Young Minds they are sent a 'Choose and Book' letter.

3.34 A 'Choose and Book' letter is sent out within 24 hours, or one working day, of the referral being received and asks the family to contact the service to book an appointment. If Healthy Young Minds do not hear back from the family, they are contacted again to prompt them to contact the service for an appointment time and the service will contact the original referrer if required.

3.35 The first appointment is referred to as a 'Choice Appointment', part of a nationally recognised service delivery model called the Choice and Partnership Approach (CAPA) introduced by the service in 2016. This approach is goal focused and looks at making shared decisions with the child or young person and their family. The Choice appointment gives the child or young person and their family an opportunity to discuss their situation and what they feel is needed. The appointment ends with a brief intervention that the child or young person and their family can try and an invitation to review if needed. This face-to-face approach leads to more successful signposting on to other agencies and enables improved risk management. If further interventions and specialist support are needed, the child or young person will be referred on for a Partnership intervention within the service.

3.36 Once a child or young person enters Partnership, they are directed to the most suitable intervention for their needs. Each person accessing Partnership will have a care co-ordinator/case manager who will be their point of contact. This person will be responsible for assessment, treatment and review of the interventions with the young person and family in line with the Care Programme Approach (CPA) protocol.



3.37 Where a young person's treatment includes ongoing medication, for those supported by Nice Institute of Clinical Excellence (NICE) and classified as AMBER under Greater Manchester Medicines Management Group (GMMMG) guidance, the medication should be initiated by specialist services

and the patient stabilised before the responsibility is transferred back to the GP, under a shared care procedure that sets out everyone's responsibilities and actions. Work was carried out during 2015/16 to communicate updates regarding AMBER medication with GPs. Expectations and responsibilities regarding the prescribing of medicine, including any associated physical healthcare and blood monitoring needs, are in the process of being reviewed and will be embedded within specific pathways.

- 3.38 Healthy Young Minds provides a variety of pathways in partnership with other agencies for certain conditions and vulnerabilities. This includes:

Eating Disorders

- 3.39 Through the Local Transformation Fund, Trafford has invested in a new specialist community eating disorders service through collaborative commissioning with Stockport, Tameside and Glossop. This service is NICE compliant in terms of treatment interventions – the team are all trained in Family Based Treatment and Adolescent Focused Therapy. The team are able to provide individual and group support, as well as an enhanced home treatment offer in order to prevent hospital admission. Treatment is delivered primarily at our hub in Stockport. The service began in July 2016 and currently co-ordinates care for young people whose needs are urgent aged from 8-18 and, for those with routine needs, from 16-18. In addition to direct face-to-face work with families, the team also provides supervision and consultation to practitioners within Trafford's Healthy Young Minds (CAMHS) service to support the work with young people and families that they are care co-ordinating. Transition to CEDS or home treatment/mealtime interventions can be arranged when clinically indicated.
- 3.40 The service offers a multi-disciplinary team model, and includes mental health practitioners, a family therapist, a specialist dietician, and a Consultant Child and Adolescent Psychiatrist. Referrals into the service are screened and triaged within one working day in accordance with the NHS England National Access and Waiting Time Standards. Depending on the severity of the physical symptoms, the referral is then screened as either Urgent (and the young person will be seen within seven days) or routine (the young person will be seen within four weeks). At the point of triage, if some of the physical parameters are not known, the GP would be contacted to carry out a physical health check and physical risk assessment. At the first assessment appointment, a primary diagnosis of an Eating Disorder is established, and if this is the case, NICE concordant treatment interventions would then be offered and would commence immediately by the team. If young people do not have an eating Disorder as their primary presenting problem, they would be signposted to an alternative provision who could best meet their needs. In 2018/19 the service saw 13 routine cases and 9 urgent cases for Trafford young people.

Looked After Children

- 3.41 Healthy Young Minds (CAMHS) has a specialist clinical psychology service in place to support the mental health needs of Looked-After Children. The service is integrated within the Children in Care social work team and supports developmental trauma, abuse and attachment difficulties using a systematic response. The children in care social work team carry out annual health assessments for all children in care in Trafford and the clinical psychology service reviews and supports all those

scoring 18 or higher on the Strengths and Difficulties Questionnaire (SDQ).

- 3.42 The Healthy Young Minds offer for Looked-After Children (LAC) was deemed 'responsive and accessible' (Ofsted inspection report: paragraph 56), although it was recommended that as part of the service re-design, the pathway should be made more in-depth. In April 2016, a report by the House of Commons Education Committee commended Trafford on its integrated model and its training offer for carers on nurturing attachment and managing complex and challenging behaviour. In Trafford, these courses have been attended by over 50% and 75% of foster carers respectively.
- 3.43 Where children and young people in care have experienced abuse that is beyond the skills of local practitioners, specialised bespoke support is commissioned from organisations such as Barnardo's and Lucy Faithful.

Attention Deficit Hyperactivity Disorder (ADHD)

- 3.44 Following new NICE guidance and work across Greater Manchester, in 2016 Trafford began to update its ADHD pathway. Changes were brought in to ensure the pathway had a single point of access, an objective psychometric measure (a Qb test) to support diagnosis, and was delivered jointly between Healthy Young Minds and Paediatrics. Local Transformation Plan funding was put in place for the Qb Test, an ADHD Nurse and an administrator to act as a single point of access. The pathway was developed with a variety of stakeholders, included the Trafford Parents Forum, adult's services, Community Paediatrics and Healthy Young Minds and launched in 2017. The other key benefits of the pathway are that it encourages schools and other professionals to identify children with behaviour difficulties, address any learning & training needs, and put the appropriate behaviour strategies in place based on the child's needs and without waiting for a formal diagnosis. Greater Manchester has developed 12 ADHD standards and the pathway will be monitored against these standards.

Learning Disabilities / Autism

- 3.45 The Complex Needs service has a Highly Specialised Clinical Psychologist leading the Learning Disability and Neurodevelopment Pathway and is supported by a second Clinical Psychologist and Consultant Psychiatrist. The CAN service currently runs the Social Communication and Autism Pathway. This pathway is currently being reviewed, with the aim of reducing waiting times for diagnosis.
- 3.46 Following the update of the ADHD pathway, Trafford has recently updated the Autism and Social Communication Pathway. The new pathway has been adapted to match the 'THRIVE' model of service delivery and was launched following consultation with professionals, schools, and parents/carers. It has been designed to respond early to initial concerns about children and young people who may be experiencing social communication difficulties.
- 3.47 Like the ADHD pathway, this means that families will be supported on the initial stage of the pathway by the school or early years setting. The pathway is made up of a new service (Trafford Autism and Social Communication – TASC for short) with support coming from a variety of services, including Healthy Young Minds, Speech & Language Therapy, Community Paediatrics and Educational Psychology. Additional funding from the local transformation plan has been put towards the pathway,

including the increase of staff and training for local professionals.

Perinatal and Parent and Infant Mental Health

- 3.48 Referrals of infants (with their parents who may be within the perinatal period) can be made to Healthy Young Minds (CAMHS) up to the child's 3rd birthday to work with the Parent Infant Clinical Psychologist. The Clinical Psychologist works directly with a small number of families and offers consultation and liaison sessions to Health Visitor teams and other professionals discussing reflections and interventions with families where there may be parent, infant or attachment relationship mental health concerns.
- 3.49 The role has responsibility for promoting parent infant emotional wellbeing within Trafford working across multi-agency service boundaries, developing initiatives with representatives from adult mental health, midwifery, local authority early help and third sector services, and supporting borough wide parent infant pathway development. The Clinical Psychologist works within the restraints afforded by the limited capacity (0.5WTE) to offer training within primary care emotional wellbeing pathways for early identification of emotional difficulties within infant-parent relationships. This is in addition to the training and support offer from Healthy Young Minds for family partnership work and Early Years services. The service typically receives 4-5 referrals a month with around 61% receiving direct contact (an increase of 23% in referrals accepted as cases from 38%), as opposed to consultation and liaison. The waiting list is 5+ weeks as of April 2019.
- 3.50 We will expand the current parent and infant mental health service offer in 19/20 through the development of an Early Attachment Service (EAS) in line with the Greater Manchester expectation for all localities to have an EAS by 2020. The aim of the service will be to focus on promotion, prevention and treatment. The service will raise awareness of the importance of the parent-infant relationship by offering training, support and consultation to professionals, and liaising with professionals and services in the community to promote the importance of the parent infant relationship. The service will also offer a clinical service to families, where there are concerns with the parent-infant relationship which need specific attention and intervention.
- 3.51 Part of the maternity pathway for South Manchester includes fast access for women in pregnancy to mental health services, especially for those with a known or suspected mental health problem. Trafford's adult IAPT service also offers a priority service to parents within 12 months of childbirth in both assessment and receiving psychological therapy. From January 2016 to January 2017, the service received 151 referrals for women who are within the perinatal period.
- 3.52 The GM Perinatal Community Mental Health Team is available to women who experience high-risk mental health problems during and after pregnancy, and for their infant up to the age of one. This specialist team provide assessment, care and treatment including; the prevention, detection and management of maternal mental health problems that complicate pregnancy and the postpartum year.

Safeguarding

- 3.53 For children and young people who have mental health needs with a safeguarding concern, Healthy

Young Minds offers a consultation clinic to allow social workers and others to work in a more organised way around mental health needs. This allows them to develop a plan to ensure that the identified mental health needs of children and young people are being met.

- 3.54 Healthy Young Minds (CAMHS) is a member of the monthly Sexual Exploitation and Missing (SEAM) panel which deals with approximately 50 child sexual exploitation cases per annum. Referrals to SEAM are made through the borough's multi-agency referral assessment team (MARAT). Healthy Young Minds attend case conferences and child in need meetings and contribute to multi-agency safeguarding plans.
- 3.55 Where young people are, or are at risk of, committing sexual violence, the lead professional working with the young person would arrange a joint strategy meeting with relevant professionals and assign an AIM (Assessment, Intervention and Moving On) trained social worker to carry out an AIM assessment. This may lead to specialist provision being purchased from Barnardo's to work with the young person if required. Healthy Young Minds are also able to refer to the Adolescent Forensic Psychiatry Team for risk assessment and recommendations, where appropriate.

Young Offenders

- 3.56 A link worker from Healthy Young Minds (CAMHS) is based in the Youth Offending Service (YOS) one day per week and provides one-to-one assessments, mental health interventions, consultation with staff and liaison with Healthy Young Minds staff, delivering training around mental health issues to staff and volunteers. A fast track referral system is in place for young people under YOS statutory supervision, (5 working days for acute service and 15 working days for other) to the YOS link worker.
- 3.57 The YOS also has its own Mental Health Support Worker who provides 1 to 1 support and mental health interventions for those young people who don't meet the criteria for Healthy Young Minds. This post also supports YOS parents on an individually assessed basis. The YOS Mental Health Case Worker has recently trained in Trauma and Post Traumatic Stress Disorder (PTSD).
- 3.58 The Healthy Young Minds link worker and YOS Mental Health Support Worker play an integral part for young people who are transitioning to or from custody. If the young person has built a good relationship with their Mental Health Case Worker before custody, then the YOS would ensure that this person continues to see the young person during their sentence and up to three months after their order has ended as part of a planned exit strategy. Trafford also use therapeutic custodial environments for those young people requiring additional support whilst in custody.
- 3.59 The YOS finds getting young people to engage with Healthy Young Minds challenging but this is reduced through the fast track agreement. Trafford YOS has a mental health consultation approach. This involves offering one or two sessions with the young person's key worker or case manager and the YOS Mental Health Case Worker / Healthy Young Minds Link Worker using Cognitive Behavioural Therapy (CBT) techniques, with a follow-up session when the young person has completed their intervention with the key worker. This has been successful in engaging young people who might not have wanted to attend a formal Healthy Young Minds assessment. This enables the early help workers to also get support from Healthy Young Minds on cases under non-statutory YOS supervision (out of court).

Transition

- 3.60 Trafford has a multi-agency Transition Protocol for young people aged 14-25. The protocol was developed as a recommendation from the multi-directorate Learning Disability Review and covers a broad range of services including mental health. Its aim is to provide an outline that will bring together some of the currently contradicting practices across teams and services, and set out strategies and forums in which planning for meeting the needs of young people in transition takes place. The process of joint working between children's and adult's services may begin any time between 14 and 18, depending on the level and complexity of the planning required. However, transition does not only relate to the move from children's to adult's services, but also between services, levels of need and geographic location. The transition protocol was updated in 2016/17 to reflect new legislation and good practice. A board of senior managers are leading on its implementation to ensure it is multi-agency and works effectively across services.
- 3.61 Nationally there has been a two year CQUIN (Commissioning through Quality and Innovation) target in place for mental health services for transition for 2017/19, based on the NICE guideline and quality standard for this topic. This has involved reviewing the transition protocol of specialist child and adolescent mental health services, auditing case files to ensure that transition within mental health services is timely and involves all relevant agencies, as well as the family and young person; the establishment of a steering group with membership from children's and adults mental health services, primary care and commissioning and conducting a questionnaire with young people and their families pre and post transition to gain a better understand of the experience of transition. Trafford intends to use this opportunity to strengthen processes between key mental health providers to ensure a seamless and well planned transition for all young people.

Early Intervention in Psychosis

- 3.62 Greater Manchester Mental Health (GMMH) is commissioned by Trafford CCG to provide an early intervention in psychosis service for 14-65 year olds. The service consists of a multi-disciplinary team. including a Team Manager (CPN), two clinical psychologists, three social workers, three Community Psychiatric Nurses, one Occupational therapist care coordinator, one psychiatrist, one Occupational therapist, a full time support and recovery worker, a specialist employment worker and a health & wellbeing practitioner focusing on physical health assessment and interventions.
- 3.63 The service accepts referrals from any source, including self-referrals, carers' referrals and any service in the community including schools. All referrals are assessed using a Positive and Negative Syndrome Scale (PANSS) in addition to a comprehensive assessment. The service is specifically for people with potential psychotic experience. Those not meeting the threshold for the service are referred to Healthy Young Minds (CAMHS), IAPT or 42nd Street as appropriate to their needs. EDIT (Early detection and intervention team) offers CBT for those at risk of developing psychosis to reduce the risk of transition into psychosis.
- 3.64 Young people accessing this service under the age of 18 will also have a Healthy Young Minds consultant for joint working and any necessary prescriptions. The service has greater scope to work with a child in crisis but sometimes joint assessments with Healthy Young Minds are required. It has a joint protocol with the Learning Disability service and works together on some cases. It also liaises

closely with Early Break regarding young people presenting with substance misuse.

