

Trafford's Local Transformation Plan for Children and Young People's Mental Health and Well-being – 16/17 Refresh



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1. Introduction

1.1 This plan outlines Trafford's ambition for its children, young people and families. Trafford sits as one of the local authorities in the Greater Manchester (GM) borough 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. We are now one year on since this document was first published. What follows will include details of all of the transformational changes that have occurred in this time, along with details of what else is to come in the lead up to 2020.

GM Strategic Mental Health Context

1.2 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 Future-in-Mind, a Department of Health proposal document to improve mental health services for young people by 2020 and The Five Year Forward View For Mental Health, a report from the Mental Health Taskforce. Doing this will make a positive step towards change in the services that are available for young people in the region.

1.3 Mental health problems in children are associated with educational failure, family disruption, disability, offending and anti-social behaviour; this places demands on social services, schools and the youth justice system. If mental health problems are left untreated, it can create distress in the children and young people, as well as their families and carers, continuing into adult life and affecting the next generation.

1.4 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 Strategic Transformation Plan. GM has developed a Mental Health and Well-being Strategy that is now moving into implementation phase. The strategy restores the balance of services that are available, whilst increasing community based services and early intervention and reducing the need for higher level interventions. It will deliver efficiencies through a reduction of high cost, intensive, interventions and use of beds.

1.5 The GM strategy focuses on:

- **Prevention** – Place based and person centered 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.

- 1.6 As well as this, the Greater Manchester Combined Authority is producing 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
- 1.7 Finally, GM is also working on a strategy for integrated children's and young people's health and mental health commissioning. This will set GM-wide common standards of provision, and consistent target outcomes for all commissioners that promote early intervention and preventative action and reduce the variation across GM boroughs.

Trafford context

- 1.8 Children and young people's mental health is an essential element of the health and social care early implementation priorities. Following devolution, Greater Manchester (GM) now has the opportunity to respond to the challenges outlined within 'Future in Mind'. We can then work at making a change in the services that are offered to young people in GM. As part of this, Trafford will embrace the development of GM standards which will make a promise to young people and provide a benchmark against which services can be measured.
- 1.9 Our transformation vision has been developed after a foundation of significant engagement activity with children and young people in Trafford, a full review of the services offered in 2013 and a current review of our specialist services.
- 1.10 It will be delivered from a platform of existing 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 already invested in.
- 1.11 The cost benefit of early intervention, particularly early in an infant and parent relationship, is obvious and although it takes a time to get a return on that financial investment, it is a central point of our plan.
- 1.12 A clear offering 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.

1.13 This section 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:

- **Section 2** provides a brief summary of the mental health needs of children and young people in Trafford
- **Section 3** summarises the borough's current service offer in respect of children and young people's emotional health and well-being
- **Section 4** presents an overview of the structure, funding and baseline information in respect of the borough's Healthy Young Minds (CAMHS) service.
- **Section 5** discusses Trafford's CAMHS Transformation Review
- **Section 6** contains evidence of engagement, partnership and multi-agency working
- **Section 7** contains our wider Local Transformation Plan and the key areas of focus over the next five years.

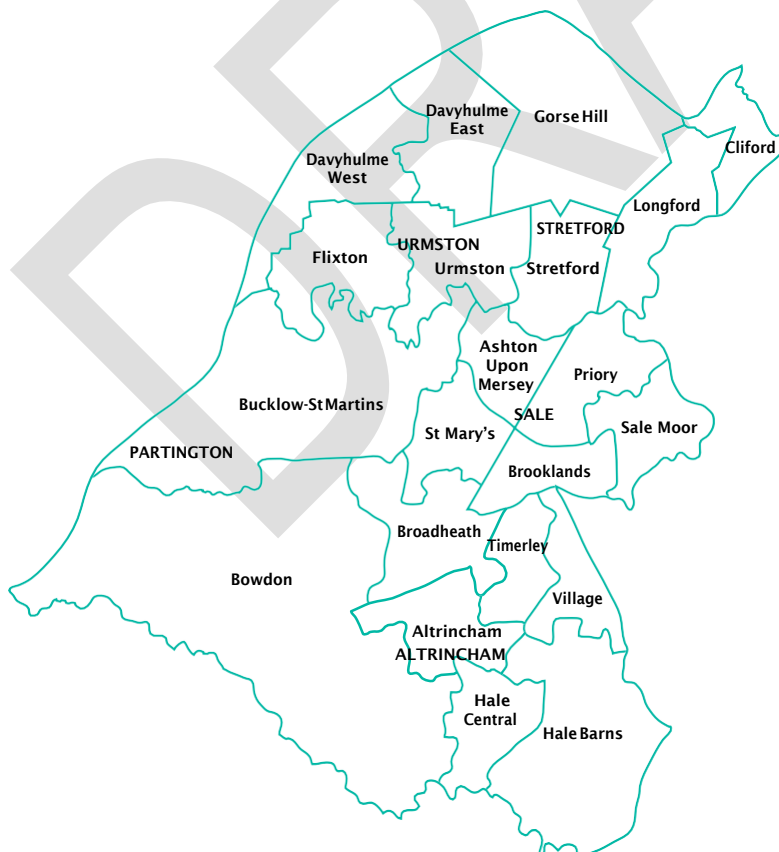
2. Mental Health Needs of Children and Young People in Trafford

2.1 This section presents an analysis of the emotional health and well-being needs of the borough undertaken by Public Health. It brings together the most detailed and recent mental health data available including our Joint Strategic Needs Assessment and the latest ChiMat child health and child and adolescent mental health profiles. However, at a Trafford population level, mental health data is limited. Much of the data presented is local estimates generated from national survey intelligence.

Demographic profile

2.2 In both health¹ and economic terms, the profile of Trafford is close to that of England as a whole². The population is among the healthiest in the North West, but the North West is the least healthy region in the country. Life expectancy for men and women is better than the national average, 79.9 years for men and 83.5 years for women³.

2.3 It is estimated that 232,458 people are residents in Trafford⁴. Trafford Council divides the borough into four localities, 33.3 % live in South, 23.3% in Central, 22.7% in West and 20.7% in North locality⁵.



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
	St Mary's
South	Bowden
	Broadheath
	Village
	Timperley
	Hale Central
	Hale Barns
	Altrincham

¹ Public Health England, (2013) Health Profiles, 2013: Trafford. Public Health England

² Trafford Council, (2012) Trafford Overview, www.infotrafford.org.uk/custom/resources/JSNA.

³ Public Health England, (2015) Public Health Outcomes Framework, www.phoutcomes.info/public-health-outcomes-framework#gid/

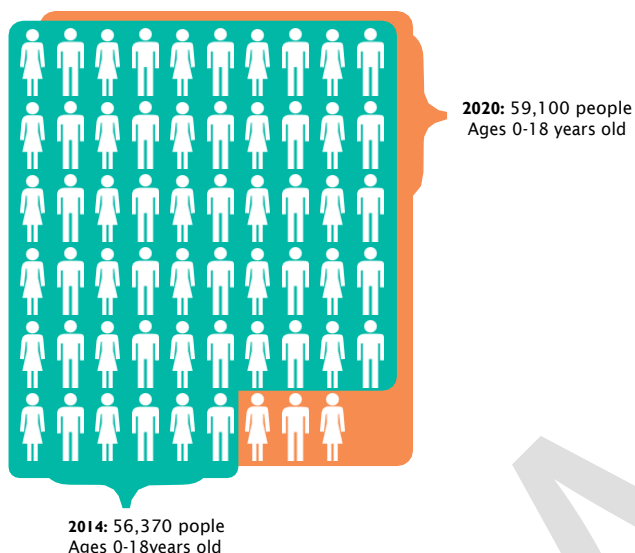
⁴ ONS, (2015) Population mid-year estimates 2014

⁵ ONS, (2015) Population mid-year estimates 2013

2.4 In 2014, 56,370 or 24.2% of Trafford's resident population were aged 0-18 years. In June 2015, 55,141 of Trafford's registered primary care population were aged 0-18 years. The health and well-being of children and young people is good when benchmarked against regional and national outcomes⁶. By 2020 it is estimated that the population of 0-19 years in Trafford will increase by 2000.

0-18yrs population change 2014 - 2020

1 person represents 1,000 people



2.5 Trafford has excellent schools, employment opportunities and transport networks and there are a large number of mixed housing estates in development. The increase in population was an important factor in the CAMHS review.

Health and social inequalities

2.6 One of the greatest challenges in Trafford is the impact of health and social inequalities. This is often forgotten about, as Trafford's good outcomes are highlighted.

2.7 Using Lower Super Output Areas⁷ (LSOAs) as a measure of geography, 24 Trafford LSOAs are ranked among the 10% wealthiest in England while nine are among the top 10% most deprived⁸. Life expectancy is 9.4 years lower for men and 6.9 years lower for women in the most deprived areas of Trafford than in the least deprived areas⁹. Communities in North Trafford, Sale West and Partington experience the highest levels of deprivation in the borough.

⁶ Public Health Profiles, (2015) Child Health Profile 2015; Trafford. Public Health England

⁷ 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

⁸ Department for Communities and Local Government, (2011) English indices of deprivation 2010, www.gov.uk/government/publications/english-indices-of-deprivation-2010.

⁹ Public Health England, (2013) Health Profiles, 2015: Trafford. Public Health England

2.8 Evidence shows that an estimated 6,025 children under the age of 16 live in poverty in Trafford¹⁰. There is considerable evidence that demonstrates the impact of poverty and deprivation on the mental health and well-being of children and young people¹¹.

Ethnicity in Trafford

2.9 In Trafford, 80.4% of the population reports their ethnicity as White British, though at ward level, this ranges from 90% to 28%. Of the remaining 19.6%, Asian and Asian British make up the biggest proportion¹². Over a quarter (27.2%) of school-aged children in Trafford belong to the Black and Minority Ethnic (BME) groups¹³. Evidence demonstrates that certain BME communities have a higher risk of developing mental health conditions and they have poorer treatment related outcomes than other groups¹⁴.

Population Disability Estimates

2.10 Determining the exact number of Trafford residents living with a disability is difficult and often based on national prevalence.