3.65 As at the end of February 2018 23 young people under the age of 18 were reported to be on the Trafford Early Intervention caseload and with a further 10 on the Early Detection Intervention Team pathway, giving a total of 33. This number continues to grow.

Substance Misuse

3.66 Early Break provides specialist substance misuse support to children, young people and their families in Trafford. Operating a family focused service with trained peer mentors, Early Break help engage and link families to sources of support such as; mutual aid (such as Family SMART and Alcoholics Anonymous), peer led groups (such as We Understand and FLAMES) and the carers centre. They also offer a 5 step family interventions to children and young people covering- impact of substance misuse on the family, informational needs, coping strategies, support networks and accessing help and recovery.

3.67 In addition, Early Break has been successful in receiving funding from Public Health England to support children of alcohol dependent parents in Styal Prison. The Holding Families Plus programme will ensure the voice of the child is reflected in the treatment and recovery needs for their alcohol dependent parents. The programme provides interventions to children and young people with a focus on building resilience and addressing parental conflict and where required, a fast-track step up to Healthy Young Minds.

Getting Risk Support

Liaison and Diversion

3.68 An **Integrated Healthcare in Custody and Wider Liaison and Diversion Service** was jointly commissioned in 2017 by the Office of the Police and Crime Commissioner and NHS England. It is an integrated service model combining two key services that have historically been commissioned separately; police custody health care and Liaison and Diversion. The service will deliver an all-age (adult and youth) service across key points of intervention in the criminal justice system, addressing a wide range of health issues and vulnerabilities. Any young person in Police custody will receive a health assessment which will then follow them to the Court arena. These assessments will inform remand and sentencing decisions and ensure the defendant is managed and supported appropriately through the criminal justice system.

3.69 There has been a considerable amount of work undertaken in Trafford to keep young people out of custody. **The Pendleton Project** was established as a partnership project between the Youth Offending Service and Police to provide Early Help and divert young people away from the Criminal Justice System (CJS). If a young person is arrested for a minor offence, they are taken home and a parent/carer is informed that a referral will be made to Trafford YOS for an assessment to take place rather than taking them to police custody. The YOS then advises the young person if they take part in the assessment and intervention, and are assessed as suitable, the YOS will recommend to the police that the young person is given a community resolution instead of a caution. Since 2014, this project has resulted in a reduction of young people receiving an out of court disposal who went on to be first time entrants to the Criminal Justice System (100% to 28%) and an increase in those

engaging with YOS (27% to 100%).

- 3.70 The number of Section 136 incidents where children and young people are detained in police custody has always been low in Trafford (three reported in 2016, one in 2017 and this is monitored regularly and reported to the Director Children Services (DCS). With changes through the Policing and Crime Act 2017, all children and young people will have to go to a health based place of safety or their own home instead of a police cell. Feedback from the police does suggest that there are an increasing amount of incidents with young people with mental health issues, in particular situations where parents/carers are unable to cope with children who have behavioural or neurodevelopmental issues.
- 3.71 The current process would be for such cases to be taken to A&E (at Wythenshawe Hospital or Manchester Royal Infirmary) for psychiatric assessment and follow up by Healthy Young Minds (CAMHS) or the Greater Manchester CAMHS Out of Hours Service, which can be delayed depending on demand pressures.
- 3.72 As part of the Greater Manchester Crisis Care Pathway work there will be the introduction of a preferred location of safety/inpatient provision, patient transport, building on existing adult services (such as the delivery of a 24/7 telephone hotline for officers to contact a mental health professional in situations where police are trying to deal with a young person with mental health issues), and the expansion of the Mental Health Liaison (MHL) service (see below for MHL details) to under 16s.

Inpatient Services and the Greater Manchester Crisis Care Pathway

- 3.73 The NHS England National Commissioning Committee approved the delegated responsibility of CAMHS Tier 4 General Adolescents and Eating Disorders Services to the devolved Greater Manchester Health and Social Care Partnership (GMHSCP) Chief Officer. This enables Greater Manchester (GM) to have the ability to make key decisions around specialised CAMHS that will deliver cohesive pathways across the full spectrum of general mental health and eating disorders. This also enables creative solutions to service design to be pursued – in keeping with the national direction for specialised mental health services.
- 3.74 In this context, the GM delegated responsibility of CAMHS Tier 4 commenced on 1st April 2018 and work is being undertaken to develop clear commissioning objectives that maximises the effectiveness of the GM New Care Model and the efficiencies within the areas of responsibility. This will help to ensure that Greater Manchester children and young people are prioritised and admissions prevented outside of our area.
- 3.75 In support the GM CYP Crisis Care Pathway – REACH-IN pathway aims to dramatically improve the overall experience and outcomes for children and young people in crisis with mental health issues, along with those who care for and work with them. In total, £13.3 million will be spent on the Crisis Care Pathway. The pathway will be fully inclusive, have open access, be holistic and multi-agency and provide a timely and proportionate response based on need.
- 3.76 In 2018/19, extensive work was undertaken to begin to operationalise the model, engaging with partners across GM, recruiting staff and designing clinical pathways and protocols. This includes a rapid response teams and a mental health liaison service for those in crisis and an assessment

centre to support bed management across inpatient services when this is required. Details of the plans for 2018/19 are detailed in Section 6.

3.77 As well as the above, a detailed case protocol was designed by a group of multi-disciplinary professionals in Trafford to support the discharge of children and young people from inpatient and welfare secure placements. This supports good case co-ordination with joint commissioning processes in place to ensure that follow-on placements are identified and resourced to meet need.

Mental Health Liaison (MHL)

3.78 One element of the Greater Manchester Crisis Care Pathway is the All Age Mental Health Liaison Service. Formally known as RAID, the Mental Health Liaison service previously provided mental health care to Trafford registered patients aged 16 and over attending A&E or admitted to inpatient wards at either Manchester Foundation Trust Hospital sites or Trafford General Hospital. However, as part of the Crisis Care Pathway this service is moving to an all age one.

3.79 The service will provide seven day A&E liaison and aims to reduce patient waiting times and inpatient bed days, support quick discharges and reduce readmissions. Mental health assessments in A&E are conducted within one hour of the patient being referred to the service. The service ensures patients are safely discharged from A&E either back to home environment or into suitable mental health services within four hours. The service will also signpost or refer onwards to voluntary and other third sector organisations where appropriate. The service will be supported by Health Young Minds who will provide follow up appointments to children accessing the Mental Health Liaison service when required.

Improving Access to Psychological Therapies (IAPT)

3.80 Healthy Young Minds (CAMHS) has been working with the Children and Young People’s (CYP) IAPT transformation project since October 2013. Unlike Adult IAPT, this does not involve offering a specific CYP IAPT service. The key aim of the project is to transform existing services for children and young people. This is achieved through the four principles of the IAPT programme which aim to help improve outcomes for children and young people and provide evidence based treatment that is outcome focused and client informed.

| IAPT Principle | Progress to date |
|----------------|--|
| Participation | <ul style="list-style-type: none"> • Continuation of participation group Because Our Opinion Matters groups (BOOM) to design and enhance service delivery and development. • Introduction of young people onto recruitment and selection panels. • Young People involvement in decoration of treatment rooms and waiting area including designing art work and other improvements. • Trafford Youth Cabinet and Children in Care Council involvement in the future. • Social media apprentice is working on CYP engagement with CYP through social media platforms, e.g. Instagram. |

| | |
|---------------------------------------|--|
| <p>Accessibility</p> | <ul style="list-style-type: none"> • Ongoing work with colleagues and stakeholders to improve liaison and consultation with Healthy Young Minds (CAMHS) and develop joint care pathways e.g. self-harm, to work with the Early Help offer and programme. • Ongoing work with other commissioned services to support smoother referral processes. • Completed a Self-Assessment Skills and Audit Tool (SASAT). This identified gaps regarding CBT and particular needs such as self-harm and emerging borderline personality disorder. • Operating out of a number of community locations and home based appointments, with the main base rated positively by service users in terms of environment and accessibility. • Mobile working and added flexibility into Healthy Young Minds staff contracts to enable a more flexible model of service. • Introduction of choice as part of the Choice and Partnership Approach in 2016/17. • Eradicated a service opt in questionnaire which was acting as a barrier in 2016/17. Any children and young people that appear to be appropriate to Healthy Young Minds are now seen by the service for an initial appointment. • Provision is made for easy access to translation/interpretation services, facilities for disabled people and individuals whose circumstances make them vulnerable (e.g. homelessness, domestic violence). • Daily screening introduced in 2016/17, has meant that there is a clinician available for consultation. This has made the service more accessible and has been welcomed by schools and other partners. • Offer of appointments at weekends and more accessible times in 2017. • Aim to allow children and families to self-refer in the future. |
| <p>Evidence based practice</p> | <ul style="list-style-type: none"> • One team member has completed the CBT postgraduate diploma which provided accredited training in best practice interventions and outcome measurements. • Two of the three senior family support practitioners have successfully completed the IAPT Post Graduate Diploma in the parenting pathway to deliver evidence based interventions to a high standard. • Two counselling staff from 42nd Street trained in the IAPT course Counselling for Depression. • Five staff completed the enhanced practitioner programme (including staff from CAMHS, health and LA) to deliver low level CBT. • Three staff from wider agencies are to be trained in Enhanced Evidence Based Practice in 2018. • Children and Young People's Wellbeing Practitioner post established to work with young people and families with low level mood and anxiety issues within Early Help Services. The second post will be in place in 2019/20. |

| | |
|--|---|
| | <ul style="list-style-type: none"> Establishment of CYP IAPT Clinical Lead post to ensure effective planning regarding workforce skills, training needs and supervision capacity. |
| Routine use of outcome monitoring (ROM) | <ul style="list-style-type: none"> Introduced routine outcome measurement to practice. In 2016/17 ROMs have started to be used in 100% of choice appointments. CHI ESQ are used routinely within Healthy Young Minds (CAMHS) with a six monthly directorate wide audit process. Healthy Young Minds is now fully live on the new data system (PARIS) and is now paper light. |

iTHRIVE

3.81 Trafford has been working with the Greater Manchester (GM) iTHRIVE team which has supported around the delivery of the Greater Manchester mental health transformation programme. Training will be provided and supported by the GM iTHRIVE Training and Development team over a three year period. Training will be provided for a minimum of 60 front-line staff per year (6 per locality) to support delivery of THRIVE-like services. The team will work with localities to develop a wider understanding of each area's needs and draw from both the resources in the THRIVE toolkit and the expertise within the National iTHRIVE team in order to provide each locality with a tailored package of support.

3.82 Since the GM i-THRIVE programme team has been in place (July 2018):

- All localities are engaged and fully committed to implementing THRIVE
- All localities have completed an initial intelligence gathering tool
- All localities have had one to one meetings with programme manager to plan next steps.
- All localities have had an i-THRIVE presentation at their strategic board.
- Engagement workshops have taken place.
- A Greater Manchester Outcomes Framework has been drafted.

3.83 For 2019/20 the intention is to:

- Have all localities have a full understanding of what their current whole system looks like and identify priorities.
- Fund Subject Matter Experts to further understand how services can work in a more THRIVE-like way.
- Start the THRIVE training academy
- Have localities committed to supporting the gathering of data for Greater Manchester Outcomes Framework including assistant psychologists undertaking surveys/interviews with Children and Young People and the wider workforce.
- Explore supervision and consultation models to support the broadening of the system
- Have THRIVE leads from each locality meet regularly to share good practice and challenges in a peer support forum.

- Have all localities to have a communication and engagement plan.

Summary

- As part of the transformation of Trafford's mental health and wellbeing services for children and young people, Trafford has moved towards the THRIVE model, as recommended in NHS England's Future In Mind. The THRIVE model is split into five areas: Thriving, Getting Advice, Getting Help, Getting More Help and Getting Risk Support. The groups are distinct in terms of the resource required to meet the needs of the children and young people.
- The 'Thriving' group encompasses the majority of children and young people. Individuals in this category are fundamentally managing, though some may still benefit from some general, as opposed to specific, interventions. Services in this group provide very low level support, including access to self-help and community initiatives that support emotional wellbeing. Examples in Trafford include sports programmes and voluntary and community sector support.
- The 'Getting Advice' grouping consists of early intervention, and involves low level support around sign-posting, self-management and minimal contact. Support in this group is provided by practitioners who are not mental health specialists, working in universal services such as GPs, Health Visitors, School Nurses and voluntary agencies.
- The 'Getting Help' grouping involves a wide range of support, advice, assessment and treatment to children and young people. Support in this group will be provided by specialists working in the community and primary care settings, such as primary mental health workers, psychologists and counsellors. In Trafford this includes services such as 42nd Street, Specialist Family Support Practitioners, Trafford Sunrise and Kooth. In Trafford this also includes provision by our Early Help Hubs, mentoring and coaching.
- Those in the 'Getting More Help' may receive extensive treatment. This is primarily supported by Healthy Young Minds (CAMHS). Healthy Young Minds is made up of psychiatrists, nurses, psychologists, therapists, mental health practitioners, assistant psychologists, and family support workers.
- Getting Risk Support consists of inpatient provision commissioned nationally by NHS England. Trafford's Liaison & Diversion Service, Out of Hours service and Mental Health Liaison (MHL) service fit into this group.

4. Activity, Resource and Funding

- 4.1 This section provides a summary of current data, workforce and funding in respect of Trafford's children's mental health services.

- 4.2 Data for Healthy Young Minds (CAMHS) has not always been consistent. Following a detailed options appraisal exercise that was undertaken by Pennine Care it was decided that Trafford will utilise PARIS (patient care record system) as per the other areas in Greater Manchester served by the Trust to capture and flow data to the Mental Health Service Data Set (MHSDS). PARIS went live in April 2018. This has increased the amount of data available from the service, although there is still more to do in this area.
- 4.3 Work is ongoing across Greater Manchester around data and a mental health dashboard has recently been produced that details CAMHS waiting times across the 10 localities. Further work will occur on this in order to add third sector services to this dashboard as well as the addition of a Greater Manchester outcomes framework.

Activity & Key Performance Indicators

Healthy Young Minds

- 4.4 Referrals to Healthy Young Minds have increased over the course of the Local Transformation Plan time period. Between 2014/15 and 2017/18 referrals have gone from 1,268 to 1,522, which is an increase of 20%. For 2018/19 this has increased yet again to 1,709. The number of urgent referrals is also increasing drastically. In 2016/17, 20% of referrals were urgent, but in 2018/19 to date, 34% of referrals have been urgent. Healthy Young Minds also records the number of 7 day follow ups for young people not open to the service. This has also seen a large increase, with 104 in 17/18 compared with an estimated 230 in 18/19. The percentage of referrals that were accepted in 2016/17 was 85%, which is an improvement on 81% in 2015/16. Due to data issues, this information is not available for 2017/18 and 2018/19.

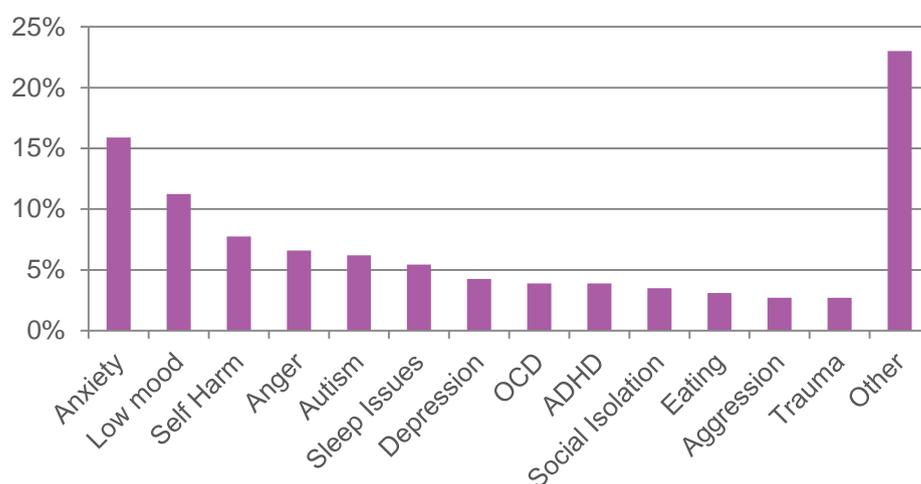
| Year | Referrals Received | Referrals accepted | DNA rate (Did Not Attend) | Service Cancellations |
|-------|--------------------|--------------------|---------------------------|-----------------------|
| 14/15 | 1,268 | 73% | 5.2% | 2.3% |
| 15/16 | 1,366 | 81% | 7.4% | 2.1% |
| 16/17 | 1,593 | 85% | 8.0% | 2.3% |
| 17/18 | 1,522 | n/a | 8.1% | 2.0% |
| 18/19 | 1,709 | n/a | 7.0% | 1.3% |

- 4.5 In 2018/19 7% of children and young people did not attend (DNA) appointments, which is a decrease on the 8.1% figure from the year before. The service follows up DNAs, first with the family, and then through to the original referrer. If a child or young person is not accepted they will be signposted onto a variety of services, including 42nd Street, Trafford Sunrise, Trafford Psychological Services, Paediatrics, and the Early Help Hubs. Healthy Young Minds had a low level of service cancellations in 2018/19 (1.3%), which the lowest it has been in over 5 years. As of February 2019 there were 910 children and young people in treatment.
- 4.6 The waiting time starts at the point a referral is received by Healthy Young Minds (CAMHS). From 2016, all referrals are screened on the day they are received by the Healthy Young Minds duty clinician. Urgent cases receive immediate follow up and assessment and any routine cases are sent a 'Choose & Book' letter and a questionnaire. If families do not respond then they will be contacted

again after two weeks and then again after a further three weeks.

- 4.7 To address initial long waiting times a number of posts were funded through the LTP to offer capacity to reduce the backlog. The service has also implemented a weekly monitoring group to provide continual monitoring of referrals and waiting lists for Choice and Partnership to ensure that risk is managed.
- 4.8 Due to an unprecedented amount of vacancies and sickness within the service, waiting times have begun to increase again in 2018/19. In 2018/19, the proportion of children that waited 12 weeks or less from referral to first appointment stood at 83% and the proportion of children that waited 18 weeks or less from referral to treatment was 85%. The service has worked to fill these vacant posts and as of February 2019 all posts had either started or had been appointed.
- 4.9 The service has recently undertaken an exercise to look at the most prominent issues that that young people present with. 33 different issues were identified, with the most prominent being anxiety, low mood, and self-harm. Further details are shown in the table below.

Issues young people present with in HYM



4.10 The below table shows the key performance indicators for Healthy Young Minds for 2018/19:

| | |
|--|-------|
| The proportion of CYP that wait 12 weeks or less from referral to first appointment. | 82% |
| The proportion of CYP that wait 18 weeks or less from referral to NICE concordant treatment | 85% |
| The proportion of CYP with Eating Disorder (routine cases) that wait 4 weeks or less from referral to start of NICE-approved treatment | 100% |
| The proportion of CYP with Eating Disorder (urgent cases) that wait 1 week or less from referral to start of NICE-approved treatment. | 100% |
| % of those that show positive distance travelled to their GBO after 6 months and at discharge. | 57.1% |

42nd Street, Trafford Sunrise & Kooth

4.11 42nd Street, Kooth and Trafford Sunrise all send through quarterly monitoring information. Since Local Transformation Plan funding was used to increase the provision in 42nd Street, there has been a sharp increase in those seen by the service. Between 15/16, the year before the funding increase and 18/19 there was an 173% increase in young people receiving ongoing support.

| 42 nd Street - Year | Referrals Received | Young People Receiving Ongoing Support |
|--------------------------------|--------------------|--|
| 15/16 | n/a | 146 |
| 16/17 | 314 | 319 |
| 17/18 | 352 | 358 |
| 18/19 | 308 | 398 |

4.12 Just Psychology has been part funded by transformation plan investment and has proved incredibly popular since its inception in September 2017. In the first year the service received 401 referrals. The online counselling service Kooth has also been part funded by transformation plan investment and came in at the same time as Trafford Sunrise. Like Trafford Sunrise, Kooth has also seen a very high level of engagement. The below table shows data across a 12 month period from Q3 2017/18 until Q2 2018/19.

| Kooth | Total | Unique Young People |
|---------------|-------|---------------------|
| Logins | 5,211 | 943 |
| Chat Sessions | 268 | 160 |
| Messages | 2,612 | 459 |
| Forum Views | 3,542 | 262 |

4.13 Outcomes for these services are detailed in the Outcomes section in Chapter 6.

Workforce Information

4.14 In order to sustain delivering increased access and improved outcomes for children and young people's mental health a significant expansion in the workforce is required. This was set out in the Five Year Forward View for Mental Health. As well as this Trafford is part of the GM ambition to hit Royal College Psychiatry workforce guidelines by 2021. This section looks at the total workforce across mental health and the increase that has occurred since the Local Transformation plan funding came in.

4.15 The current Healthy Young Minds (CAMHS) staffing breakdown is provided below. In 2016 the service began a staff consultation on the proposed restructure in order to meet the needs of the new stepped care model.

Clinical and service accountability

4.16 Current numbers of staff and skills mix within core CAMHS are presented in the table below.

| Health Young Minds - Band | 15/16 WTE | 16/17 WTE | 17/18 WTE | 18/19 WTE |
|-----------------------------------|-----------|-----------|-----------|-----------|
| Consultants (Psychiatry) | 3.5 | 2.9 | 2.7 | 2.7 |
| Band 8D | 0.8 | 0.8 | 0 | 0 |
| Band 8C (Psychological Therapies) | 1 | 1.8 | 1 | 1 |

| | | | | |
|----------------------|--------------|-------------|-------------|-----------|
| Band 8B (Psychology) | 1.6 | 2.6 | 2.4 | 2.4 |
| Band 8A Op Manager | | 1 | 1 | 1 |
| Band 8A | 4.22 | 2.4 | 1.8 | 1.3 |
| Band 7 Team Leader | | 1 | 1 | 1 |
| Band 7 Clinical | 5.9 | 5.9 | 8 | 8.2 |
| Band 6 | 3.8 | 5.5 | 5.5 | 5.4 |
| Band 5 | 2 | 0 | 1 | 1 |
| Band 4 | 2.5 | 3 | 3.5 | 5.4 |
| Band 3 Admin | 2.49 | 4 | 4 | 3 |
| Band 2 Admin | 0.92 | 0.6 | 2.6 | 2.6 |
| Total | 28.73 | 31.5 | 34.5 | 35 |

4.17 As shown above, the number of posts in Healthy Young Minds has increased since the first transformation plan was published in 2016. Utilising LTP funds Trafford has recruited a number of posts to provide leadership regarding the service transformation, increase capacity to address the waiting list and an integrated offer for complex families. This includes a Children & Young People's Wellbeing Practitioner and a MARAT post. As well as this, Mental Health Practitioners were temporarily brought in to allow the Choice & Partnership model (CAPA) to be implemented in Healthy Young Minds. A number of new posts have been identified for 2019/20, including:

| New Posts – Role | Band |
|---|-------------|
| Cognitive Behaviour Therapy Therapist | 7 |
| Autistic Spectrum Disorder Nurse Practitioner | 7 |
| Mental Health Practitioners (2.5 WTE) | 6 |
| Administration | 4 |
| Early Attachment Service - Role | Band |
| Clinical Psychologist | 8a |
| Child Psychotherapist | 8a |
| IAPT Perinatal Practitioner | 7 |
| Administration | 3 |

4.18 In addition, Trafford has also implemented a Community Eating Disorders service across Trafford, Stockport and Tameside & Glossop. Staffing levels are shown below for the Trafford proportion of the contract:

| Eating Disorder Posts – Role | Band | FTE |
|-------------------------------------|-------------|------------|
| Operational Manager | 8a | 0.17 |
| Clinical Lead | 8a | 0.33 |
| Consultant Psychiatrist | | 0.17 |
| Senior MHP | 7 | 0.2 |
| Family Therapist | 7 | 0.17 |
| Dietician | 7 | 0.17 |
| MHP | 6 | 0.53 |

| | | |
|-------------------------|---|------------|
| Clinical Support Worker | 4 | 0.33 |
| Administrator | 4 | 0.33 |
| TOTAL FTE | | 2.4 |

4.19 Finally, the increase in funding for 42nd Street provision means that we now have an additional 2.4 FTE mental health practitioners providing support in Trafford. This is in addition the 2.0 FTE posts that were already provided. Trafford Sunrise also provide 1.4 FTE through the 5-12 year old service. Kooth provide 264 hours per quarter which equates to 0.6 WTE. There are also three Senior Family Support Worker Practitioners providing evidence based parenting interventions.

4.20 This gives an ongoing Trafford mental health workforce of **46.8 WTE**. Across these new investments, it is anticipated that up to 700 additional children and young people will receive support each year.

Inpatient Bed Usage

4.21 Data provided by Specialist Commissioners at NHS England regarding inpatient bed occupancy is provided below:

| | 2014/15 | | 2015/16 | | 2017 | | 2018 | |
|------------------|-----------|-------------|-----------|-------------|-----------|------------|-----------|------------|
| | No. | OBD | No. | OBD | No. | OBD | No. | OBD |
| Eating Disorders | 1 | 146 | 5 | 587 | 1 | 81 | 0 | 0 |
| Children's | 4 | 747 | 14 | 1407 | 18 | 839 | 16 | 255 |
| Acute Admissions | 14 | 1065 | | | | | | |
| Mother & Baby | 2 | 18 | | | | | | |
| TOTAL | 21 | 1976 | 19 | 1994 | 19 | 920 | 16 | 255 |

4.22 From 2018, Greater Manchester has taken over from NHS England in managing inpatient bed use. It is clear that there has been a peak in inpatient admissions and bed occupancy between 2014 and 2016 and a downward trend can now be seen due to new investments in children and young people's mental health. This is especially the case with occupied bed days (OBD), which has seen a large reduction.

4.23 Trafford's admission figures are 27.71 per 100,000 of the population, which is the third lowest of the 10 Greater Manchester boroughs. The average length of stay is 45 days, which is the joint lowest in Greater Manchester. Our distance from home to ward figure is third lowest at 8.02 miles on average. 38% of admissions were male, with the rest (62%) being female.

Finance

4.24 NHS England Specialist Commissioners spent a total of £1.04m on inpatient provision for Trafford patients in 2018. This has been calculated using the national estimated costs of £64,700 per inpatient admission. The figures show a relatively consistent spend with the year on year, with a small reduction in 2018.

| | 2014/15 (£) | 2015/16 (£) | 2017 (£) | 2018 (£) |
|------------------|-------------|-------------|-----------|-----------|
| Eating Disorders | 85,410 | 366,875 | 61,000 | 0 |
| Children's | 399,645 | 769,629 | 1,098,000 | 1,035,200 |
| Acute Admissions | 674,145 | | | |
| Mother and baby | 9,486 | | | |
| Total (£) | 1,168,686 | 1,136,504 | 1,159,000 | 1,035,200 |

Healthy Young Minds spend

- 4.25 In 2014/15 Trafford CCG and Trafford Council (including Public Health Grant Funding) collectively spent £1.75m (£1.36m and £390k respectively) for the provision of Healthy Young Minds (CAMHS), through Pennine Care NHS Foundation Trust. This funding remained relatively similar in 2015/16 and saw an increase from Trafford CCG from 2015/16 onwards through Local Transformation monies to **£1.81m** in 2017/18.
- 4.26 A further £214k was paid by the Council to Pennine Care NHS Foundation Trust to help towards the delivery of the Borough's specialist programmes including Healthy Young Minds input to the Children in Care team. An additional £115k was funded by Trafford CCG for Senior Family Support Practitioners to provide evidence based parenting interventions on the early help pathway, which has remained the same across all three years. Additional money has been invested through transformation monies to purchase a Community Eating Disorders Service, Educational Psychology capacity for the Autism & Social Communication pathway and support to complex families through a consultation post. The full range of additional investment has been detailed below.
- 4.27 Together, a total of **£2.13m** was spent on specialist mental health support for the 0-18 Trafford registered population in 2017/18.