2.11 Trafford's Joint Strategic Needs Assessment (JSNA)¹⁵ shows:

- 18% of the population have a disability
- 1 in 20 children have a disability
- A third of people with a learning disability will have a dual diagnosis of autism
- 1% of the general population will have an autistic spectrum condition.

2.12 In recent times, there have been significant improvements in diagnosis, understanding and care. This has led to an increase in the life expectancy for people living with a long-term condition, physical or learning disability. However, in relation to mental health need for children and young people, the prevalence rate of a diagnosable psychiatric disorder is 36% in children and adolescents with learning disabilities, compared with 8% of those who did not have a learning disability. These young people were also 33 times more likely to be on the autistic spectrum and were much more likely than others to have emotional and conduct disorders¹⁶.

¹⁰ Public Health Profiles, (2015) Child Health Profile 2015; Trafford. Public Health England.

¹¹ UCL Institute of Health Equity, (2015) The impact of adverse experiences in the home on the health of children and young people, and inequalities in prevalence and effects.

¹² Office for National Statistics, (2012), 2011 Census: Ethnic group, local authorities in England and Wales, www.ons.gov.uk.

¹³ Public Health England, (2015) Child Health Profile 2015; Trafford. Public Health England.

¹⁴ Mental Health Foundation, (2015) Black and Minority Ethnic Communities, <http://www.mentalhealth.org.uk/>

¹⁵ Trafford Council, (2012) Disabled People, www.infotrafford.org.uk/jsna/disabledpeople.

¹⁶ Foundation for People with Learning Disabilities, (2015) Learning Disability Statistics: Mental Health Issues, www.learningdisabilities.org.uk/

Adverse Childhood Experiences

2.13 Adverse Childhood Experiences (ACEs) are situations which lead to an increased risk of children and young people experiencing impacts on health, or other social outcomes, across the life course¹⁷. The following ACEs are all associated with poorer mental health outcomes for children and adolescents:

- Witnessing domestic violence and abuse
- Being party to a safeguarding arrangement or becoming a Looked After Child
- Living with a parent with mental health issues
- Parental alcohol and substance misuse
- Bereavement and loss

2.14 In Trafford there are approximately 350 children in care, 300 children with a child protection plan, and 650 children in need¹⁸. Since July 2015 the number of children in care and children in need has reduced by 10% and 6% respectively, and the number of children with a child protection plan has increased by 17%. However, long term figures indicate an upward trend, with a 31% increase in the number of children in care between April 2012, and September 2016.

Risk Behaviour

2.15 Risk behaviour can be both a cause and effect of poor mental health. Local data is limited on the level of risky behaviour among young people in Trafford. Data from the period 2014/15 on young people between 10-25 being admitted to hospital as a result of self-harming shows a lower rate for Trafford young people (428.7 per 100,000) compared to the North West (514.5 per 100,000) and a similar rate to England (398.8 per 100,000)¹⁹.

Perinatal Mental Health

2.16 A key indicator for the mental health and well-being of children is that of mothers. Perinatal mental health problems are some of the most common complications of pregnancy, affecting around 12-15% of all pregnancies. It is therefore estimated that of the 2,828 Trafford births in 2015, between 339 and 424 pregnancies would be affected by perinatal mental health problems.

¹⁷ UCL Institute of Health Equity, (2015), The impact of adverse experiences in the home on the health of children and young people, and inequalities in prevalence and effects.

¹⁸ Trafford Council, (2016), Monthly Safeguarding Activity Report, DCS Safeguarding Governance Group.

¹⁹ PHE, (2015) Children and Young People's Mental Health and Well-being Tool, <http://fingertips.phe.org.uk/profile-group/mental-health/profile/cypmh/data>.

Rates of perinatal psychiatric disorder per thousand maternities²⁰

Type	Rate per thousand	Estimated Trafford Figures
Postpartum psychosis	2/1000	6
Chronic serious mental illness	2/1000	6
Severe depressive illness	30/1000	85
Mild-moderate depressive illness and anxiety states	100-150/1000	283-424
Post traumatic stress disorder	30/1000	85
Adjustment disorders and distress	150-300/1000	424-848

2.17 Recent 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 13.²¹

What does all this mean for Trafford? Estimated prevalence of Mental Health disorders, 0-18years

2.18 The table below has been put together from the data that is currently available to Public Health Trafford. Public Health England estimates and national data sources have also been used to give local population estimates. These estimates are included because there is no local evidence. The data supports a local needs based approach but should be interpreted with caution.

2.19 This evidence provides a number for the Trafford borough as a whole and is based on the Office for National Statistics (ONS) mid-year estimates 2015. Due to the data available, children and young people are 5-16 years, children 5-10 years and young people 10-16 years. It is important to note that numbers will vary between the areas due to the impacts of social factors such as deprivation.

²⁰ JCC-MH: Guidance for commissioners of perinatal mental health services. RCPsych 2012

²¹ Talge NM, Neal C, Glover V (2007) Antenatal maternal stress and long-term effects on child neurodevelopment: how and why? J Child Psychol Psychiatry. 48 :245-61.

Estimated prevalence and numbers of Children and Young People with mental health need in Trafford

Measure	PHE calculation			National Prevalence	Trafford estimates based on 2015 Mid Year estimates
	Year	Trafford Value	Trafford Count ²²		
Estimated prevalence of any mental health disorder: % population aged 5-16 ²³	2014	8.4%	2991	9.3%	3369
% of children and young people aged 5-10 years have a mental disorder ²⁴				7.70%	1466
% of young people aged between 11-16 years have a mental disorder				11.50%	1978
Estimated prevalence of emotional disorders: % population aged 5-16 ²⁵	2014	3.3%	1169	3.6%	1304
1 in every 12, 1 in every 15 children and young people deliberately self-harm				1:12-1:15	2415-3019
% of children in care who have behavioural or emotional problems				72	324
% of imprisoned young offenders who have a mental illness				95	

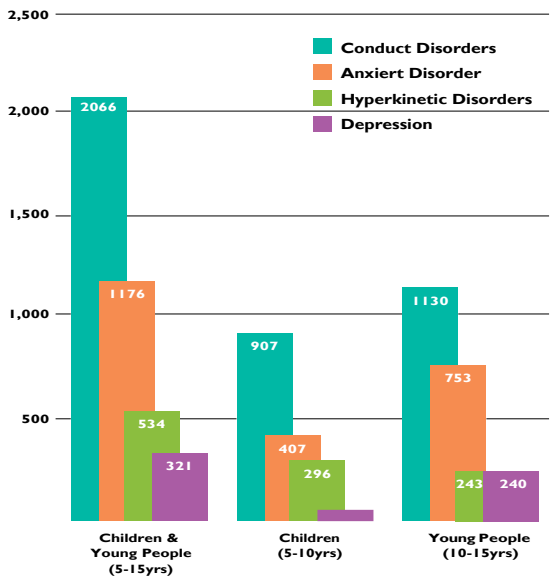
²² The estimates are only adjusted for age, sex and socio-economic classification (social class) and do not take into account differences in other factors which may influence prevalence. The survey used to derive the estimates was carried out in 2004 and no adjustment has been made for possible change in prevalence over time.

²³ ONS, (2004) Child and Adolescent Mental Health Survey cited www.youngminds.org.uk

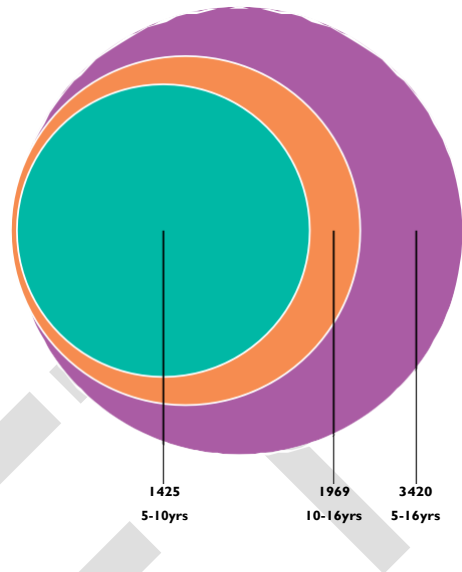
²⁴ ONS, (2004) Child and Adolescent Mental Health Survey cited www.youngminds.org.uk

²⁵ ONS, (2004) Child and Adolescent Mental Health Survey cited www.youngminds.org.uk

Estimated Number of Children and Young People with Mental Health Issues



Estimated Prevalence of Mental Health, aged 5 to 16



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Estimated prevalence and numbers of Children and Young People with mental health need in Trafford by condition

Measure	PHE calculation			National Prevalence	Trafford estimates based on 2015 Mid Year estimates
	Year	Trafford Value	Trafford Count ²⁶		
Anxiety					
% Children and Young People who have an anxiety disorder				3.3	1196
% of children who have an anxiety disorder				2.2	419
% of young people who have an anxiety disorder				4.4	757
% of children and young people who are seriously depressed				0.9	326
Depression					
% of 5-10 years who are seriously depressed				0.2	38
% of 11-16 years who are seriously depressed				1.4	241
Conduct disorders					
Estimated prevalence of conduct disorders: % population aged 5-16 ²⁷	2013	5.8%	1736	5.8%	2201
Children who have a conduct disorder	2014 ²⁸		770	4.9%	933
Young people who have a conduct disorder	2014		945	6.6%	1135
Hyperkinetic disorders					
Estimated prevalence of hyperkinetic disorders: % population aged 5-16 ²⁹	2013	1.5%	467	1.5%	543
% of children who have severe ADHD				1.6%	305
% of young people who have severe ADHD				1.4%	241
Eating disorders					
Prevalence of potential eating disorders among young people: estimated number of 16-24 year olds ³⁰	2013		2854		
Prevalence of anorexia nervosa, 10-14 years ³¹				13.1 per 100,000	2
Prevalence of anorexia nervosa, 15-19 years				26.7 per 100,000	4
Prevalence of bulimia nervosa, 10-14 years				2.9 per 100,000	0.4
Prevalence of bulimia nervosa, 15-19 years				25.9 per 100,000	4
Prevalence of eating disorders NOS, 10-14 years				24.1 per 100,000	4
Prevalence of eating disorders NOS, 15-19 years				41.8 per 100,000	6
Young people hospital admissions for self-harm: rate per 100,000 aged 10-24 years	2013/14	352.5	131	412.1	

²⁶ The estimates are only adjusted for age, sex and socio-economic classification (social class) and do not take into account differences in other factors which may influence prevalence. The survey used to derive the estimates was carried out in 2004 and no adjustment has been made for possible changes in prevalence over time.