Wider Mental Health Spend

- 4.28 The following tables present Trafford's total known spend on comprehensive mental health support for the 0-18 population in Trafford from universal to inpatient provision. **Encouragingly, the data shows an increase of 11% in the combined spend of the CCG and local authority in 2017/18 compared to the 2014/15 baseline.** This is against a backdrop of savings within the local authority investment. It includes all joint funded projects and additional investment in 'Getting Advice' and 'Getting Help' services to address the need for early intervention and prevention services in the borough in accordance with the THRIVE model and estimated lower level need.
- 4.29 Though it is still higher than the 14/15 baseline, there was a drop in wider spend in 17/18 vs 16/17. However, it is important to emphasize that this is not a drop in core Healthy Young Mind spend. The reduction was due to Healthy Young Minds staff previously supervising and managing Evidence Based Teams who supported Looked After Children and those on the edge of care. Trafford has since brought this service in-house and therefore the spend is no longer accounted for as part of Healthy Young Minds.
- 4.30 Spend on inpatient beds is also included in these tables. Due to the positive drop in numbers needing inpatient mental health beds between 2017 and 2018, the amount spent has reduced slightly in this

area.

| 2014/15 | Organisation | | | Total |
|---|-----------------|------------------|------------------|------------------|
| | LA joint funded | CCG | NHSE | |
| Thriving & Getting Advice (Early Help) | | | | 0 |
| Getting Help Services (42 nd Street) | 28,000 | 57,000 | - | 85,000 |
| Getting More Help Services (HYM)* | 389,826 | 1,365,523 | - | 1,755,349 |
| Healthy Young Minds sub-teams* | 241,000 | 115,000 | - | 356,000 |
| Inpatient Services | - | - | 1,168,686 | 1,168,686 |
| Total | 658,826 | 1,537,523 | 1,168,686 | 3,365,035 |

| 2015/16 | Organisation | | | Total |
|---|-----------------|------------------|------------------|------------------|
| | LA joint funded | CCG | NHSE | |
| Thriving & Getting Advice (Early Help) | | 57,500 | | 57,500 |
| Getting Help Services (42 nd Street) | 28,000 | 57,000 | | 85,000 |
| Getting More Help Services (HYM)* | 261,621 | 1,390,496 | | 1,652,117 |
| Healthy Young Minds sub-teams* | 241,000 | 115,000 | | 356,000 |
| LTP non-service investment | | 7,572 | | 7,572 |
| Inpatient Services | | | 1,136,504 | 1,136,504 |
| Total | 530,621 | 1,627,568 | 1,136,504 | 3,331,693 |

| 2016/17 | Organisation | | | Total |
|---|-----------------|------------------|------------------|------------------|
| | LA joint funded | CCG | NHSE | |
| Thriving & Getting Advice (Early Help) | 50,000 | 5,000 | | 55,000 |
| Getting Help Services (42 nd Street) | 28,000 | 157,000 | | 185,000 |
| Getting More Help Services (HYM)* | 261,621 | 1,826,677 | | 2,088,298 |
| Healthy Young Minds sub-teams* | 241,000 | 115,000 | | 356,000 |
| LTP non-service investment | | 5,000 | | 5,000 |
| Inpatient Services | | | 1,147,752 | 1,147,752 |
| Total | 580,621 | 2,108,677 | 1,147,752 | 3,837,050 |

| 2017/18 | Organisation | | | Total |
|---|-----------------|------------------|------------------|------------------|
| | LA joint funded | CCG | NHSE/ GM | |
| Thriving & Getting Advice (Early Help) | 29,159 | 29,159 | | 58,318 |
| Getting Help Services (42 nd Street & Homestart) | 28,000 | 188,800 | | 216,800 |
| Getting More Help Services (HYM)* | 135,621 | 1,674,725 | | 1,810,346 |
| Healthy Young Minds sub-teams* | 213,607 | 115,000 | | 328,607 |
| LTP non-service investment | | 18,000 | | 18,000 |
| Inpatient Services** | | | 1,035,200 | 1,035,200 |
| Crisis Care Pathway – Trafford allocation | | | 41,137 | 41,137 |
| Total | 406,387 | 2,025,684 | 1,035,200 | 3,508,408 |

* Excludes CQUIN, management and overhead costs

** Estimate based on NHS England average costings

4.31 The additional investment made by Trafford CCG from 2015/16 through the Local Transformation

Fund and the 2016/17 non-recurrent GM fund over the past 4 years is detailed below.

| Principle | Activity | Local Transformation Fund Investment/non-recurrent GM funds (£) | | | |
|--|---|---|------------------|------------------|------------------|
| | | 15/16 | 16/17 | 17/18 | 18/19 |
| Prevention and Early Intervention | Early Help services & resources (Inc. perinatal) | 57,500 | 100,000 | 129,159 | 179,978 |
| Improving Access to Effective Support | Communications/ LTP Specialist capacity Perinatal Pathway | 7,572 8,536 | 5,000 55,124 | 57,071 31,800 | 57,071 |
| Caring for the Most Vulnerable | Eating Disorders GM projects | 3,440 | 147,110 | 144,000 | 144,000 |
| | Nuero-developmental pathways (Inc. sensory) | 10,000 | 47,000 25,192 | 72,534 | 50,000 40,500 |
| Accountability and Transparency | Transformation Lead Post GM FIM post | 1,173 | 14,072 5,000 | | |
| Workforce Development | Training CYP IAPT | | 5,000 | 21,000 29,000 | 30,000 |
| TOTAL | | 88,221 | 403,498 | 484,564 | 501,549 |

4.32 Additionally, there are a variety of services and contracts as detailed in Section 3 which contribute both directly and indirectly to the comprehensive mental health offer for children and young people. Whilst we are able to include costings for all jointly funded services between the Local Authority and Trafford CCG (42nd Street, Early Help, Healthy Young Minds), we have not included services solely funded through the Local Authority i.e. coaching/mentoring or portions of wider services that support emotional wellbeing. There is also spend across a wide range of universal and targeted services that could be included as part of our local investment. Trafford is working with colleagues across Greater Manchester to agree a standardised approach to measuring the full investment.

4.33 Trafford was a 'go faster go further' site for the development of personal health budgets for CYP in 2014. A project was delivered to work out a process and clear offer for children and families, in order to personalise their care. There are examples of CYP with a personal health budget, but at this time, none have chosen to personalise their Healthy Young Minds (CAMHS) intervention. The CCG continues to run a personal health budget programme and children's services are fully engaged with that programme.

Summary

- Historically the data collection system has not given a detailed understanding of Health Young Minds activity. Following a detailed appraisal, it was decided that Trafford will utilise PARIS (patient care record system), which went live in April 2018 and has since increased the amount of data available.
- In 2018/19 Healthy Young Minds received 1,709 referrals. The percentage of referrals that were accepted in 2016/17 was 85%, which is an improvement on 81% in 2015/16.

- To address long waiting times in Healthy Young Minds, a number of posts were funded as part of the transformation plan. The service has also implemented a weekly monitoring group to provide continuing monitoring of referrals and waiting lists.
- Between 2014/15 and 2018/19 the whole time equivalent (WTE) of staff working in core Healthy Young Minds has risen from 28.7 to 35. Added to this are the staff working at the Community Eating Disorder service and other new posts funded by the Local Transformation Plan equating to 46.8 WTE workforce capacity in total.
- A total of £2.2m was spent on community mental health support for the 0-18 Trafford registered population in 2014/15, which increased to £2.5m in 2017/18. Overall spend on mental health services was just over £3.5m in 2017/18.

5. Stakeholder Engagement

5.1 The emotional health and wellbeing of Trafford's children and young people has been at the forefront of policy, strategy and service development for a number of years. This section provides a summary of the engagement activity that has helped our transformation journey so far.

Review of Emotional Health and Wellbeing Services

5.2 In 2013, as part of the 0-18 Review of Emotional Health and Wellbeing services in Trafford, children and young people⁴⁶ were asked what factors were having a negative effect on their emotional health and wellbeing. The main issues reported were:

- Drugs and alcohol (self-medication resulting in substance misuse)
- Being in care
- Relationships
- Body image
- Money, unemployment and future prospects.

5.3 The consultation processes (which consisted of secondary and primary school conferences with Trafford pupils, surveys and development sessions with Children's Trust Board members and stakeholders) undertaken to inform Trafford Children's Trust Partnership Children and Young People's Strategy 2014-2017 also raised mental health and emotional wellbeing as an important issue for the borough, with the impact of parental factors recognised as a key area for concern.

CQUIN (Commission for Quality & Innovation)

5.4 A previous CQUIN project occurred to develop early intervention support for those on the waiting list for children and young people's mental health services. The outcome of this work was a new information leaflet designed by children and young people from the Youth Cabinet and a video 'Welcome to CAMHS'. The appointment letter was also changed as a result with links to information resources to use whilst waiting for a service. Early transformation money in Trafford was used to develop a user friendly, interactive and informative website for Healthy Young Minds (CAMHS).

5.5 The CQUIN from 2017 to 2019 is on transition and involves case files audits and a pre and post transition questionnaire for young people and their families. It is expected that this will bring feedback for a range of organisations that will improve the experience of transition in Trafford.

CAMHS Transformation Review

⁴⁶ 93 children and young people were consulted between the ages of 12 and 19. The diversity of backgrounds and gender profile represented the local population. The following vulnerable groups were targeted: Children in Care; Young offenders and those at risk of re-offending; LGBT young people; BME young people, Asylum seekers/refugees; Young parents; Young carers, Young people involved in substance misuse; those excluded from school.

5.6 During 2015/16, a full review took place of Trafford CAMHS, which has played a significant role in the development of our Local Transformation Plan. The review was led by the Children, Family and Wellbeing All Age Commissioning Team in partnership with Trafford Clinical Commissioning Group (CCG) and Pennine Care NHS Foundation Trust. The review included two stakeholder workshops, surveys and direct meetings with individuals, professionals and service user groups. It also incorporated service feedback from Healthy Young Minds (CAMHS) from satisfaction questionnaires, service user groups and individual interviews.

5.7 The main findings of the review were:

- Staff within CAMHS were recognised for their attitude, experience, skills and dedication. Children and young people who received a service rated it highly.
- Waiting times were a significant issue for both initial appointments and receiving treatment signifying a need to redesign processes and staff resources. However, for urgent and emergency cases, a timely and appropriate response was given despite increases in numbers of referrals and complexity of cases.
- Need to develop a comprehensive workforce strategy with training provision and addressing skills gaps and capacity to deal with increasingly complex cases both within CAMHS and wider stakeholders.
- Need for extending CYP IAPT principles to other services.
- The relationship should be improved between CAMHS and voluntary sector providers with increased signposting to local community services.
- Early intervention and prevention should be given more of an emphasis.
- There is a need for developing multi-agency co-ordinated support for children and young people with complex needs who may not fit the criteria for certain services.
- The transition from CAMHS to adult services should be improved in conjunction with social care, education and other agencies.
- Gaps in peer and parent support schemes, targeted support for step down and prevention of admission, home treatment teams and an out of hours' crisis service.
- The data on CAMHS currently being collected is insufficient and in places inaccurate.

5.8 A series of recommendations stemmed from the review which formed the foundation of Trafford's Local Transformation Plan (see Section 6) and the underpinning project plan for implementation. The recommendations have also been incorporated into the transformation of the Trafford Healthy Young Minds Service to support the implementation of the THRIVE model (as described in Section 3) led by Pennine Care NHS Foundation Trust.

Service Engagement

5.9 Healthy Young Minds (CAMHS) ensures that patient feedback is gathered. This is done through a Friends and Family questionnaire, an annual in-depth survey, focus groups, patient interviews and a service user group BOOM (Because Our Opinion Matters). Feedback is also gathered through use of the local Healthwatch Trafford website, Patient Advice and Liaison Service and through the outcome star system for children and young people that is jointly managed with Trafford's Children

and Young People's Service. Healthy Young Minds also gather Child Experience of Service Questionnaires (CHI-ESQ) data from patients as part of routine practice, as well as simple methods in gathering feedback, such as the use of Emoji's before and after appointments. This data is used to help improve the service. Performance and patient complaints/satisfaction for Healthy Young Minds are also gathered through quality leads at Trafford CCG. If there is an area of concern, then this is raised through monthly quality meetings. Recurring issues are fed back to commissioners to help with the development and growth of the services offered.

Local Transformation Plan Engagement

5.10 Trafford's original Local Transformation Plan used the views gathered through the processes outlined above to shape the intentions and future priorities. The views of children, young people, their families and local professionals continue to be gathered as we refresh our plan annually. A stakeholder event was held in October 2016, attended by a hundred people including teachers, the police, housing associations, health visitors, mental health professionals and third sector organisations. There have also been annual "You Said, We Did" surveys for children young people, families, the wider public and professionals to gain views on the investments and programmes of work that have taken place within the Local Transformation Plan. A collation of these can be seen below:

| You Said | We Did |
|--|--|
| Prevention | |
| There should be more services to help young people at an early stage | <ul style="list-style-type: none"> Following feedback from young people, Trafford brought in a new service called Trafford Sunrise to support 5-12 year olds with stress, learning how to relax and promoting emotional wellbeing. As with 42nd Street, this includes both 1-1 and group support. It has now been in place for over 12 months and funding has been extended. As well as supporting young people, the service also has advice sessions for parents. |
| It is difficult to get information and know what services are out there | <ul style="list-style-type: none"> www.healthyyoungmindspennine.nhs.uk provides information for children, young people, parents, carers and professionals. It has been a year since the Trafford Directory had revamped its page on children's mental health services. Over the past year this page has been viewed 1,392 times – this is up from just 130 the year before. There is still more to do to promote this in 2019, but this is a positive increase. The schools bulletin has been used to inform schools about changes to services. Training information for professionals is also sent via the schools bulletin. Trafford Youth Cabinet helped us to design a flyer for young people explaining the main services that are out there for mental health. |
| More drop in centres and support from anonymous sources. | <ul style="list-style-type: none"> School Nurses offer sessions in every secondary school in Trafford and our Trafford Talkshop continues to offer a drop in centre for young people. Kooth provides both online counselling and a safe space for young people to go online and read advice and support from peers. This is done via monitored message boards and articles written by young people. This confidential anonymous service is accessible 365 days a year up to 10pm for young people aged 11-18 years. As with Trafford Sunrise, this service has now been in place for over 12 months and has been extended. It has proved incredibly popular, with 943 young people logging in 5,211 times in the past 12 months and numbers increasing over time. |