²⁷ ONS, (2004) Child and Adolescent Mental Health Survey cited www.youngminds.org.uk

²⁸ Public Health England, (2014) Child and Maternal Health Profiles, www.chimat.org.uk/default.aspx.

²⁹ ONS, (2004) Child and Adolescent Mental Health Survey cited www.youngminds.org.uk

³⁰ ONS, (2004) Child and Adolescent Mental Health Survey cited www.youngminds.org.uk

³¹ ONS, (2004) Child and Adolescent Mental Health Survey cited www.youngminds.org.uk

Measure	PHE calculation			National Prevalence	Trafford estimates based on 2015 Mid Year estimates
	Year	Trafford Value	Trafford Count ²⁴		
Hospital admissions					
Child admissions for mental health: rate per 100,000 aged 0-17 years	2014/15	119.2	64	87.4	
Child hospital admissions due to alcohol specific conditions: rate per 100,000 aged under 18 years ³²	2012/13 -14/15	32.1	51	36.6	
Young people hospital admissions due to substance misuse: rate per 100,000 aged 15-24 years	2012/13 -14/15	93.1	68	88.8	
Child hospital admissions for unintentional and deliberate injuries: rate per 10,000 children 0-14 years	2014/15	124.2	559	109.6	
Child hospital admissions for unintentional and deliberate injuries: rate per 10,000 children 15-24 years	2014/15	143.5	360	131.7	

Service Need

2.20 The data presented in the table above presents the estimated need for CAMHS in Trafford. Public Health England³¹, estimate that Trafford CAMHS should have experienced the following level of demand in 2014.

- Tier 1: 7,825
- Tier 2: 3,655
- Tier 3: 965
- Tier 4: 40

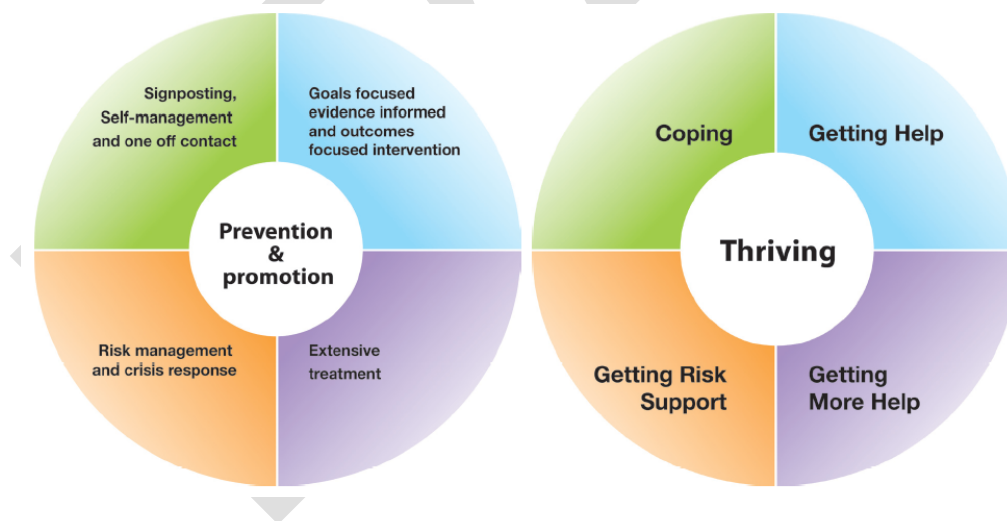
2.21 The data presented in section four would suggest that the proportion of children accessing specialist CAMHS (now referred to as Healthy Young Minds) aligns with the above. However, this highlights that a large number of children with more mild and moderate mental health needs are currently not accessing mental health support. This is something we aim to address through this Transformation Plan.

Summary - to be updated

³² Public Health England, (2014) Child and Maternal Health Profiles, www.chimat.org.uk/default.aspx.a

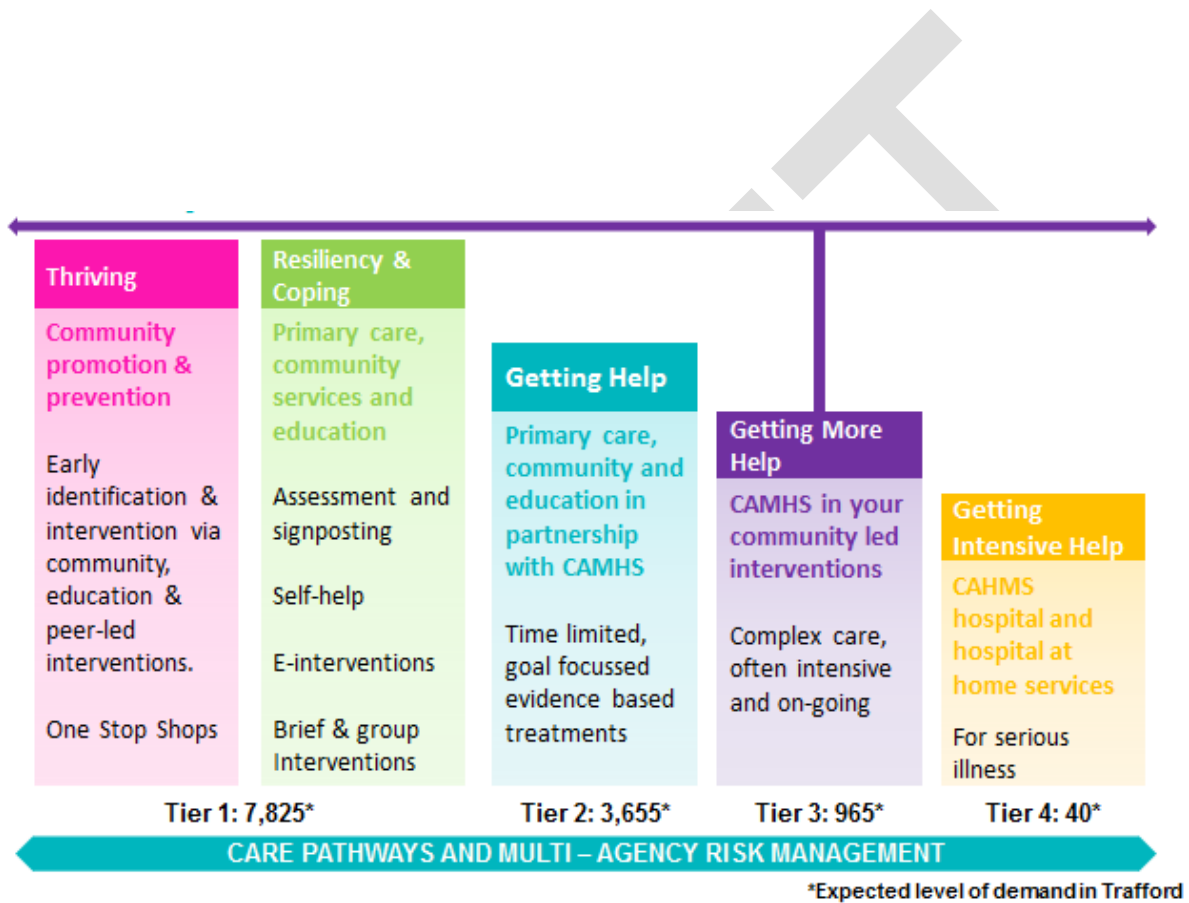
3. Trafford's Current Service Offer

- 3.1 Trafford understands that mental health is an important element in the capabilities and positive adaptation that enable 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. Over £3 million per annum is spent in Trafford to deliver children's mental health services and a detailed breakdown of this funding is provided in section four.
- 3.2 Mental health services for children and young people in Trafford were previously delivered around the four-tiered national framework. However, Trafford has elected to follow the recommendations of 'Future in Mind', and moving to deliver these 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 that 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 CAMHS. Most children and young people were being seen at Tier 3 level. However, demand for CAMHS is estimated to be significantly higher at Tiers 1 and 2. The new model not only ensures that children and young people are seen at the correct Tier, but that Tier 1 and Tier 2 provision is adequate. Healthy Young Minds (CAMHS) will still support users at all levels of need.



Thriving

3.5 The Thriving group will encompass the majority of children and young people. Those in this category are fundamentally managing, though some may still benefit from some prevention and promotion work. There are a range of organisations in Trafford that are able to provide this low level support including signposting and access to self-help to this group of children and young people. Due to the huge variety that exists, below provides a flavour of the organisations that fall into the 'Thriving' group.

- **Commissioned Services:** Trafford Leisure provide a rolling 12 week programme of physical activity and literacy. Thrive Trafford are also commissioned to act as a central point of co-ordination for volunteering and support activity.
- **Non-commissioned Services:** Union Street Media Arts is a social concept organisation that that creates people led ideas and campaigns delivered through media and arts. Groundwork is an environmental

- **Trafford Youth Trust:** In 2016 the Trafford Youth Trust was set up to work with the youth in Trafford to develop and invest in activities and services in the borough. Some of these services fall under the 'Thriving' grouping. This includes weekly youth provision from Gorse Hill Studios and Trafford Housing Trust. Manchester Young Lives are also commissioned to provide an assertive outreach service.

Coping

3.6 The 'Coping' group involves low level support around signposting, self-management and one off 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, teachers, social workers, youth justice workers and voluntary agencies. Practitioners offer general advice and support for less severe problems, contribute towards mental health promotion, identify problems early in their development and refer children to more specialist services. In Trafford there is a wide variety of activity within 'Coping' including:

- **Early Help Hubs:** Trafford's 0-11 years Early Help Hub aims 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 massage courses, stay and play, breastfeeding support and Incredible Years baby and toddler. In addition to this, they will 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.

Trafford's 11-18 years Early Help Hub's core purpose is to offer an integrated, multi-agency service to improve outcomes for young people and reduce inequalities for those identified in the target group. Early Help Hub staff have the knowledge to offer advice and guidance on the following core competencies: health and well-being, child sexual exploitation and prevention, sexual health, advice, information and careers guidance, employment opportunities, young parents, and youth educational and recreational activities.

- **Trafford Talkshop:** Talkshop is a specialist advice and information service for young people aged between 13 and 19 years old. It is commissioned by Trafford Council to provide support in the areas of child sexual exploitation (CSE), missing from home interventions, referrals to specialist sexual health service, and advice and information. However they also deal with a range of other issues including anxiety, psychosis, and

specifically young men's mental health. They hold drop in centers two days a week and also provide case work of around six to eight sessions.

- **Family Support Teams and the Early Family Support Pathway:** The pathway was created in order to increase awareness and provide a way of supporting families earlier, where their needs are not being met by other services. Each team has a 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). This provides practical methods that encourage families to address their problems in a way that results in positive change and prevent further problems arising. Practitioners deliver and help various agencies co-deliver parenting courses such as Escape and Incredible Years. All Senior Family Support Practitioners have been IAPT trained, though only the North Family Support Team member has qualified. Since January 2016, 61 families have been referred to her, with seven of those coming directly from Healthy Young Minds (CAMHS). Other referrals are made from Health Visitors and workers relating directly to both emotional well-being and conduct disorder.
- **Social Care Partnership in Schools (SCIPS):** The role of the SCIPS Social 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 EHA framework. For families requiring more regular support, an EHA 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.
- **Commissioned Services:** Externally commissioned services include volunteer led and tiered packages of family support, the delivery of the Strengthening Families and Strengthening Communities parenting programme, youth provision for LGBT and young people with disabilities, a peer ambassador programme in schools promoting health relationships and addressing gender stereotypes and an inter-generational physical activity programme to promote health improvements for young people aged 11-18 and their families.

More targeted services provide an early intervention role around anti-social behaviour with an aim to identify issues and signpost to relevant support. Bespoke projects, encompassing consultation and design with young people to create a tailored service, have been put in place to address the impact of closure of youth provision in areas where there are higher numbers of BME young people. The borough also has a children and young people's Healthy Weight Service. Part of their responsibility is to identify emotional or mental health issues.

- **Non-commissioned services:** In addition to commissioned activity there is a range of independent work carried out within schools (including the direct commissioning of counselling services, well-being workers, play therapists, bereavement services and training). Trafford has a strong market place for agencies and professionals supporting the emotional well-being of children, young people and their families through external grants and fundraising. The list of services is contained and promoted through the Trafford Service Directory and includes: The Counselling and Family Centre, Ogaden Mothers & Under 5s Project, postnatal support groups, parent and toddler groups, breastfeeding peer support networks and support for young carers.

There are a variety of services that support families experiencing domestic abuse in the borough. These include Victim Support and Trafford Domestic Abuse Service (TDAS - formerly Women's Aid). In relation to emotional health and well-being for children and young people, TDAS run a number of courses such as a 'Speak Out Speak Now' programme, which is delivered in high schools to years 10 and 11 and is focused on healthy relationships. The programme is delivered on an opt-in basis and is provided to up to four schools per year. They also run a programme called R Space for 5 to 13 year olds experiencing domestic abuse which focuses on feelings, self-esteem and coping skills.

Getting Help

- 3.7 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 and counsellors working in general practices, paediatric clinics, schools and youth services.
- 3.8 Services are usually provided by clinical psychologists, primary mental health workers and a team of specialist parenting workers. The services include the following:
- Building capacity and capability within 'Coping', in relation to early identification and intervention with children's mental health needs
 - Enhanced access to these services for children and families
 - Work with key partner agencies to develop an overall response to children's mental health between universal and specialist services
 - Provide a range of support, advice, assessment and treatment to children and young people and their families, based on identified need
 - Healthy Young Minds (CAMHS) Link into Multiagency Family Support Teams (FSTs)
 - Providing targeted mental health services in schools on an individual basis. In 2016/17, 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:
 - o Undertaking individual assessments of students from reception to Year 6

referred to the service by the school

- o Providing individual and group therapy interventions in response to identified needs (e.g. solution focused or Cognitive Behavioural Therapy (CBT))
- o Reviewing and evaluating the impact of the interventions with individual pupils and families
- o Work in partnership with parents or carers to improve behaviour and school attendance
- o Providing bespoke training and consultation on any emotional well-being and mental health issues
- o Supporting young people and parents to engage with more specialist statutory services e.g. specialist CAMHS
- o Identifying appropriate statutory and voluntary sector services

3.9 Schools that have participated in this programme report a number of positive outcomes from this work including:

- Raised awareness and knowledge of emotional and mental health for school staff
- Increased staff confidence and better skills in identifying emotional and mental health difficulties
- Significant improvements in the mood and behaviour of targeted pupils
- Improvement in the relationship between parents and schools
- Therapeutic work with individual children/young people in schools, without the potential stigma of a referral to external, specialist mental health services.

3.10 In addition, the local authority commissions 42nd Street, a community and voluntary sector provider to deliver mental health services for children and young people aged 11-25 within the 'Getting Help' grouping.

3.11 The aims of the service are to:

- 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

3.12 The service focuses on giving individual, time limited, therapeutic support to young people aged 13–25 years.

3.13 The service 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 to increase accessibility.

3.14 Young people, parents/carers and professionals are able to refer themselves

to this service by telephone, website, in writing, email, visiting in person or through direct contact with 42nd Street workers in the community (e.g. school based drop-in). The service received a total of 218 referrals during 2015/16 (up four on 14/15). A high proportion of referrals (69%) were female. Schools were the most common referring agency, accounting for around 28% of referrals, with the second highest referral source being self-referral at 15%. Referrals were received for children and young people from age 9 to 25, the most common age range being 14-16 (93 referrals) followed by 17-19 (58 referrals).

- 3.15 Additional funding has been committed from the Transformation Fund to enhance 42nd Street provision, reduce waiting times and introduce specific support for children and young people with high functioning ASD or ADHD. From April-June 2016, 85 children and young people accessed the service compared with just 45 from April-June the previous year. 100% of the children and young people surveyed were extremely likely to recommend the service to their peers.
- 3.16 Another investment from the Transformation Fund is an Early Help Pilot Programme run by blueSCI. This project provides confidential targeted emotional wellbeing support (6-8 sessions) for children and young people aged 5 - 18 years. The range of activities on offer includes sport, music, drama, art and bespoke opportunities. The project has been titled 'FLAIR' (Fun Local Activities that are Innovative and Responsive). In the first five months of 2016/17, the service saw 157 children and young people.
- 3.17 For victims of Child Sexual Abuse there is support through a range of services. The majority of this is run from Trafford Talkshop. This includes sexual health services, counselling, missing from home interventions, youth work and dedicated Child Sexual Exploitation (CSE) services of counselling and mentoring. Young people tend to choose the Talkshop as their provider and activity levels are high. The counselling service is run through 42nd Street and provides a complete service to 11-25 year olds combining therapeutic interventions with advocacy and social care. The mentoring service is delivered through Trafford Talkshop with Pennine Care and works with young people to help them to realise 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. This provision is supported by a variety of CSE forums, including the monthly Sexual Exploitation and Missing (SEAM) Panel (attended by CAMHS and works closely with the Sexual Assault Referral Centre (SARC) as needed), locality area based meetings, CSE Champions meetings and a CSE Committee. The referral pathways in and out of SARC need to be reviewed. This has come to light with the dedicated CSE service, but also to ensure a clear offering to everyone. A review will be scheduled and the

designated doctor for safeguarding will be asked to undertake that in conjunction with Healthy Young Minds (CAMHS).

- 3.18 The Trafford Safeguarding Children's Board provides a range of training in relation to CSE including 'train the trainer' approaches. The GM Love Rocks training package is delivered by Barnardo's and is also accessed by our schools and children's homes. The borough also embraces Project Phoenix (the Greater Manchester approach to CSE) and takes part in peer reviews as well as making use of the assessment tools.
- 3.19 Reviews of the CSE services have been carried out during 2016/17 as part of the wider review of our early help contracts, which will influence our future intentions.
- 3.20 Specific services have also been commissioned for BME, LGBT, complex and additional needs. These services will work with Healthy Young Minds (CAMHS) to make sure that needs are provided for and will work to reduce the need for more specialist services in the future.

Getting More Help - Healthy Young Minds (CAMHS)

- 3.21 Healthy Young Minds (CAMHS) is an established local service provided by Pennine Care NHS Foundation Trust. It is commissioned by NHS Trafford Clinical Commissioning Group (CCG) and Trafford Council (the funding split for 2015/2016 being 63:37%).
- 3.22 The service works with children and young people who may have complex, severe and/or persistent mental health needs up to their 18th birthday. Where necessary, referrals can be directed to Healthy Young Minds (CAMHS) and can include requests for consultation on, or assessment and management of, problems such as:
- Moderate to severe emotional and behavioural difficulties
 - Possible psychotic symptoms
 - Possible depressive episodes and severe adjustment reactions
 - Threatened or actual self-harm
 - 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) (difficult cases only where paediatricians need CAMHS support)
 - Mental health difficulties associated with chronic illness
 - Neurodevelopment (ND) difficulties including autistic spectrum disorders (where deemed appropriate via the ND pathway assessment process)
 - Complex co-morbid 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

- Disorders co-morbid with substance misuse, or those linked to substance misuse (e.g. dual diagnosis)

3.23 Healthy Young Minds (CAMHS) is a multi-disciplinary team made up of: psychiatrists, nurses, psychologists, therapists, assistant psychologists and family support workers. The work of the service involves the assessment and management of children and young people up to their 18th birthday who present complex emotional/mental health difficulties and who are registered with a Trafford GP. Specific activity commissioned under this service specification includes:

- Delivery of advice and consultation to other professionals in relation to children's mental health and well-being, including children with severe learning disabilities and children in the care of the Local Authority
- Provision of multi-agency training and education as appropriate
- Contribution to formal assessments to support the child or young person
- Emergency assessments where there is a risk of serious self-harm to the child or others
- Contribution to safeguarding planning and training
- Move into adult mental health services where appropriate
- Multi-disciplinary assessment for children, young people and their carers
- Delivery of a range of evidence-based direct therapeutic intervention for individuals and families, e.g. CBT, family work, play therapy, art therapy, interventions based on formulation, multi-systemic therapy, and post-abuse therapy
- Audit and research to support the development of evidence based interventions
- Support for service development for children and young people services in relation to mental health specialism
- Delivery of assessment and treatment for children where there are moderate to severe, emotional, behavioural or mental health problems
- Delivery of a specialist service for children and young people looked after by the Local Authority including specialist therapeutic parenting courses for carers e.g. nurturing attachments
- Delivery of a specialist service for children and young people with a moderate or severe learning disability
- Delivery of specialist mental health assessments in a timely and appropriate manner. The service will aim to make sure that the children who urgently need care are quickly identified and seen first. The service uses a system of prioritisation to ensure that this happens
- Contribution to the development of primary care services for children and young people
- Delivery of education and training, support and supervision on a multi-agency basis as resources allow
- Specialist paediatric liaison service for children and young people with complex medical, as well as mental health, needs

- Link worker for the Youth Offending Service (YOS)
- Consultation and co-working with a range of agencies to support children and young people's mental health e.g. substance misuse services
- Psychiatry support for the Children in Care service including Multidimensional Treatment Foster Care (MTFC), referred to locally as Me2
- Professional and clinical management for Multi-Systemic Therapy (MST) and Me2 projects
- Organisation and contribution to the pathway for assessment, diagnosis and management of children and young people with neurodevelopmental difficulties

3.24 Referrals are accepted from professionals working with the young person and their family including: GPs, health professionals, educational psychologists, social workers and YOS. From 2016, all referrals are screened on the day they are received by the Healthy Young Minds (CAMHS) duty clinician.

- If the situation is deemed urgent the child or young person would receive immediate follow up and assessment;
- If a different organisation would be better able to meet the child then they are signposted on;
- If the situation is not urgent but they appear that they may be appropriately supported by Healthy Young Minds (CAMHS) they are sent a 'Choose and Book' letter.

3.25 A 'Choose and Book' letter is sent out on the same day as the referral is received and asks the family to contact the service to book an appointment. If Healthy Young Minds (CAMHS) do not hear back from the family they are contacted again and are given an appointment over the telephone.

3.26 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 Partnership intervention within the service.

3.27 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 one individual as their co-ordinator of care and point of contact. This person will be responsible for getting suitable assessment, treatment and then review the interventions with the young person and family in line with the service case manager/Care Programme Approach (CPA) protocol.

3.28 Healthy Young Minds (CAMHS) has an active role to play in medicines management. The National Institute for Health and Care Excellence (NICE) guidance has changed since the service was commissioned and there is now more detailed evidence for the use of particular treatments in patients, despite the fact they may be unlicensed for these purposes. This means that prior to the NICE guidance, certain medicines would have been used under Greater Manchester Medicines Management Group (GMMM) guidance and would have been classified as RED, meaning that the responsibility for prescribing and monitoring of these medications would have remained with the specialist service, such as Healthy Young Minds (CAMHS) rather than GPs. Many of these medicines are now supported by NICE guidance and have become AMBER meaning that they 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.

3.29 Work was carried out during 2015/16 to communicate these updates 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. GMMM are establishing standard documentation to use across Greater Manchester in 2016/17 which will be looked at within Trafford to implement in due course.

Specific pathways

3.30 Healthy Young Minds (CAMHS) provides a variety of pathways in partnership with other agencies for certain conditions, as well as the borough's most vulnerable children and young people, including the following issues.

- **Eating disorders:** Healthy Young Minds (CAMHS) provides a community based service for those with eating disorders up to the age of 16 years. Referrals are screened on the same day in accordance with the new NHS England Access and Waiting Time Standards and the severity of symptoms. At the point of screening the school nurse/GP would be contacted to carry out a physical health check and risk assessment. At the first assessment, patients and families are offered further interventions and/or referred to the GP/Pediatrics for further medical assessments. The service is provided through a named consultant psychiatric lead for eating disorders with nursing support. Additional support is provided by a systemic therapist who runs a family therapy clinic and other practitioners in the team. The service is currently (October 2016) working with around 14 children and young people with eating disorders.
- Through the Local Transformation Fund, Trafford has invested in a new specialist community eating disorders service through collaborative commissioning with Stockport, Tameside & Glossop. This

service will be fully NICE compliant once it is fully operational and will provide individual support, group support, home treatment and parent/carer support. This will be delivered through a hub and spoke model as well as within young people's homes, where appropriate. The service began on 4th July 2016 and is offering a phased implementation whilst recruitment is ongoing. It is currently focusing on the 16-18 age range where there is the greatest demand and complexity. The new specialist service will work closely with Trafford's Healthy Young Minds (CAMHS) service to ensure that the right young people are offered support. The specialist community eating disorder service started work with two Trafford young people between July and September 2016.

- **Self-harm:** The Local Authority undertook a full review of the school health service in 2013/14 in recognition of the need to support early intervention pathways. As a result, a new pathway was written and additional investment of £220,000 secured for school health. This enables schools to support the self-harm pathway, which is a vital element of the new pathway.

The 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.

When this first 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 for Self-Harm within Healthy Young Minds (CAMHS) should they need specialist support to work out 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. 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 (CAMHS) and/or Children's Social Care, with continued support from the referring worker as part of a co-ordinated multi-agency support plan.

If a young person is admitted to Paediatrics (or an alternative ward such as MAU if over the age of 16) because of their mental health conditions, and extra support is required (e.g. the patient requires one-to-one support) which cannot be met by existing services, the Care Co-ordinator is able to make a funding request to the CCG for authorisation by a senior manager. This funding will be agreed for a set period of time and reviewed accordingly. If the issue arises out of usual hours, then the usual on-call process is to be followed. This is to contact Mastercall (who hold the CCG on-call managers' rota).

- **Vulnerable Children and Young People:** The Looked after Children Team and Post Adoption Team both have their own mental health pathways. Healthy Young Minds (CAMHS) support the Post Adoption pathway by providing 'play therapy'.

The Healthy Young Minds (CAMHS) offer for **Looked-After Children** was deemed 'responsive and accessible' (Ofsted inspection report: paragraph 56). It has been 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 behavior. In Trafford these courses have been attended by over 50% and 75% of foster carers respectively.

The **Complex and Additional Needs** service (CAN) has a Clinical Psychologist leading the Learning Disability and Neurodevelopment Pathway. In addition, a Consultant Psychiatrist supports the CAN Team. The CAN service currently runs the Neuro-Development Pathway.

Healthy Young Minds (CAMHS) work closely with paediatric colleagues on ADHD and the pathway was reviewed according to NICE guidance and recommendations by the Strategic Clinical Network. The review highlighted a need for a funding for the Qbtest in Trafford, to support robust diagnosis of ADHD, as well as the need to develop a new pathway alongside the strategic clinical network guidance. The Qbtest was purchased with Local Transformation funding in 2016 and the pathway has been coproduced with a number of professionals across Trafford and is now in a draft form. Recruitment will be underway in late 2016 for a specialist ADHD nurse in Trafford to further develop the pathway in line with strategic clinical network guidance.

For children and young people who have mental health needs with a safeguarding concern, a clinical psychologist provides 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.

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). This is soon to be covered within Trafford's All Age Front Door to enhance access to services. Healthy Young Minds (CAMHS) attend case conferences and child in need meetings and contribute to multi-agency safeguarding plans. Healthy Young Minds (CAMHS) provides support for children and young people who are, or are at risk of, committing sexual violence, and works closely with other agencies in doing so. Following an Assessment, Intervention and Moving On (AIM) assessment, specialist provision may also be purchased to meet the individual's needs if this falls outside of the available activities of the Healthy Young Minds (CAMHS) service.

The **Youth Offending Service (YOS)** has a service level agreement with Healthy Young Minds (CAMHS) for one day a week. The service continues to provide a fast track referral for young people under YOS statutory supervision, (five working days for acute service and 15 working days for other). The Healthy Young Minds/YOS worker offers one-to-one assessments, mental health interventions, consultation with staff and liaison with Healthy Young Minds (CAMHS) staff, delivering training around mental health issues to staff and volunteers. The YOS also has a full time counsellor/volunteer co-ordinator who provides one to one support and mental health interventions for those young people who don't meet the criteria for Healthy Young Minds (CAMHS).

The Healthy Young Minds (CAMHS) and YOS counsellor play an integral part for any young people who are transitioning to/from custody. If the young person has built a good relationship with their Trafford YOS Counsellor before custody, then Trafford YOS would ensure that this counsellor continues to see the young person during their sentence and up to 3 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.

During 2015/16 there were 112 children and young people known to Trafford YOS in a statutory capacity. In addition to the specialist mental health roles within the service, the YOS offers 100% of young people a holistic health needs assessment to screen for any additional health needs. This enables the YOS to support all children and young people with mental, physical health and speech and language needs.

Five of the above young people were directly referred to Healthy Young Minds (CAMHS), the same figure as 14/15. A further 25 received a targeted mental health intervention from the YOS Counsellor. 34% of these young people's offences were considered to be directly or indirectly to their mental health issues and specific offence focused work was

completed with them by their Case Manager. The YOS Counsellor is an Eye Movement Desensitisation and Reprocessing (EMDR) trained therapist, who uses this and counselling skills to offer mental health support. This provides YOS with a unique way to engage young people with mental health services. 11 young people accessed received this therapy in 2015/16.

The YOS finds getting young people to engage with Healthy Young Minds (CAMHS) challenging but this is reduced through the fast track agreement. Trafford YOS has also trialed a 'health drop in'. This involves offering one or two sessions with the young person's key worker or case manager and the Healthy Young Minds/YOS 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 (CAMHS) assessment. This enables the early help workers to also get support from Healthy Young Minds (CAMHS) on cases under non-statutory YOS supervision (out of court).

Healthy Young Minds (CAMHS) used some of the Improving Access to Psychological Therapies programme (IAPT) budget in 2015/16 to extend the volunteer mentor project at YOS. Full details of this are given below.