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| Continue to support services that help people before they need to go to Healthy Young Minds | <ul style="list-style-type: none"> • 42nd Street offer mental health services for young people aged 13-25 through both 1-1 and group support. In 2016, Trafford more than doubled the amount of funding it gave to 42nd Street. This extra funding has continued for the last 3 years and meant they can see even more young people. For example, in the past 12 months the service has seen a 371% increase in the number of young people accessing the service compared to the year before the funding increase. |
| Access | |
| Waiting times are too long for mental health services. | <ul style="list-style-type: none"> • Healthy Young Minds (CAMHS) have adopted a new way of working called CAPA (Choice & Partnership Approach) to enable children and young people to get support quicker. • Trafford is aware that increasing numbers of people needing services has led to long waiting times. Healthy Young Minds has had issues with staff vacancies this year, but has been working hard on recruitment. Over half of their vacancies have now been filled and the rest have been recruited to but are working their notice period. The extra posts mentioned above will also help with waiting times and we expect to see a positive change over the next 6-12 months. 42nd Street has also seen increased waiting times. They are changing their policy to allow for assessments over the phone so that young people can be seen quicker. |
| Central point of access for all | <ul style="list-style-type: none"> • Discussions have taken place with Healthy Young Minds, 42nd Street, Early Help Hubs and Trafford Sunrise to establish a single point of access. |
| Kooth should be advertised more | <ul style="list-style-type: none"> • Since it was brought into Trafford, Kooth have had an Integration & Participation worker who has the job to promote and advertise the service. They have spoken to GPs, visited Trafford's Parents Forum and presented at school assemblies. It has also been put on the Trafford Directory. This has been really effective, with large and increasing numbers of young people using the service. |
| Appointments offered at evenings and weekends. | <ul style="list-style-type: none"> • Healthy Young Minds changed processes and staffing so that appointments will be able to be offered more flexibly. • A eating disorders service was commissioned with flexible appointments at evenings when appropriate. |
| There is currently no phone line for advice | <ul style="list-style-type: none"> • Healthy Young Minds has a duty line in place which offers consultation and advice to professionals. This provides professionals with direct contact details and availability to discuss concerns around children and young people. |
| Implement the THRIVE model of support so that there is a multi-agency approach | <ul style="list-style-type: none"> • Awareness raising has taken place with stakeholders on the THRIVE model and this will continue. One event was in March 2019 with a future event to be held specifically for Children and Young people and education. • New pathways have been written with a multi-disciplinary approach according to the THRIVE model, including the new Autism & Social Communication pathway. • GM funding is now in place for the GM i-THRIVE hub to ensure the THRIVE model is implemented across Greater Manchester. |
| Vulnerable Groups | |
| Better services for young people with an eating disorder | <ul style="list-style-type: none"> • A Community Eating Disorders Service was commissioned in Trafford in 2016 offering home treatment, group sessions, one to one support and support for parents and carers. |
| Healthy Young Minds needs to ensure it has sufficient ability to deal with increasingly complex cases. | <ul style="list-style-type: none"> • Funding was spent on additional Educational Psychology capacity to help diagnose those with neurodevelopmental disorders quicker. • The Choice & Partnership Approach (CAPA) will ensure that specialist skills are focused on more complex cases. |

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| Develop clear and accessible pathways supported by criteria that people can understand. | <ul style="list-style-type: none"> • A number of Healthy Young Minds pathways have been reviewed. • The ADHD pathway, the Autism & Social Communication pathway and Mood and Emotional Disorders Pathways have all been launched in the past 12 months. |
| Improved crisis and out of hours care. | <ul style="list-style-type: none"> • Greater Manchester, which includes Trafford, is working on a large project for supporting children in a mental crisis. As part of this, Trafford has invested in extending a service to support those who go to A&E in crisis – The Mental Health Liaison service. This will help those who are struggling to cope receive appropriate urgent care. The service has now recruited and it is due to start in 2019. |
| More support or specialist support for those children who are in care or adopted | <ul style="list-style-type: none"> • Trafford has scoped out what support is available and determined the costs if a service were to be offered up to age 25. • Healthy Young Minds have been invited to attend placement funding panel to support decision making around most appropriate placements to meet the mental health needs of children and young people. • Work is happening at a GM level to develop a consistent offer for children in care across Greater Manchester. |
| Accountability | |
| The data on Healthy Young Minds currently being collected is insufficient. | <ul style="list-style-type: none"> • Healthy Young Minds (CAMHS) implemented a new electronic data collection system (PARIS) in April 2018 which has started to give better data. |
| Lack of clarity between Healthy Young Minds and GPs when GPs are asked to take over routine prescribing of medication | <ul style="list-style-type: none"> • Communication was sent out to GPs and at a Greater Manchester level there are due to be a consistent set of paperwork which we will look to distribute in Trafford. • There are online resources to support GPs. • A Trafford GP with an interest in children and young people’s mental health has been employed by the CCG to support commissioning and to help Healthy Young Minds and GP’s across the borough to work better together. |
| Workforce | |
| Professionals who work with children need more training on mental and emotional health issues. | <ul style="list-style-type: none"> • Trafford held a number of training sessions for professionals in 2017 and we have continued to do this in 2018 and will continue into 2019. Sessions chosen were based around a skills audit completed last year, and have included self-harm, depression, bereavement, and anxiety. • There is also free online training on mental health which has been promoted out to schools and will be promoted to other professionals shortly (www.minded.org.uk). • Education have funded Education Psychology to help support schools with social and emotional mental health. |
| Training is important to increase the awareness of Healthy Young Minds (CAMHS) and what it can and can’t provide. | <ul style="list-style-type: none"> • Healthy Young Minds has arranged talks with GPs, schools and other organisations. • New pathways are being developed to clarify what support Healthy Young Minds and other agencies will provide for different conditions and situations. |
| Services should work better together | <ul style="list-style-type: none"> • A database containing a vast amount of organisations that provide some form of mental or emotional health and wellbeing support has been created and is used by Healthy Young Minds and others as the main signposting tool. • A number of groups established to implement Trafford’s Transformation Plan have resulted in better working across agencies. |

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| Workforce strategy needed for Healthy Young Minds | <ul style="list-style-type: none"> • Healthy Young Minds have established a workforce strategy including a skills gap analysis, future planning for the workforce and training and development. Further work will continue on this in 2019/20. |
| It is essential Healthy Young Minds is properly resourced | <ul style="list-style-type: none"> • Trafford has added some additional staff to Healthy Young Minds over the past years and many more are planned for 2019. The areas these posts are in will include Cognitive Behavioural Therapy and mental health practitioners. • For the past 3 years Healthy Young Minds have also had additional posts through an Eating Disorder service. The Community Eating Disorder Service has continually hit its waiting time targets in 2019. |

5.11 Views have also been obtained through attendance at professional forums (GP Learning Events, Head Teacher/Deputy Head Teacher/Special Educational Needs Coordinator (SENCO) forums, pastoral leads etc.) and via children and young people's meetings and conferences. The Trafford Youth Cabinet has been a key conduit for our engagement with children and young people, enabling mental health to have a key focus at large pupil conferences, undertaking key pieces of work collaboratively with commissioning and promoting surveys and the Local Transformation Plan through Twitter, Facebook and its networks.

5.12 A Trafford Secondary Schools conference was held in November 2016 at which young people consistently raised the lack of anonymous support as a barrier to receiving help. Trafford's Primary Schools Conference in 2017 also highlighted a need for additional support for primary aged children. As a result of these findings, Trafford CCG and Trafford Council responded by investing in two brand new health and wellbeing services from September 2017: Kooth and Trafford Sunrise.

5.13 The key findings of the engagement work across children, young people, professionals and others have followed similar themes:

- Stakeholder consultation has been positive, especially with children and young people.
- Around three quarters of respondents praised the changes that have taken place since the implementation of the LTP.
- Long waiting times for Healthy Young Minds (CAMHS) and 42nd Street are still a major concern.
- Professionals lack confidence in mental health. Training for those working with children and young people and access to advice and consultation from specialist services are key.
- Early intervention and prevention need to be key areas of focus and investment in this area has been welcomed.
- More support is needed through schools, specifically requesting counselling support services.
- Anonymous support was consistently requested by secondary school aged pupils.
- Children, young people, families and professionals all felt that it was difficult to access information and find out about available support services.
- Need to promote range of Mental Health support and services; this was consistent theme from feedback from large number of children, young people, parents and professionals.
- Use social media to promote the Trafford Directory and mental health support that young people can access in Trafford

- Parents/carers felt they needed advice on ways to deal with the diagnosis given to their child and what support is available to a parent supporting their child in crisis situation.
- Positive feedback from majority of the responders in regards to the new Mental Health Liaison service which is to start in 2019.
- The Community Eating Disorders Service is welcomed by stakeholders.
- Transitions between services need to improve.

i-THRIVE Stakeholder Event

5.14 Trafford Clinical Commissioning team held a local i-THRIVE Stakeholder event in April 2019. The GM THRIVE team facilitated the event and delivered a presentation on the GM THRIVE model, covering the work completed to date and future priorities to be explored on a local level in Trafford. The aims of the event were to understand how professionals refer into Healthy Young Minds and also to understand the other range of services and support available in Trafford. Healthy Young Minds presented to stakeholders how their service delivery aligns with the THRIVE model and presented Trafford's CYP level of need within each segment of the model. A further stakeholder event is to be planned and delivered to specifically target children, young people and education.

Greater Manchester CYP Participation and Engagement

5.15 The Youth Combined Authority (YCA) was established in February 2018 and is part of the GM Governance structure providing young people under the age of 18 years, the opportunity to shape, influence and scrutinise Greater Manchester's practice, policy and plans. All representatives of the YCA are committed to youth voice and social action. Support is provided by the Mayor's office and co-ordinated by Youth Focus North West.

5.16 The YCA has elected a Health Working Group which focuses on the priority theme of Mental Health and 4 work streams which include:

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

5.17 Since January 2019, Children and Young People (CYP) are now represented as members of Greater Manchester Children and Young People's Mental Health Board (GMCYPMH). Additional work and training has been initiated to improve shared decision making by empowering young people voices in their own treatment decisions about their individual mental health and care and treatment.

Training

5.18 Mental health training for professionals working with children and young people has continued to be a priority area. Commissioners have undertaken a number of surveys and audits from 2015-17 to identify the key training needs and areas of strength across Trafford. These have been responded to by a wide variety of professionals in Trafford, including GPs, social workers, teachers, health professionals and third sector organisations. The key findings have been:

- 88% of respondents in the 2015 and 2016 surveys expressed a desire for further training. The most popular areas of training requested related to anxiety, anger management, bereavement, eating disorders, and self-harm. This led to the commissioning of a number of courses in 2017 attended by 178 professionals.
- 80% of respondents in 2015/16 wanted more information on the support that is available through Healthy Young Minds (CAMHS) and other support services leading to a wide range of communication and marketing activity which is continuing.
- A half day workshop and e-learning were the two most popular ways in which respondents wanted training to be delivered.
- Audits and surveys in 2017 indicated that there is a need to run a programme of mental health awareness courses for universal professionals.
- For professionals who have greater contact with children and young people with mental health issues, there is a need for training at an advanced level incorporating low level interventions that can be delivered safely and effectively.
- Audits have shown that there is a significant need for specialist services to be able to offer consultation and advice to wider professionals around mental health.
- Participants in the 2017 audit showed strong assets in counselling, family work, coaching/mentoring, behaviour therapy and CBT.
- Audits in 2017 showed similar training needs to previous years with additional topics such as autism, ADHD, depression, addictive behaviours, sleep and obsessive-compulsive disorders. GPs specifically showed a lack of knowledge in infant mental health and attachment.
- In 2018/19, 84 professionals from a range of backgrounds in Trafford, received training in the following subject areas: Anxiety, depression, bereavement, self-harm and solution focussed techniques. The sessions were delivered by 42nd Street, Anxiety UK and Winston's Wish. To ensure this training could be delivered at a higher level than previous years, all attendees had to complete free online training prior to the training to gather a low level understanding. This ensured each session could be utilised more effectively in the time allocated. 94% of respondents across the 5 sessions felt the sessions advanced their knowledge in the subject area greatly.
- In 2019-20, Trafford Commissioning will be offering Mental Health First Aid training to a number of professionals in Trafford. This will give the wider workforce in Trafford to step in and guide children towards the support they need.

Summary

- Stakeholder engagement has always been a key part of Trafford's mental health and wellbeing services for children and young people.
- During 2015/16 a full review of Trafford CAMHS took place, which played a significant role in the development of this Local Transformation Plan. Various issues were highlighted, including long waiting times, a need for a workforce strategy, and for early intervention to be given more of an emphasis.
- Healthy Young Minds gathers patient feedback through a number of measures, including Friends & Family questionnaires, an annual in depth survey, patient interviews and a service user group.
- Annual 'You Said, We Did' surveys have been held to gain the views of children and other stakeholders on the investment and programmes of work that have taken place within the Local Transformation Plan since the first version was published in 2015. Around three quarters of respondents praised the changes that have taken place since the implementation of the LTP. Key themes for further improvement included: waiting times, support for professionals/schools and parents/carers, transition.
- Mental health training for professionals working with children and young people has continued to be a key priority. Surveys have been carried out asking for views around training for the wider workforce. 88% of respondents in the 2015 and 2016 surveys expressed a desire for further training. The most popular areas of training requested were anxiety, anger management, bereavement, eating disorders and self-harm. In 2018, 84 professionals received advanced Mental Health training within specific areas – anxiety, depression, self-harm and bereavement.
- i-THRIVE stakeholder event took place in March 2019. Future priorities identified by stakeholders included – creating a single point of access, communication and promotion of all services available, and better collaboration between third sector providers.

6. Local Transformation Plan

- 6.1 Our Local Transformation Plan (LTP) sets out Trafford's plans to ensure children and young people along with their parents/carers have an improved experience of local mental health services. Trafford's service transformation will primarily take place through implementing the THRIVE model across our wider services. The THRIVE model shows a range of support for children or young people according to their needs at a specific time. This will only be effective in supporting children, young people and families if there are suitable early intervention services in place and if the system of support is underpinned by a comprehensive workforce development plan with the right professionals with the right skills. This will also require a shift in resources for specialist CAMHS to be able to provide advice, consultation and supervision to a range of professionals who deliver support in the different THRIVE quadrants. The plan also looks at our most vulnerable children and young people, those with more complex needs and those in a crisis to ensure they receive appropriate and timely support.
- 6.2 In order to implement the new THRIVE Model effectively we have identified a 5 key priorities aligned with 'Future in Mind'. Trafford's Transformation Plan is structured in accordance with these priorities. These are:
- a) **Promoting Resilience, Prevention and Early Intervention.** Trafford will promote good mental health in all children and young people to enable them to thrive, be resilient and cope well with life's challenges. This will happen through children, young people and families receiving early support when they need it.
 - b) **Improving Access to Effective Support.** Trafford will seek to ensure that children and young people have the best possible access to services through the 'THRIVE model'.
 - c) **Caring for the most vulnerable.** Vulnerable young people will be able to obtain appropriate mental health support through services working effectively together.
 - d) **Accountability and Transparency.** Trafford will have clear lines of accountability and an increased understanding of data in order to shape the future changes to mental health services.
 - e) **Shaping the Workforce.** The Trafford workforce will have sufficient resources and skills to improve children and young people's emotional health and wellbeing and make a real and lasting difference to their lives.
- 6.3 Below, we explain all of the changes that have occurred and are still to happen across these 5 areas. Each section contains some narrative which is split by work that is just happening at a Trafford level (**local**), work occurring throughout **Greater Manchester** and projects happening **nationally**. Following this, there are tables which look at the gaps in each area and the actions being undertaken thus far to plug those gaps.