Liaison and Diversion

- 3.31 There has been a considerable amount of work done in Trafford to keep young people out of custody. This has included liaising with social care and the young people's family to find suitable accommodation where required as well as specialist early intervention and prevention, such as Multi Systemic Therapy and the Pendleton Project.
- 3.32 Trafford YOS noticed a trend of increasing first time entrants (FTE) following the obligation of the LASPO Act, as young people were being given Youth Cautions or Conditional Cautions without any intervention/assessment into mental health. The Pendleton Project was set up to reduce FTE as well as ensure Trafford YOS were providing Early Help to divert young people away from the Criminal Justice System (CJS). Trafford YOS has developed a good partnership so that if young people are arrested for minor offences 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.
- 3.33 During 2014, 37 Young people received an out of court disposal, with 100% of young people becoming FTE and 27% engaging with a YOS assessment and intervention. However during 2015, 40 young people received an out of court disposal, with 60% becoming FTE and 72.5% engaging with a YOS

assessment and intervention programme to prevent further offending. This reduced FTE by 40 % over the 6 month period and increased engagement with assessments and targeted intervention by 45%.

- 3.34 Section 136 incidents involving juveniles is low in Trafford (one reported in 2014 and one in 2015). However, feedback from the police suggests that there is 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.
- 3.35 The current process would be for such cases to be taken to A&E (at either Salford, Manchester Royal Infirmary or Wythenshawe) 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.
- 3.36 As part of its Local Transformation Plan, Trafford intends to review this process and will include consideration 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 RAID service to under 16s. RAID provides quick assessments to people at A&E with a mental health condition and ensures they are safely discharged into suitable mental health services within four hours, as well as providing follow-up clinic appointments or home visits to patients who have self-harmed the next day. This work is currently progressing at a Greater Manchester level.
- 3.37 In addition, communication with the police regarding Care Plans to manage challenging behaviour also needs to be improved. This will be in a similar way to Multisystemic therapy (MST) where names and addresses are flagged on the police system, so that if a young person within the programme is arrested, or found behaving in a criminal manner, then the police would contact the MST worker or follow the agreed care plan. The intended mental health training programme will also be expanded to include the police.

Out of hours

- 3.38 Greater Manchester operates an out of hours' service for children and young people. This is outside normal office hours of 9am-5pm and includes weekend and bank holiday cover. The service is for young people who attend A&E, usually following self-harm, who have been assessed by A&E/paediatric doctors and now require emergency psychiatric assessment. On-call arrangements are supported by 24-hour emergency CAMHS for Greater Manchester across Bolton, Salford, Trafford, Central and South Manchester.
- 3.39 It is felt that improvements are needed in GM's Out of Hours offer. A GM action

plan is being worked up around this to ensure that services are delivering 24/7 liaison mental health services providing prompt specialist assessment, triage and intervention as appropriate and working across the full age range. We will ensure that data in relation to Trafford children requiring out of hours support in crisis, including follow up care and their subsequent journey, is recorded to commissioners.

Crisis Care Concordat

3.40 Trafford has signed up to the Greater Manchester Crisis Care Concordat to improve the system of care and support, so that people in crisis because of a mental health condition are kept safe (Greater Manchester Mental Health Crisis Care Declaration, 2014). This gives access to places of safety across Greater Manchester to prevent police custody.

Early Intervention in Psychosis Team

3.41 Greater Manchester West (GMW) is commissioned by NHS Trafford Clinical Commissioning Group (CCG) to provide an early intervention in psychosis service for 14-65 year old. 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 and one Occupational therapist. They have one full time support and recovery worker. The team is recruiting a specialist to assist with employment opportunities as per nice guidance for psychosis. The team has a health & wellbeing practitioner focusing on physical health assessment and interventions.

3.42 Funding for this service has recently been increased. The service is currently (October 2016) working with 140 service users with a likely increase of 20% per year. The service accepts referrals from any source, including self-referrals, carers referrals and any service in the community.

3.43 All referrals are assessed using a Positive and Negative Syndrome Scale (PANSS) in addition to a comprehensive assessment. The service is for people with psychotic experiences and embraces diagnostic uncertainty. Those not meeting the threshold for the service are referred to 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.

3.44 Young people accessing this service under the age of 17 will also have a Healthy Young Minds (CAMHS) consultant for necessary prescriptions. The service has greater scope to work with a child in crisis but sometimes joint assessments with Healthy Young Minds (CAMHS) are required. It also has a joint protocol with the Learning Disability service and work together on some cases. It also liaises closely with Phoenix Futures regarding young people presenting with substance misuse.

Rapid Assessment Interface and Discharge (RAID)

- 3.45 The Trafford RAID Service provides mental health care to Trafford registered patients aged 16 and over attending A&E or admitted to inpatient wards at Central Manchester Foundation Trust (CMFT), Trafford General Hospital, and the University Hospital of South Manchester NHS Foundation Trust (UHSM). The service currently provides 7 day A&E liaison, alcohol liaison and older peoples liaison and aims to reduce patient waiting times & inpatient bed days, support quick discharges and reduce readmissions
- 3.46 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.

Improving Access to Psychological Therapies (IAPT)

- 3.47 Trafford 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, providing evidence based treatment that is outcome focused and client informed. Progress to date is provided in the table below.

IAPT Principle	Progress to date
<p>Participation</p>	<ul style="list-style-type: none"> • Young people and families have been worked with through participation events and Because Our Opinion Matters groups (BOOM) to design and enhance service delivery and development • Introduction of young people onto recruitment and selection panels • Healthy Young Minds (CAMHS) recruited a participation worker in 2016 to oversee a number of planned initiatives in the service. • Young People have looked at the Healthy Young Minds (CAMHS) treatment rooms and waiting area and designed art work and other improvements. • Trafford Youth Cabinet and Children in Care Council have been involved in the future planning of services. • Questionnaire has been developed in 2016 for wider groups of children and young people about the proposed changes in mental health services.

<p>Accessibility</p>	<ul style="list-style-type: none"> • Worked closely 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. • Preparing to be within a single point of access hub, for self and professional referrals to the service. • Completed a Self-Assessment Skills and Audit Tool (SSAT) in preparation for introduction of the Choice and Partnership Approach (CAPA) model in Healthy Young Minds (CAMHS). This identified gaps regarding CBT and particular needs such as self-harm and emerging borderline personality disorder. • Currently 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. • Added flexibility into Healthy Young Minds (CAMHS) staff contracts to enable a more flexible model of service • Introduction of choice as part of CAPA 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 (CAMHS) 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.
<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. • Three staff from our Local Authority partners have started the Parenting post graduate diploma to offer Incredible Years accredited parenting courses, to date one has qualified and another has deferred • Five staff currently on the enhanced practitioner programme (including staff from CAMHS, health and LA) to deliver low level CBT
<p>Routine use of outcome monitoring (ROM)</p>	<ul style="list-style-type: none"> • Introduced routine outcome measurement to practice, achieving 64% of CAMHS practitioners using ROMs at last submission. In 2016/17 ROMs have started to be used in 100% of choice appointments • Mobile working is currently being rolled out to all staff to facilitate greater flexibility and ROM recording.

3.48 All these areas of on-going work are embedding the key principles of CYP IAPT into the service. The IAPT model of practice is to become vital to the Healthy Young Minds (CAMHS) model of care so that parents, children and young people receive services tailored to them as a first line of intervention where appropriate.

CAMHS Mentor Project

3.49 A mentor project has been set up with IAPT funding to support young people who are involved with or are waiting for Healthy Young Minds (CAMHS) services. The aim of this project is to support young people that have either been referred or seen by the service to take responsibility for their own emotional health and well-being. The project was born from the Emotional Health and Well-being review within Trafford which found that young people wanted one-to-one support, to be listened to, to have someone to talk to, and to be supported in maintaining change around emotional health and well-

3.50 Criteria for young people eligible for a mentor is as follows:

- Assessed as low risk by Healthy Young Minds (CAMHS) clinicians
- Not actively self-harming
- Not involved with other outreach or mentoring services
- Aged 11-18 years

3.51 The project aimed to train 8-10 mentors within the first six months and match 8-10 young people from Healthy Young Minds (CAMHS) within the year – each young person will have a maximum of six month's support.

3.52 As the project is on-going, the evaluation has not yet taken place. However, it is proposed that it will be three-fold:

- Young people: ex-service users visiting the young people and asking them to complete a small questionnaire, as well as gain some feedback about the project once they have finished
- Healthy Young Minds (CAMHS): looking at their data re-escalation and re-referrals
- Mentor support and role satisfaction: as this is a new area, we will gain feedback on the effectiveness of the training and preparation, support for mentors and personal satisfaction gained

3.53 By September 2016, the service had matched 6 young people with local mentors. The YOS mentor scheme has been awarded the 'Approved Provider Standard' by the Mentoring and Befriending Foundation, proving its value within the community.

Getting Risk Support- inpatient services

3.54 Inpatient services are commissioned nationally by NHS England at this time. Trafford children requiring specialist mental health support are assessed by either CMFT or GMW regarding their needs and are admitted to the most suitable service available at that time.

3.55 Trafford is working other Greater Manchester CCGs to develop a relationship with NHSE specialised commissioning to ensure that data is reported on children and young people using inpatient services. Baselines and figures over time will hopefully indicate a reduction in inpatient stays due to investment in community services.

Transition

3.56 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 in 2011 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.

Personalisation

3.57 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.

3.58 The CCG continues to run a personal health budget programme and children's services are fully engaged with that programme.

Perinatal and Infant Mental Health Care

3.59 Perinatal care and parent infant mental health services in Trafford are delivered by both the Health Visiting Service and Healthy Young Minds (CAMHS). Health Visitors, as part of their universal level service and supported by their Specialist Health Visitor in Parent and Infant Mental Health (0.5 WTE) meet the needs of women, infants and families in the perinatal period. Healthy Young Minds Infant Mental Health Service is currently delivered from one Clinical Psychologist (0.5 WTE). The Clinical Psychologist accepts referrals for infants those aged 0-3, and intervention is developed to address the parent infant relationship. Increasingly across Greater Manchester, this area of work has become known as parent infant mental health work. The table below shows the number of referrals into the perinatal mental health visiting team for postnatal depression (PND). These are in slightly below the prevalence figures set out in Section 2 suggesting there may be a need to improve the identification of perinatal illness or that some mothers may be seen through alternative adult mental health provision. This will be looked at through the perinatal mental health workstream.