Promoting Resilience, Prevention and Early Intervention

- 6.4 Trafford's Local Transformation Plan has focussed on a number of areas around prevention and early intervention. The emphasis has been on schools, parenting, early help provision, self-care,

promotion and perinatal support.

- 6.5 **Local:** Trafford CCG and Council have invested in a number of early help projects (see Chapter 3), enhanced Trafford's Early Help Panels & parenting offer, and invested in online and self-help information. Most significantly, this includes increasing the funding given to 42nd Street and bringing in two brand new Early Help services: Kooth and Trafford Sunrise. Both these services were introduced following feedback from young people and mean that for the first time Trafford has an online counselling service in Kooth and an early help mental health service for those aged 5-12 in Trafford Sunrise. As well as this, extra funding has been given for a Children's Wellbeing Practitioner who supports the Early Help Hubs. An additional Children's Wellbeing Worker is being funded for 2019/20.
- 6.6 A steering group will be established to deliver on our ambition to create an Early Attachment Service in Trafford in 2019/20. The focus of the group will be to develop a shared approach to the development of an integrated Parent and Infant Mental Health pathway in line with the 1001 Critical Days manifesto. This highlights the importance of intervening early in the 1001 critical days between conception to age 2 to enhance the outcomes for children. A number of key clinical posts will be recruited to as part of the Early Attachment Service model.
- 6.7 **Greater Manchester:** A Greater Manchester (GM) Parent Infant Mental Health service specification was developed in 2018 which established a consistent minimum perinatal mental health offer across GM. The specification sets out a series of standards designed to guide the ongoing development of parent infant services that will meet the mental health and emotional needs of infants and their families in GM. Trafford is working to develop its own locally determined priorities and integrated perinatal pathway through the 1001 critical days steering group which will be incorporated within the GM specification as a local variation.
- 6.8 Across Greater Manchester a number of other steps are also being taken towards the early intervention prevention agenda, with training for pupils and staff. The GM programme will also bring a number of other developments between 2019-21 including mental health champions, a GM approved provider framework, a GM quality assurance framework for commissioning and settings related development cluster groups across local authority boundaries.
- 6.9 **National:** Nationally the Children and Young People's Mental Health Green Paper 'Transforming Children and Young People's Mental Health Provision' proposes that every school and college will identify and train a Designated Senior Lead for Mental Health with funded training available for all schools from 2019-2025. The Green Paper also states that there will be Mental Health Support Teams who work across clusters of schools, which will be rolled out to between a quarter and a fifth of the country by the end of 2023 to support children and young people with mild to moderate mental health issues.

2015-21 Objective: Trafford will promote good mental health in all children and young people to enable them to thrive, be resilient and cope well with life's challenges. This will happen through children, young people and families receiving early support when they need it.

| Priority Area | Identified Gaps | Major Tasks | Complete |
|---------------|--|---|----------|
| Perinatal | Need to increase access to evidence based perinatal MH treatment | a) Purchase and roll out of resources for perinatal pathway around attachment | ✓ |
| | Importance of addressing parent-child attachment using evidence based tools to prevent future CYP mental health issues | b) Train increased number of Health Visitors in NBAS and NBOS | ✓ |
| | | c) Clinical supervision offered to NBAS trained Health Visitors | ✓ |
| | Enhancement needed to perinatal pathway | d) Re-design the perinatal pathway in line with the THRIVE model | ✓ |
| | | e) Develop Starting Strong Pathway for families with additional vulnerabilities giving additional Health Visitor contacts | ✓ |
| | | f) Young parents support groups enhanced with named teenage pregnancy midwife | ✓ |
| | | g) Establish new perinatal provision within Homestart | ✓ |
| | | h) Establish Early Attachment Hub | ✓ |
| | | i) Establish GM perinatal specialist community mental health team | ✓ |
| Schools | Schools require access to specialist advice and consultation | a) Establish baseline of support in Trafford schools | ✓ |
| | Training gaps for school staff in mental health | b) Education investment in Feel Good Schools Programme delivered by Educational Psychology Service | ✓ |
| | | c) Guidance for schools on graduated approach to social, emotional and mental health needs | ✓ |
| | Variability in mental health support offered through schools | d) Provide support to enhance Mental Health Schools Network | ✓ |
| | Need for whole school approach to mental health | e) HYM to employ schools link worker | ✓ |
| | | f) Framework for schools in commissioning MH support | ✓ |
| | | g) GM schools training programme established | ✓ |
| | | h) Develop cohesive offer across Trafford for school support | ✓ |
| Promotion | Children, young people, families and professionals do not consistently know about the mental health support on offer | a) Mapping and establishment of mental health section on Trafford Services Directory | ✓ |
| | | b) Coproduce leaflet on MH for young people | ✓ |
| | Need to support self-care and promotion of good mental health and wellbeing | c) Developed Healthy Young Minds website, self-help resources and young people approved applications | ✓ |
| | | d) All children and young people to receive self-help information whilst on HYM waiting list | ✓ |
| Prevention | Improvements needed in early help provision and parenting support | a) Review parenting support offer | ✓ |
| | | b) Supervision from Parent Infant Clinical Psychologist to Senior Family Support Practitioners | ✓ |
| | | | ✓ |

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|--|--|--|---|
| | | c) Recruit and train Children and Young People's Wellbeing Practitioner | ✓ |
| | | d) Review and development of Early Help Panel | ✓ |
| | | e) Secured a range of early help projects in Trafford | |
| | | f) GM public awareness and anti-stigma campaign | ✓ |
| | | g) Peer support projects established for low level MH concerns | |
| | | h) Recruit and train second Children and Young People's Wellbeing Practitioner | |

Improving Access to Effective Support

6.10 Trafford's Local Transformation Plan has prioritised waiting times and improved access since its inception. This has been driven by national waiting time standards, feedback from stakeholders and a desire to move away from the previous tiered system towards the THRIVE model.

6.11 **Local:** Healthy Young Minds (CAMHS) has developed services significantly since Trafford's first Local Transformation Plan with the adoption of a Choice and Partnership Model (see Chapter 3), a restructure to increase capacity and redress the balance between psychologists and mental health practitioners, the enhancement of its group offer and the continuing development of Trafford's consultation model with a post established offering advice and consultation to teams dealing with complex families and safeguarding concerns. Now that the restructure is complete further additional posts will be put into Healthy Young Minds in 19/20, including a CBT Therapist and Mental Health Practitioners.

6.12 The intention is to move towards a single point of access for Healthy Young Minds, 42nd Street and other mental health services to improve the experience of children and young people accessing services. This will be a phased approach as follows:



6.13 The first step began in 2017, which was around developing trusting relationships between the main sources of mental health support (Kooth, Healthy Young Minds, Trafford Sunrise, 42nd Street and the Early Help Hubs). All parties have met and Healthy Young Minds now sits on the early help panel to assist with directing referrals more effectively. This work will continue so that all services have an in-depth knowledge of each other's offer. The second phase looks at processes between the main organisations and developing direct referral protocols, sharing assessments and other methods to become a more streamlined offer. The third stage will look at sharing space between the main services and has begun with the Children and Young People's Wellbeing Practitioner being based in the Early Help Hub and will continue as the space at Talkshop is developed to offer space to wider partners. Finally, work will take place to determine the vision and feasibility of a single point of referral and a full mental health hub for Trafford.

6.14 **Greater Manchester:** The Greater Manchester CAMHS Service Specification was implemented in 2018/19. The purpose of it is to describe the role, function and responsibilities of services and implement Greater Manchester's agreement to move away from a CAMHS traditional tiered model of delivery to a more flexible responsive model, applying the THRIVE model of care. The specification also sets out workforce targets for CAMHS in order to ensure families have better access to the service.

6.15 **National:** The NHS Long Term plan sets out a commitment that funding for children and young people's mental health services will grow faster than both overall NHS funding and total mental health spending. This means that children and young people's mental health services will for the first time grow as a proportion of all mental health services, which will themselves also be growing faster than the NHS overall.

| 2015-21 Objective: Trafford will seek to ensure that children and young people have the best possible access to services through the 'THRIVE model' | | | |
|--|---|---|--|
| Priority Area | Identified Gaps | Major Tasks | Complete |
| Waiting Times | Long waiting times for specialist mental health services. Not meeting access and waiting times standards. | <ul style="list-style-type: none"> a) Resources secured to stabilise HYM waiting lists to support new models b) Restructured HYM to give greater capacity and redress balance between psychologists and mental health practitioners c) Investment in early help services to reduce pressures on HYM d) Daily screening introduced in to HYM e) Specialist support moved to front end of HYM service f) Review of HYM systems and implementation of recommendations to increase throughput g) Adoption of Choice and Partnership model of service with HYM h) Implement waiting times standards for early intervention in psychosis | <ul style="list-style-type: none"> ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ |
| Access | <ul style="list-style-type: none"> Move away from tiered system of mental health support to a THRIVE model Improved access to mental health services Develop collaborative care pathways across agencies | <ul style="list-style-type: none"> a) Establishment of Trafford's Co-ordination Centre to manage referrals and discharge processes across health and social care b) HYM adopting standard GP referral form through Trafford Co-ordination Centre c) Develop HYM pathways via THRIVE model of care with support of i-THRIVE hub d) Adoption of pan GM HYM service specification with agreed access and waiting times e) HYM to develop service to Monday to Friday 8am – 8pm with flexible weekend cover f) HYM to establish processes to accept self-referrals g) Develop consistent GM thresholds and criteria for support and treatment with | <ul style="list-style-type: none"> ✓ ✓ ✓ ✓ ✓ ✓ ✓ |

| | | | |
|---------------------|--|--|-----------------|
| | | clarity of step up and step down processes h) Establishment of single point of access for mental health support services i) I-THRIVE model developed across all services | |
| Consultation | Multi-disciplinary professionals require consultation and advice from a named contact within specialist mental health services Embed mental health expertise in areas of likely unidentified mental health problems | a) Consultation post established for teams dealing with complex families and safeguarding concerns b) Establishment of consultation posts for schools and transition c) Develop identified mental health leads in GP surgeries and schools | ✓ ✓ |
| Transition | Children and young people's experience of transition is varied | a) New multi-agency transition protocol established b) Implementation of protocol led by senior managers c) CQUIN established for HYM transition d) GM to commission tier 4 beds to improve timely exit from inpatient care e) Develop GM approach to transition to adult mental health services | ✓ ✓ ✓ |

Care For The Most Vulnerable

6.16 As detailed in our 'Social Determinants of Mental Health' section in Chapter 2, there are a number of groups who are more vulnerable to mental health conditions. This includes Looked After Children, and those with complex needs. There are a number of specific types of provision in place in Trafford to support vulnerable children and young people.

6.17 **Local:** Trafford's mental health services for children includes a range of specialist pathways, delivered through multi-disciplinary teams, in order to appropriately provide for the borough's vulnerable population. This includes the Children in Care Team, plus resources to Trafford's Youth Offending Service, ADHD Pathway and Autism & Social Communication Pathway. This structure will be continually reviewed to ensure that there is the ability and flexibility to deliver a consistent psychologically informed approach for children and young people with complex needs and their families. This support has been enhanced in 2017 through the introduction of Care, Education and Treatment Reviews (CETRs) for children and young people with learning disabilities and/or autism who are at risk of admission to hospital or secure accommodation.

6.18 The main priorities for Trafford have been the launch of two new pathways to reduce waiting times and improve communication with families and other stakeholders. The ADHD Pathway launched in 2017/18 and the Autism & Social Communication Pathway launched in 2018/19. These pathways have been designed to respond early to address initial concerns from parents/careers and/or school staff who feel that children are experiencing social communication or behavioural difficulties. An early intervention plan will be put in place to meet a child/young person's needs without requiring a formal diagnosis. We have also invested in additional capacity into these pathways and streamlined

processes to impact waiting times.

6.19 **Greater Manchester:** Work has been initiated at a Greater Manchester level to improve access for young people where there is additional complexity and vulnerability that centre on Looked After Children, Learning Disabilities, Autism, ADHD and those in contact with the justice system. Plans are being developed to expand work programmes that will centre on trauma, adversity and LGBTQ in 2019.

6.20 The region is also in the process of overhauling its provision for children and young people who present in crisis with the implementation of the Greater Manchester Crisis Care Pathway. The pathway involves the development of new services, or improvements to existing services. Most of the services will be based in the community and care will be available 24 hours a day, seven days a week. Some of the changes include the establishment of safe zones for young people in a crisis as an alternative to hospital admission, four crisis resolution and home intervention teams, appropriate 72 hour crisis beds and all age MHL (Mental Health Liaison) teams within hospital Accident and Emergency Departments. There will also be an assessment centre for managing referrals into specialist CAMHS inpatient beds. For 2019/20, the overarching aim is to launch of all elements of the pathway, completing recruitment and beginning to accept referrals. By the end of 2019/20, Rapid Response Teams will be available 24/7 across GM, reducing demand on A&E and community CAMHS and improving the experience of young people and their families.



National: As part of the Local Transformation plan funds, a Community Eating Disorder Service was established in 2016. The NHS Long Term Plan states that there will be increased investment in children and young people's eating disorder services to allow the maintained delivery of the 95% waiting time standards beyond 2020/21.

2015-21 Objective: Vulnerable young people will be able to obtain appropriate mental health support through services working effectively together.

| Priority Area | Identified Gaps | Major Tasks | Complete |
|--------------------------|---|---|---|
| Crisis Care | <p>Poor access to out of hours support in a crisis</p> <p>Some children and young people admitted to hospital beds unnecessarily as no other alternative</p> <p>Gap in home treatment</p> <p>Need more flexible and responsive model of crisis care</p> | <p>a) Funding secured for GM crisis care transformation</p> <p>b) All Age MHL established in A&E departments</p> <p>c) Four safe zones established</p> <p>d) GM to manage GM inpatient beds via the GM inpatient mental health providers alliance</p> <p>e) 72 hour crisis beds and inpatient assessment centre established</p> <p>f) 24:7 specialist on call rota established</p> <p>g) Rapid response teams in place offering assertive outreach in home environment</p> <p>h) Review policy for schools dealing with trauma e.g. suicide</p> | <p>✓</p> |
| Neuro-development | <p>Long waiting times for diagnosis for ADHD and Autism</p> <p>Limited post diagnostic support in place</p> <p>Improved communication to parents and stakeholders needed</p> <p>Skills gaps in staff working with CYP with autism spectrum disorder</p> | <p>a) Development and launch of new ADHD pathway</p> <p>b) ADHD training and communications plan carried out for stakeholders</p> <p>c) Introduction of QB-testing to aid diagnosis</p> <p>d) Recruit ADHD Nurse post</p> <p>e) Recruit administrator to coordinate pathway</p> <p>f) Enhanced post diagnostic support established for ADHD</p> <p>g) Increased capacity for Autism diagnostic pathway</p> <p>h) Commissioned post-diagnostic support for high functioning autism</p> <p>i) Development and launch of new Autism & Social Communication pathway</p> <p>j) Enhanced post diagnostic support for Autism</p> <p>k) Autism training and communications plan carried out for stakeholders.</p> | <p>✓</p> |
| Complex Cases | <p>Management of complex cases on a multi-disciplinary basis needs strengthening to ensure a consistent standard of care and prevent hospital admissions</p> | <p>a) Care, education and treatment review process established</p> <p>b) Develop dynamic risk register for CYP</p> <p>c) Explore use of personal health budgets for long term MH issues</p> <p>d) Social care to extend respite offer to complex cases</p> <p>e) Explore extension of HYM to 25 for Complex Needs</p> | <p>✓</p> <p>✓</p> <p>✓</p> |
| Children in Care | <p>Continued area of need due to high levels of mental health issues in children in care and rising numbers</p> | <p>a) Review evidence based interventions</p> <p>b) Developed Keeping Families Together model to support vulnerable children on the edge of care</p> <p>c) Review care pathway</p> | <p>✓</p> <p>✓</p> <p>✓</p> |

| | | | |
|-------------------------|---|--|---|
| | | <ul style="list-style-type: none"> d) Establish GM position on responsible commissioner issues for LAC and consistent mental health offer e) Explore expansion of HYM to 25 for CIC f) Review how third sector providers support Care Leavers | <ul style="list-style-type: none"> ✓ ✓ |
| Young Offenders | Continued area of need due to high levels of mental health issues in young offenders | <ul style="list-style-type: none"> a) Review Counsellor role in Youth Offending Team b) Establish supervision from HYM to mental health practitioner c) Review care pathway d) GM Youth Justice Support Programme to work on consistent offer for young offenders e) GM protocols for MH assessments for young offenders | <ul style="list-style-type: none"> ✓ ✓ ✓ ✓ |
| Eating Disorders | <p>No specialist community service or step down from hospital to prevent future admissions. Not meeting access and waiting times standards.</p> <p>Gap in peer support</p> <p>Gap in home treatment</p> | <ul style="list-style-type: none"> a) Establish hub and spoke model to offer an evidence based service across Trafford, Stockport and Tameside b) Establish intensive home treatment service c) Establish peer support for families and young people d) Develop eating disorder support across a wider age range e) Develop text messaging service f) Improve access via evening and weekend opening g) Establish clear clinical pathway for eating disorders h) Delivery of family based treatment following training | <ul style="list-style-type: none"> ✓ ✓ ✓ ✓ ✓ ✓ ✓ |

Accountability and Transparency

6.21 Accountability and transparency are crucial to ensuring that there is effective governance around the changes to children’s mental health services. It also allows us to assess the effectiveness of the support delivered by services.

6.22 **Local:** In Trafford children’s community health services are currently commissioned by the local authority on behalf of Trafford CCG under a Section 75 agreement. In the past year the CCG and Council have merged to improve patient experience through joint commissioning across the two organisations. This follows Trafford’s integration of front line health and social care teams into single teams based on a locality model.

6.23 The Health and Well-being Board oversees this Transformational Plan, as do the respective CCG and Local Authority Senior Management Teams. Considerable effort was made to involve stakeholders and service users in the development of Trafford’s initial Local Transformation Plan and we have continued to communicate wider elements of the Transformation Plan in subsequent years, giving opportunities to shape our priorities with the support of communications and engagement expertise.

6.24 Healthy Young Minds have invested in a new platform (PARIS) for the gathering and reporting of critical data during 2018. PARIS is used consistently by other mental health providers across Greater Manchester.

6.25 **Greater Manchester:** We are in regular contact with our Greater Manchester CCG colleagues and the Strategic Clinical Network, particularly through the Greater Manchester Future in Mind group to ensure the offer is consistent and opportunities to improve the mental health offer across Greater Manchester are embraced. In terms of data collection, Greater Manchester has set up a dashboard in order to provide a greater understanding of waiting times for services across the region.

6.26 **National:** There are a number of national targets in place for children’s mental health services. This includes the increase in workforce targets from Five Year Forward View for Mental Health, national access targets for mental health services and the national waiting time standards for the eating disorder services, which are monitored on a monthly basis. Details of these targets are listed in Outcomes section below.

| 2015-21 Objective: Trafford has clear lines of accountability and an increased understanding of data in order to shape the future changes to mental health services | | | |
|---|---|--|----------|
| Priority Area | Identified Gaps | Major Tasks | Complete |
| Data Systems | Lack of information on services available | a) Contracts database developed for all mental health services and uploaded to Trafford Services Directory | ✓ |
| | Lack of clear reporting and data collection of critical data and intelligence with related scrutiny | b) Streamlined data sets across six Pennine HYM services towards an agreed outcomes framework | ✓ |
| | | c) Introduction of Share point system to provide interim data from HYM | ✓ |
| | Lack of routine data collection for key indicators, patient experience and patient outcomes to allow for benchmarking | d) Creation of reporting templates so HYM can report monthly on waiting times | ✓ |
| | | e) Evaluation of data systems to best fit CYP mental health | ✓ |
| | | f) Implementation of PARIS to record data for HYM | ✓ |
| | | g) Implementation of PARIS as an electronic case management system for HYM | ✓ |
| | | h) Recording and monitoring of access and waiting times | ✓ |
| Partner agencies | Voluntary and community sector support not collated into Trafford figures | a) Record routine outcome measures through other agencies that provide mental health support to CYP | |
| | | b) Enable voluntary and community sector to report to CAMHS national minimum data set | |
| Patient Experience | Need for improved communication and involvement so that LTP is led by children, young people, their families and the professionals that support them. | a) Stakeholder events to inform LTP | ✓ |
| | | b) Consultation events with young people to inform commissioning | ✓ |
| | | c) Annual You Said, We Did survey to gain views on investments and priorities | ✓ |
| | | d) Development of communication and engagement plan for mental health | ✓ |
| | | | ✓ |

| | | | |
|--|--|---|--|
| | | e) GM CYP mental health reference group established i) GM wide single survey for YP and families | |
|--|--|---|--|

Developing the Workforce

- 6.27 The quality of service provision and the outcomes achievable for our children and young people depends heavily on the skills, capacity and attitude of the staff delivering our mental health services.
- 6.28 **Local:** Trafford has continued to provide mental health awareness training for frontline professionals throughout the course of this Transformation Plan. In the past 12 months this has included training on anxiety, self-harm, bereavement, depression and solution focussed techniques. A variety of staff attended the training, included school staff, early help workers, GPs, the Youth Offending Service, Health Visitors, School Nursing, and other health professionals. In 2019/20 Trafford will provide Mental Health First Aid training further promote awareness and upskill the workforce in understanding and responding to the mental health needs of children and young people.
- 6.29 **Greater Manchester:** Trafford is collaborating with all other Greater Manchester CCGs to develop a multi-agency Greater Manchester workforce strategy. We anticipate that this will help to address difficulties with recruitment, retention and sustainability within the limited mental health workforce and provide greater flexibility of staff deployment across provider organisations. It will also look at how we provide a comprehensive training programme across agencies that is proactive in providing a basic understanding around mental health and neurological development, but also reactive in providing additional support and information around key issues and ‘hot topics’ so that professionals feel able to offer appropriate support to the families they are working with and understand when to refer them to specialist services. Part of this will include specific programmes of training in schools and colleges. We will develop a Trafford version of the GM plan as it develops.
- 6.30 The Greater Manchester Transformation Fund has invested in an i-THRIVE hub to ensure that the THRIVE model is integrated throughout Greater Manchester and provides the focus for workforce development. This will look at the development of pathways, the promotion of shared learning and system-wide effective responses to Adverse Childhood Experiences (ACEs). Trafford recognises that experiencing trauma, abuse and adversity has a substantial impact on life outcomes and the importance of asking children and young people about them sensitively in routine practice cannot be underestimated. Early work has taken place with school nurses and schools to introduce the concept of ACEs and start to change culture and practice.
- 6.31 A conference for schools was held in Trafford that included national speakers discussing ACEs with school strategic leads and community health and social care professionals. This looked at how to develop a whole school approach to developing resilience and relationships. Health and social care services in Trafford currently perform comprehensive assessments of all young people including sensitive enquiry regarding neglect, violence, abuse and child sexual exploitation to identify any safeguarding issues and ensuring that the young person receives the most appropriate care for their needs. There is a work plan for Trafford’s Start Well Board which incorporates ACEs under the priority to improve mental wellbeing and resilience, with the expected outcome to improve proportion of children screened for ACEs in health and social care assessments

| | | | |
|-------------|--|---|---|
| | | <ul style="list-style-type: none"> n) Training on autistic spectrum disorder designed and held to support pathway launch o) Establishment and promotion of local training link worker in HYM p) Peer networks and action learning sets implemented across GM | |
| IAPT | <p>Need increased CYP IAPT therapists and supervisors aligned with GM and national targets</p> <p>CYP IAPT is not currently extended across all agencies</p> <p>Address skills gap across full range of evidence based therapies</p> | <ul style="list-style-type: none"> a) CCG to secure finance for IAPT training once national funding ceases b) Continued programme of training in accordance with gaps identified in workforce audits c) Full implementation of CYP IAPT across partners agencies working with CYP mental health d) CYP IAPT clinical lead recruited e) Community Eating Disorders team completed CYP IAPT National ED training | <ul style="list-style-type: none"> ✓ ✓ ✓ |

LTP Funded Activity

6.33 Since the beginning of 2016 when Trafford CCG received its Local Transformation Plan allocation, we have been working at pace to implement the transformational activity described above. A significant amount of activity has taken place across universal, targeted and specialist services led by commissioning in partnership with a wide range of stakeholders through the Transformation Implementation Group and task & finish groups (detailed below) to ensure investments are addressing the real needs of the borough. Feedback received through engagement activity on the areas of investment to date has been positive. Planned investment for 2019/20 of this transformation plan is detailed as follows:

| Principle | Activity | Planned Local Transformation Fund Investment 19/20 |
|--|---|--|
| Prevention and Early Intervention | Early Help Projects | 226,591 |
| Improving Access to Effective Support | Specialist capacity Perinatal Pathway | 311,691 223,216 |
| Caring for the Most Vulnerable | Eating Disorders GM Crisis Projects Neurodevelopmental (Inc. sensory) | 144,000 34,352 116,644 |
| Accountability and Transparency | Data Support | 5,000 |
| Workforce Development | CYP IAPT training* | 59,625 |
| TOTAL | | 1,121,119 |

*not including course fees

6.34 Additional to local investment, Trafford will benefit significantly from investment from the Greater Manchester Transformation Fund. This pot stands at up to £34.6m for programmes on children and young people's mental health including reshaping crisis care and access to 24/7 support, developing the i-THRIVE model, workforce development and perinatal and parent-infant mental health.

Measuring Outcomes

6.35 Throughout the course of Trafford's Transformation Plan we plan to ensure delivery of each area of investment against our outcomes framework. These measures will be available to both NHS England and the Greater Manchester Health and Social Care Partnership on a quarterly basis. Since 2015 we have made the following progress against established targets:

- Reducing inappropriate referrals to CAMHS from 27% in 2014/15 to 14.5% in 2016/17. The figure for the first six months of 2017/18 is 10%.
- 88.9% of school nurses feel confident to work with CYP presenting with mild/moderate self-harm.
- 90% of children and young people on our early help pilot had increased knowledge of help available and increased willingness to develop coping mechanisms. 100% had improved emotional wellbeing and could identify a person to speak to when they need support.
- 93% of service user/professionals satisfied with new Healthy Young Minds website.
- 100% of young people with an eating disorder in 2016/17 to be assessed and treated within 4 weeks and 100% of *urgent* referrals to be seen within a week. For the first nine months of 2017/18 both of these figures were 100%.
- 42% of parents attending the baby and me group in 2016/17 reported increased bonding.
- 57% of families received a New Born Observation Screening by Health Visitors.
- 100% of young people with comorbid complex presentations receive a care plan.
- 161% more assessments and offers of treatment to young people by 42nd street in 2017/18 due to increased investment. 70% of these saw 'reliable recovery' or 'reliable change' after completing therapy.
- There has been an 8.67 WTE increase in Healthy Young Minds staff between 2015/16 and 2018/19.
- We estimate that 32% of CYP with a diagnosable mental health condition were treated in a NHS-funded community service in 2018/19. Unfortunately, the official figure is expected to be lower because of issues with third sector providers flowing data to the Mental Health Service Data Set (MHSDS) Full data will be available by the end of 2019/20 when all services are able to flow data to the MHSDS.