Referrals to Perinatal Mental Health Services for PND in Trafford, 2009-2014

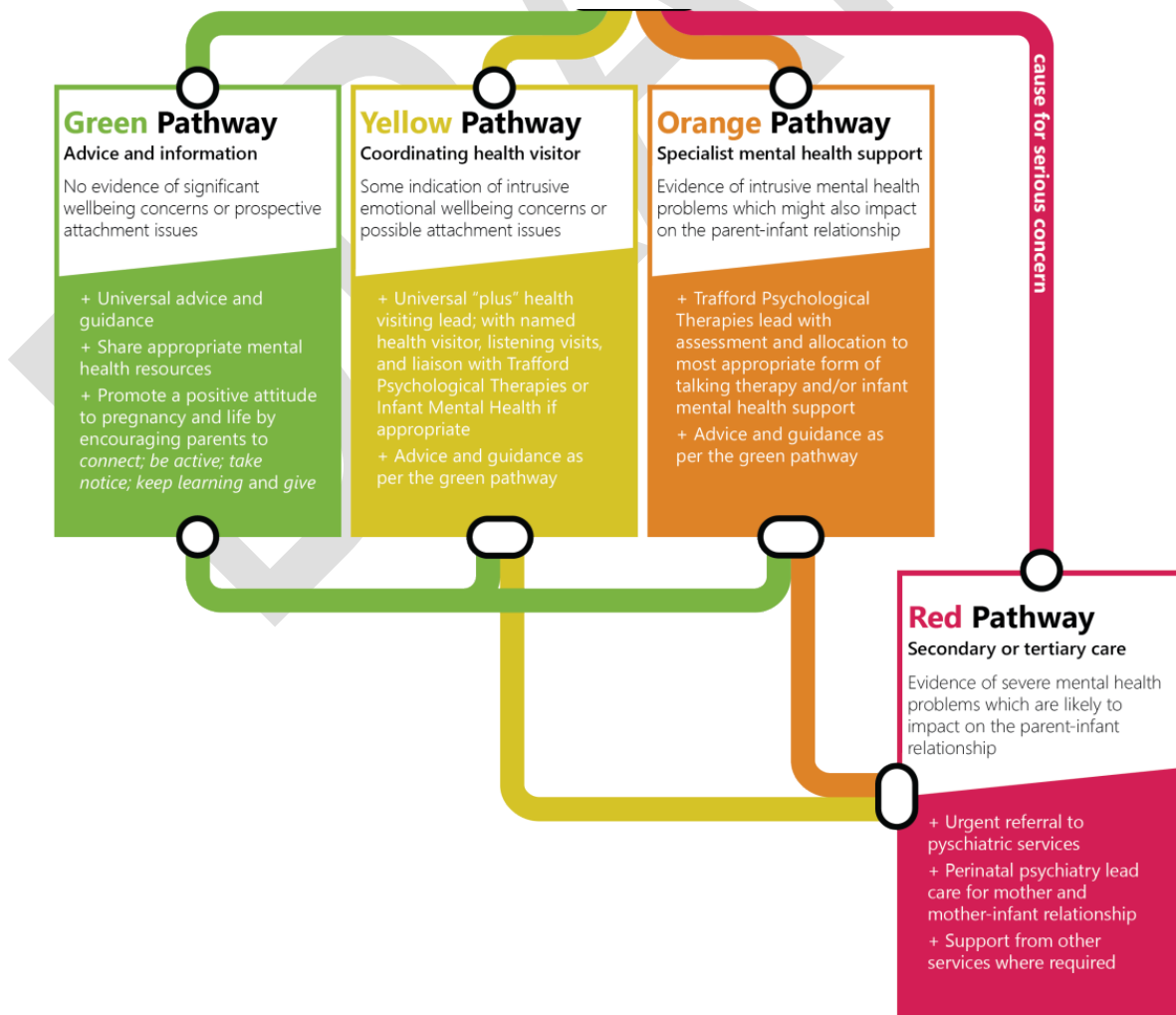
(source: Pennine Care NHS Foundation Trust, 2015).

Year	Number of <1 yrs children	Number of mothers referred	Referrals per 1000 under 1 yrs
2009	2,877	334	116
2010	2,848	341	120
2011	2,952	353	120
2012	2,920	284	97
2013	2,770	261	94

2014	2,881	271	94
2015	2696	TBC	TBC

3.60 A Perinatal Pathway has been developed that sets out an overarching approach for managing perinatal mental health support in Trafford. It also recognises the potential impact of the 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 an overarching process for screening and assessing perinatal mental health needs. Screening will help to identify which of four pathways would be most suitable for the patient's and their family's needs.

3.61 The four pathways are as follows:



- 3.62 The Specialist Health Visitor for parent and infant mental health leads on the development of skills in health visitors to address needs presented in the perinatal period, e.g. early identification of emotional difficulties in infants and parents; listening visits offered in response to early detection of parental perinatal distress.
- 3.63 Referrals of infants (with their parents who may be within the perinatal period) can be made to Healthy Young Minds up to the child's 3rd birthday to work with the Clinical Psychologist in Infant Mental Health. The clinical psychologist works alongside Health Visiting, facilitating consultation and liaison sessions regularly with Health Visitor teams discussing reflections and interventions with families where there may be parent, infant or attachment relationship mental health concerns. 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 to offer training within primary care emotional well-being 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.

Family Nurse Partnership

- 3.64 Family Nurse Partnership (FNP) is an evidenced based programme available to support first time mothers under the age of 20 years. It offers intensive and structured home visiting, delivered by specially trained nurses, from early in pregnancy until the child is two years old. FNP consists of home visits using materials and activities that build self-efficacy, change health behaviour, improve care giving and increase economic self-sufficiency. At the heart of the model is the relationship between the client and the nurse, which enables the most at-risk families to make changes to their health behaviour and emotional development and form a positive relationship with their baby. The programme is delivered by two FNP workers and since going live in December 2014 there have been 34 young people enrolled onto the programme reflecting Trafford's low teenage pregnancy rate and reduced capacity in the service due to sickness absence.
- 3.65 The FNP Annual Report highlighted that 85.7% of clients have initiated breastfeeding and continuation at 6 weeks is 26.7%. These figures are significant as many of the clients had not considered breastfeeding prior to engagement. 30.8% of clients are reported to smoke on enrolment to the programme. However 80% of clients smoke fewer cigarettes at 36 weeks pregnancy than at intake. 40.6% of clients reported to have had mental health problems, with 14.3% receiving some sort of mental health services.

3.66 The Local Authority also runs a teenage pregnancy programme which pre-dates the FNP but now enhances the pathway as it provides an alternative to the FNP model. The 'young bumps' and 'butterflies' young parent groups offer intensive pre-delivery support, parenting programmes and, community midwife and consultant led antenatal clinical care. It has demonstrated a strong impact with a reduction in smoking during pregnancy and intrapartum interventions. The minority of young mothers are accessing these services, from December 2013 to December 2014, five (18%) young people accessed young bumps and eight (29%) young mothers accessed butterflies. This rose to nine (24%) and thirteen (35%) between December 2014 to December 2015.

3.67 A review of these services is to be undertaken during 2017 to look at how these programmes can be better aligned with the boroughs generic health visiting service whilst targeting those who require intensive support and difficult to engage.

Summary - to be updated

4. Activity, Resource and Funding

4.1 This section provides a summary of current activity, service resource and funding in respect of Healthy Young Minds (CAMHS). It also presents activity and spend provided by NHS England Specialist Commissioners in relation to inpatient services.

4.2 The current service data collection system does not give a detailed understanding of the current activity or the characteristics of the children requiring specialist mental health support. Trafford CCG has made investment in Community Health Services to transfer onto EMIS (primary care patient record system). It is expected that the system will be operational in Healthy Young Minds (CAMHS) by November 2016 and will develop into a fully functioning case management system. This will mean that from end of 2016 Healthy Young Minds (CAMHS) will be able to produce significantly more and increasingly detailed levels of data.

4.3 As well as this, we will work collaboratively across the Pennine Care cluster to establish a consistent streamlined data set to inform commissioning and are working towards an outcome based commissioning framework, ensuring the utilisation of Routine Outcome Measures (ROMS).

Referrals

4.4 In 2015/16, Healthy Young Minds (CAMHS) received 1366 referrals, an

increase of 8% on 2014/15. In 2014/15 89% of referrals were accepted. Due to the challenges faced by the service in relation to the recording and reporting of data, a full data set for 2015/16 is not available. However, from April to September 2016 the service received 756 referrals, 83% of which were accepted.

Year	Referrals
14/15	1268
15/16	1366

- 4.5 The gender split of referrals during this period was 60% female and 40% male. An age breakdown of children and young people seen in 2015/16 is shown below:

Age of patient in years	Frequency
0-5 years old	3%
6-10 years old	30%
11-15 years old	47%
16-18 years old	20%
Total	100%

- 4.6 In 2015/16 7.4% of children and young people did not attend (DNA) appointments, compared to 5.2% recorded in 2014/15. 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. In April-June 2016 the most common services were 42nd Street, IAPT, blueSCI, IAPT, Paediatrics, and School Nurses.

First appointments and follow ups

- 4.7 As previously stated, data currently available is limited for Healthy Young Minds. However we do have six month data available from April to September for 15/16 and 16/17:

Year	First Appointments ³³
15/16 (April – Sep)	174
16/17 (April – Sep)	239

- 4.8 At this current time Healthy Young Minds does not have follow up data, but this will be available once EMIS is operational.

Waiting times

- 4.9 Waiting time starts at the point a referral is received by Healthy Young Minds. From 2016, all referrals are screened on the day they are received by the Healthy Young Minds (CAMHS) duty clinician. Urgent cases receive immediate

³³ Taken from HYM data

follow up and assessment and any routine cases are sent a 'Choose and Book' letter and a questionnaire. If Healthy Young Minds (CAMHS) have received a questionnaire but the family has not booked an appointment, they will contact the family within 3 weeks.