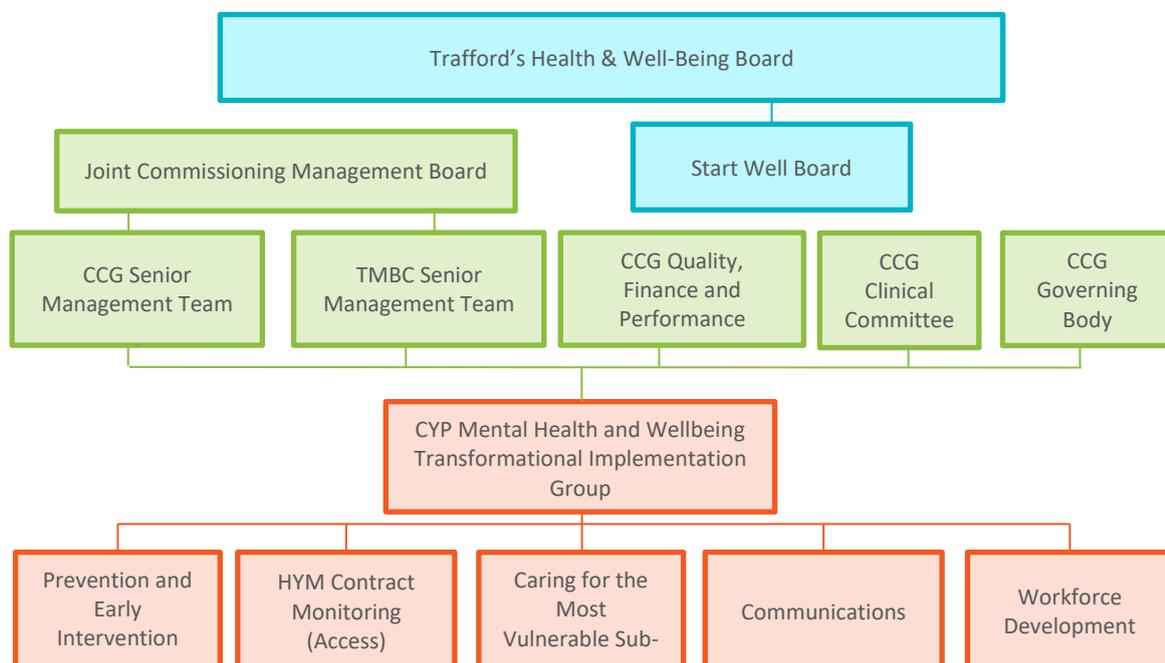
6.36 Many of these targets and outcomes are collected on an annual basis and are being tracked over the 5 year period between 2017 and 2021 that our Local Transformation Plans cover. The table demonstrates a combination of local priorities and nationally expected standards through the 'Implementing the Five Year Forward View for Mental Health', with a number of national targets having upward trajectories until 2021.

| Area | Outcome | 2015/16 Baseline | Result | | Target | | |
|------|---------|---------------------|---------|---------|---------|---------|---------|
| | | | 2016/17 | 2017/18 | 2018/19 | 2019/20 | 2020/21 |

| | | | | | | | |
|---|--|--|--------|---------------------------|--------------------------------|-----------------------------------|-----------------------------------|
| Eating Disorders | Percentage of CYP (routine cases) that start treatment within 4 weeks of referral | 0% | 100% | 100% | 100% | 90% | 90% |
| Eating Disorders | Percentage of CYP with ED (urgent cases) that start treatment within 1 week of referral | 0% | 100% | 66% | 90% | 90% | 90% |
| CYP Treated | Percentage of CYP with diagnosable MH condition treated in NHS-funded community MH service | This is a new national target and will be available from 2018/19 | | | 32% | 34% | 35% |
| Waiting Times | The proportion of CYP that wait 12 weeks or less from referral to first appointment. | This is a new target and will be available from 2018/19 | | | 95% | 95% | 95% |
| Waiting Times | The proportion of CYP that wait 18 weeks or less from referral to treatment. | This is a new target and will be available from 2018/19 | | | 98% | 98% | 98% |
| Referrals | Reduction in inappropriate referrals to Healthy Young Minds | 19% | 14.70% | Not available | 9.50% | 7% | 5% |
| Early Intervention in Psychosis | Percentage of people aged 14-65 treated within two weeks of referral | n/a | 76% | 67% | 53% | 56% | 60% |
| Early Intervention in Psychosis | Specialist EIP provision in line with NICE recommendations | n/a | n/a | Overall graded at level 2 | 25% services graded at level 3 | 50% of services graded at level 3 | 60% of services graded at level 3 |
| Workforce Royal College Psychiatry Target | Increased number of HYM posts 0-18 to meet RCP recommendations | 24.14 | 30.33 | 29.8 | 31.47 | 40.76 | 43.2 |
| Workforce Five Year Forward Target | Increased number of clinical posts across Thrive model in age 5-18 service | n/a | 42.68 | 42.3 | 43.9 | 48.7 | 50.88 |
| 42nd Street - Outcomes | % of young people completing therapy are either 'Reliable Recovery' or 'Reliable Change' | n/a | 55% | 70% | 60% | 60% | 60% |
| 42nd Street - Access | 100% increase in in assessments and offers of treatment | 115 | 253 | 285 | 230 | 230 | 230 |
| Kooth - Outcomes | Positive average goal movement for individual outcome targets (out of 10) | This is a new service that only started in 17/18 | | | 5.4 | 4 | 4 |
| Kooth - Experience | Percentage that would recommend the service to a friend | This is a new service that only started in 17/18 | | | 82% | 80% | 80% |
| Trafford Sunrise - Outcomes | The percentage of parents think the problem has gotten better since using the service | This is a new service that only started in 17/18 | | | 57% | 65% | 65% |
| Trafford Sunrise - Experience | Families satisfied with the service | This is a new service that only started in 17/18 | | | 96% | 90% | 90% |

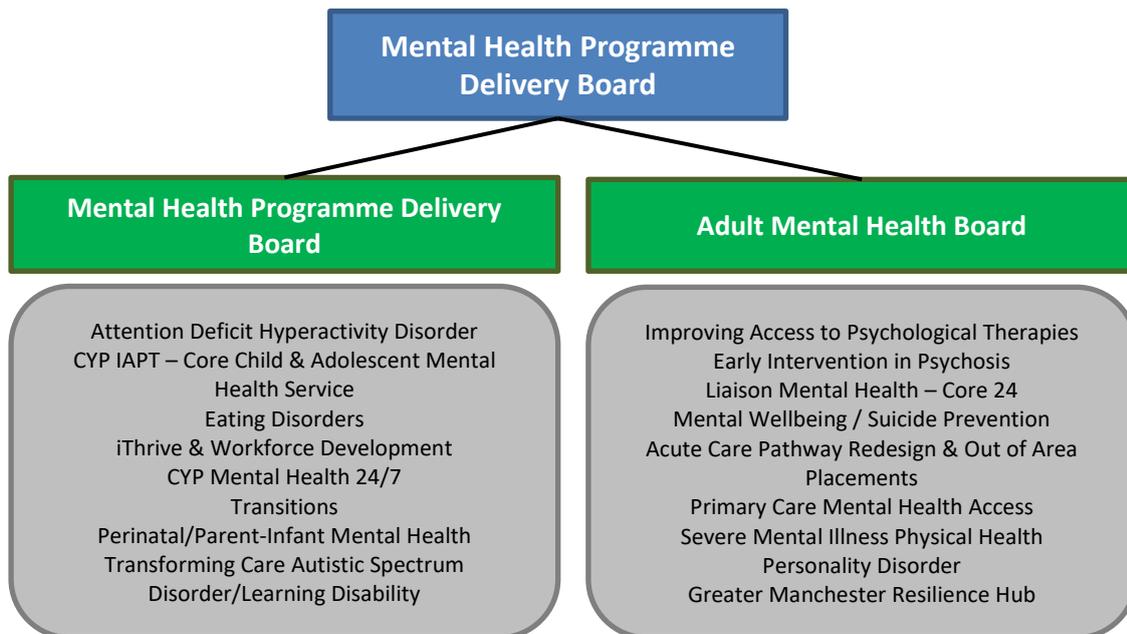
Governance

- 6.37 Trafford Council operates an integrated service for children and families. The model brings together education, health and social care. This way of operating supports multi-agency working governed by multi-agency boards.
- 6.38 Healthy Young Minds (CAMHS) is part of the council's integrated service offer, though the overall responsibility for the service rests with Pennine Care NHS Foundation Trust, it is commissioned by the integrated Commissioning Team in Trafford Council's Children Families and Wellbeing Service on behalf of Trafford CCG.
- 6.39 The implementation of the Local Transformation Plan is overseen by the CYP Mental Health and Wellbeing Transformation Implementation Group (TIG). The TIG is made up of a wide variety of stakeholders including representation from Healthy Young Minds, the third sector, schools, social care and a participation worker. There are separate task and finish groups that feed into it the TIG when required, and are aligned to the key elements of Future in Mind..
- 6.40 The TIG reports to both Trafford CCG and TMBC Senior Management Teams which come together at the Joint Commissioning Management Board. Any associated investment or use of funding is agreed by the CCG Quality, Finance and Performance Group and/or Governing Body (depending on financial value). Any clinical issues, such as changes to services or pathways are agreed via the CCG Clinical Committee. All reporting streams come together at the Health and Wellbeing Board which oversees the strategic elements of all plans and services for Trafford CCG and Council.



- 6.41 A separate service delivery group with the provider of Eating Disorder services (Pennine Care Foundation Trust) has also been set up across the areas of Oldham, Rochdale, Bury, Stockport and Tameside & Glossop. This group has an implementation plan which includes the reporting of risks and issues to the Transformation Implementation Group.

6.42 In terms of GM work, the Greater Manchester Children’s and Maternity Commission Consortium and Greater Manchester Health and Social Care Devolution Children and Young People’s Mental Health Board are tasked with looking at key areas of mental health and emotional wellbeing for children and young people across Greater Manchester to drive the key strategic initiatives. These bodies will develop integrated commissioning to share good practice and develop a more standardised service offer across GM with consistent target outcomes promoting early intervention and preventative action to reduce variation across GM boroughs. They will also instigate collaborative projects to allow for a more efficient use of resources. There is also a GM Future in Mind Delivery Group, which reports to these bodies and provides oversight of the GM whole system transformation programme on behalf of the GM Health and Social Care Partnership.



Key Risks

6.43 It is recognised that such a large system change in Trafford brings a number of risks to implementing our Local Transformation Plan. Our risk register recognises the importance of ensuring that each service engages and contributes their part to the plan, that the current and future financial context does not hamper investment in mental health support and most importantly that service change delivers true impact for families, children and young people. Our key risks have included:

- Challenges around accessing additional transformation funding due to our challenging local financial position
- The significant transformation required within Trafford’s Healthy Young Minds (CAMHS) service and associated HR processes which have brought delays
- Ensuring the availability of comprehensive data from services, including Healthy Young Minds.
- A reducing early help workforce compounded by a shrinking market of specialist posts
- Recruitment difficulties due to a limited pool of specialist staff
- The ability and confidence of wider professionals to support young people with low level interventions
- The move to a different provider of community health services (including Healthy Young Minds)

in 2019

6.44 It is important to Trafford that we consider the sustainability of this Local Transformation Plan post 2021. It is anticipated that some funding from Greater Manchester transformation will be recurrent to ensure programmes of work are able to continue and Trafford CCG will continue to invest in local core services for children and young people's mental health. The NHS Long Term Plan contains a focus on children's mental health and associated funding should allow for the continuation of the work post 2021. Our main strategy, linked to the THRIVE model, is around ensuring that the transformation of specialist services supports wider services to have greater competence and confidence in supporting children and young people's emotional health and wellbeing. Trafford is also committed to supporting self-help and promoting resilience as the basis for mental health support that is more sustainable in the longer term.

Summary

- In order to implement the new THRIVE model, a number of key priorities have been identified that align with NHS England's 'Future In Mind': 1) Promoting Resilience, Prevention and Early Intervention, 2) Improving Access to Effective Support, 3) Caring for the Most Vulnerable, 4) Accountability & Transparency, 5) Shaping the Workforce.
- Promoting Resilience, Prevention and Early Intervention: This area has focussed on schools, parenting, early help provision, self-care and perinatal support. Changes included offering self-help information to those on the Healthy Young Minds waiting list, extra resources for the perinatal pathway, supervision from the Parent Infant Clinical Psychologist to Senior Family Support Practitioners and investment in early help.
- Improving Access to Effective Support: In order to improve access and reduce waiting times within Healthy Young Minds, Trafford has adopted a Choice and Partnership Model, undergone a service restructure, and enhanced its group offer. Other changes in this area have included the establishment of a consultation post for teams supporting mental health in complex families and safeguarding concerns and a revised transition protocol.
- Care For The Most Vulnerable: Trafford's most vulnerable children are supported by a range of services, including the Children in Care Team, Complex Needs Team and the Youth Offending Service. Changes in this area include the launch of a new ADHD pathway and the creation of a Community Eating Disorders Service.
- Accountability & Transparency: The Health & Wellbeing Board oversees this Transformational Plan, as do CCG and Local Authority Senior Management Teams. Changes in this area include improved data recording systems for Healthy Young Minds and regular surveys of stakeholders.
- Developing the Workforce: This section focuses on training up the workforce supporting children and young people around issues relating to mental health and wellbeing. Changes in this area include programme of mental health training to Trafford staff.

- Significant resources have been invested by Trafford CCG to enable this programme of transformation and the CCG has committed to recurrent additional investment across the CYP and perinatal mental health agendas. A range of outcomes have been set up in order to monitor the success of the changes set out in the Local Transformation Plan.
- Trafford's Local Transformation Plan is a live document which has been developed with the support of a wide range of stakeholders. It is important to have the contribution and commitment of everybody to deliver this ambitious programme of change.

Jargon buster

- **ADHD:** Attention Deficit Hyperactivity Disorder
- **Adverse Childhood Experiences (ACEs):** Traumatic events that have affected a person's wellbeing
- **AGMA:** Association of Greater Manchester Authorities
- **AIM assessment:** Assessment, Intervention and Moving on
- **ASD:** Autism Spectrum Disorder
- **CBT:** Cognitive Behavioural Therapy
- **CCG:** Clinical Commissioning Group.
- **CETR:** Care, Education & Treatment Review
- **CHI-ESQ:** Child Experience of Service Questionnaires – Used to get views of people using services
- **CiC:** Children in Care
- **CNA:** The patient Could Not Attend
- **DNA:** The patient Did Not Attend
- **EHC:** Education, Health & Care
- **Future in Mind:** An NHS England report that explains how to improve children and young peoples' mental health services
- **GM:** Greater Manchester
- **Healthy Child Programme 5-19:** A Department of Health report that brings together recommended programmes and interventions for those aged between 5 and 19
- **HYM - Healthy Young Minds** (formally known as CAMHS - Children's and Adolescent Mental Health Service)
- **IAPT:** Improving Access to Psychological Therapies
- **Incredible Years programme:** Training programmes for parents, teachers, and children that help in preventing and dealing with behaviour problems
- **JSNA:** Joint Strategic Needs Assessment (sets out Trafford's needs based on available data)
- **LAC:** Looked After Children
- **LD:** Learning Disability
- **Lower Super Output Areas (LSOA):** LSOAs are geographic areas. They were designed to improve the reporting of small area statistics.
- **LTP:** Local Transformation Plan
- **MHL:** Mental Health Liaison service
- **MHSDS:** Mental Health Service Data Set (National data collection for mental health services)
- **NHSE:** NHS England - oversees the budget, planning, and delivery of commissioning in the NHS
- **NOS:** Not otherwise specified
- **Ofsted:** Office for Standards in Education
- **PCFT:** Pennine Care Foundation Trust
- **Perinatal:** The period immediately before and after childbirth
- **PIMH:** Perinatal Infant Mental Health
- **Postnatal:** The period after childbirth
- **RCP:** Royal College Psychiatry
- **SDQ:** Strength and Difficulties Questionnaire
- **YOS:** Youth Offending Service