- 4.10 In June 2015 97% of young people waited no longer than 9 weeks to be seen, with the remainder all being seen within 18 weeks. However, it was noted by commissioners that waiting times were being inaccurately recorded from the date the 'opt in' questionnaire was returned to Healthy Young Minds (CAMHS). As a result of this the process of recording was changed so that waiting times were accurately recorded from the date the referral is received by the service. This meant accurate baselines were able to be established.
- 4.11 To address the long waiting time, two posts were funded through the LTP to. 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. As result of the above changes, as of October 2016 waiting times have already reduced from an 18 weeks average to a 10 week average. There are currently 66 children and young people awaiting an assessment. There are further plans to look at the waiting times for Partnership intervention as part of the CAPA implementation plan for 2017.

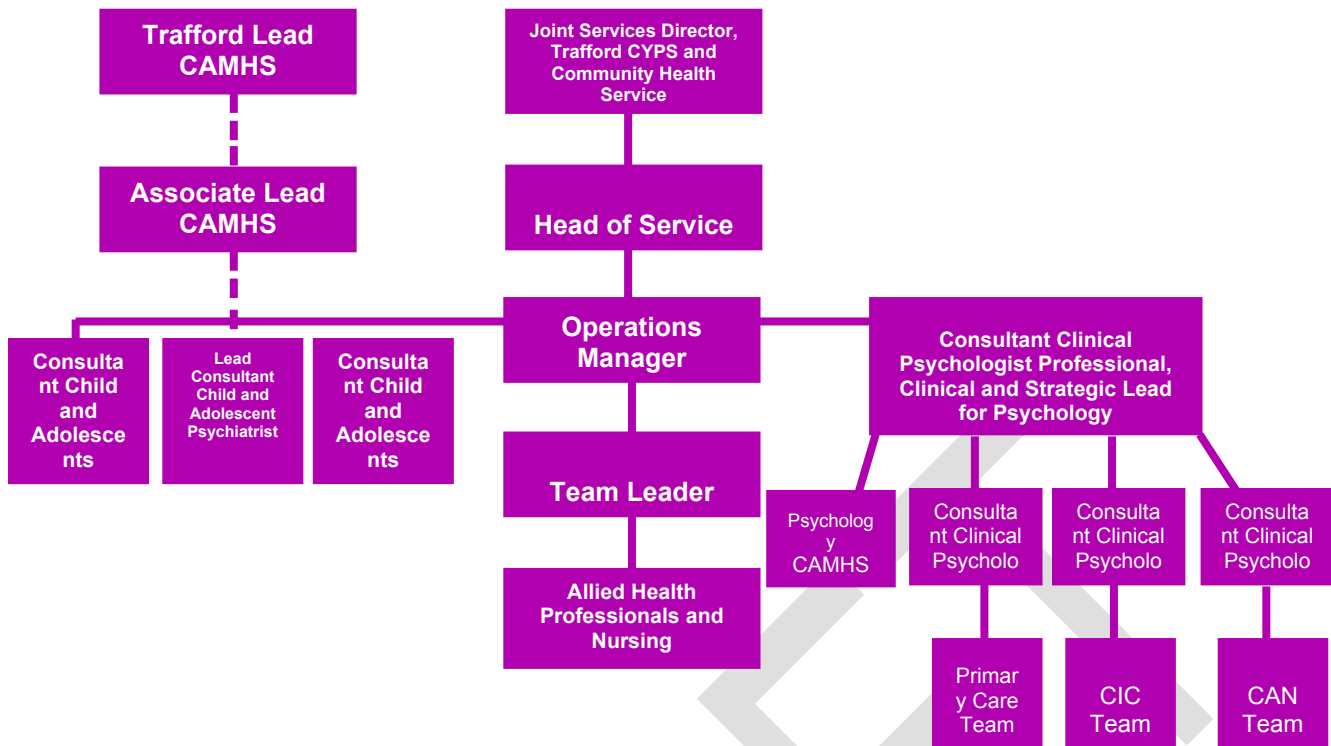
Key Performance Indicators (KPIs)

- 4.12 In 2015/16 all KPIs achieved 100% compliance each month:
- Contact with a Healthy Young Minds (CAMHS) worker is within the same working day for emergency self-harm referrals
 - Contact with Healthy Young Minds (CAMHS) worker is within nine days for urgent referrals/self-harm follow-ups
 - All referrals of Looked after Children scoring 18 points or more on SDQ are dealt with appropriately by a Healthy Young Minds (CAMHS) work

Workforce information

- 4.13 The current Healthy Young Minds (CAMHS) staffing structure is provided below. This shows clear lines of clinical responsibility and accountability. In 2016 the service began a staff consultation on the proposed restructure in order to meet the needs of the new stepped care model. This new staff structure will be included in future versions of the Local Transformation Plan.

Clinical and service accountability



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

Role	Band	FTE
Consultant Psychiatrist	CG	2.9
Consultant Clinical Psychologist	8d	1
Clinical Psychologist	8c	1.8
Psychologist LAC	8b	1
Psychologist Core CAMHS	8b	1
Perinatal Psychologist	8a	.6
Psychologist	8a	.8
Systemic Family Therapist	8a	.6
Operation Manager	8a	1
Team Leader	7	1
Senior MHP /YOS link worker	7	1
Senior Primary mental health	7	1
Primary Mental Health Worker	6	2.8
Play Therapist	7	0.6
Mental Health Practitioner	6	3
Assistant Psychologist	4	2
Administrator / Secretary	3	2.8
Receptionist	2	1

4.15 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 within the All Age Front Door. The specific posts are presented below and have increased the FTE within the Healthy Young Minds Service (CAMHS) by 2.37 FTE.

New Posts - Role	Band	FTE
All Age Front Door Post	7	1
Transformational Lead Post	8b	0.17
Mental Health Practitioner	6	1.8
ASD Senior Practitioner	8a	0.2

4.16 In addition, Trafford has also implemented a Community Eating Disorders service across Trafford, Stockport and Tameside & Glossop. Staffing levels are shown below:

Eating Disorder Posts –Role	Band	FTE
Operational Manager	8a	0.17
Clinical Lead	8a	0.17
Consultant Psychiatrist		0.13
Senior MHP	7	0.07
Family Therapist	7	0
Dietician	7	0.03
MHP	6	0.17
Clinical Support Worker	4	0.33
Administrator	4	0.1

Inpatient Bed usage – Awaiting data from NHSE specialist commissioners

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

	2013/14		2014/15		2015 (year to date)	
	No.	OBD	No.	OBD	No.	OBD
Eating Disorders			1	146	3	295
Children's	4	200	4	747	3	336
Acute Admissions	7	197	14	1065	2	382
Mother and baby	8	417	2	18	2	80

4.18 The data shows that in 2014/15, four children living in Trafford required specialist inpatient services. Although this number is the same as that recorded in 2013/14, the number of occupied bed days has increased from 200 in 2013/2014 to 747 in 2014/15. This is difficult to interpret correctly without understanding the individual cases, however it may be a sign that cases are getting more complex, or more severe. This would be consistent with the experience of cases in Healthy Young Minds (CAMHS).

4.19 During 2015 there was an increase in the number of patients needing to go into hospital with respect to eating disorders, although caution must be taken as this is only based on a short data period. Similarly, there was a sharp increase in the number of acute admissions in 2014/15, compared with those recorded for the previous year. The average number of occupied bed days per person has increased by 170% from 28 in 2013/14 to 76 in 2014/15. Again caution must be taken in interpreting this data as this may be caused by one or more individuals requiring long inpatient stays.

4.20 Only two mothers required inpatient care with respect to their mental health in 2014/15, the length of stay was also short.

Finance

4.21 NHS England Specialist Commissioners spent a total of £1.17m on inpatient provision for Trafford patients in 2014/15, a large increase on the £451k recorded the previous year. A further breakdown of this spend was provided, this detailed specific spend on the delivery of inpatient provision for patients with eating disorder (£85,410), for children (£399,645), for acute admissions (£674,145) and mother and baby (£9,486). Spend in all of these areas varies a lot year on year as shown below.

	2013/14 (£)	2014/15 (£)	2015 (year to date)
Eating Disorders		85,410	172,575
Children's	107,000	399,645	179,760
Acute Admissions	124,701	674,145	241,806
Mother and baby	219,759	9,486	42,160
Total (£)	51,460	1,168,686	636,301

Healthy Young Minds (CAMHS) spend

4.22 In 2014/15 Trafford CCG and Trafford Council (via Public Health Grant Funding) collectively spent **£1.5m** (£1,36m and £138k respectively) for the provision of Healthy Young Minds (CAMHS), through Pennine Care NHS Foundation Trust. This funding has remained the same for 2015/16 and 2016/17.

4.23 A further £520k was paid by the Council to Pennine Care NHS Foundation Trust to help towards the delivery of the Borough's specialist programmes and included £252k towards Healthy Young Minds (CAMHS) input to the CiC team. This was reduced to £126k in 2015/16 due to local authority efficiency savings. A further £115k was funded by Trafford CCG for Senior Family Support practitioners to provide evidence based parenting interventions on the early help pathway. This funding also remain the same in 2015/16 and for 2016/17

4.24 Together, this amounts to a total spend in 2014/15 of **£2.14m** on specialist mental health support for the 0-18 Trafford registered population.

Total spend on mental health support

4.25 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. We are awaiting information on inpatient spend from NHSE specialist commissioners. Encouragingly, the data show a projected increased spend of 12% in 2016/17 compared to the 2014/15 baseline. In addition, there has been substantial additional investment in Coping 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, further detail is provided in Section 7.

2014/15	Organisation			Total
	LA	CCG	NHSE	
Thriving & Coping (Early Help)	98,259			98,259
Getting Help Services (42 nd Street)	28,000	57,000	-	85,000
Getting More Help Services (HYM)*	137,826	1,365,523	-	1,503,349
Evidence Based Programmes and sub-teams*	520,000	115,000	-	635,000
Inpatient Services	-	-	1,168,686	1,168,686
Total	784,085	1,537,523	1,168,686	3,490,294

* Excludes CQUIN, management and overhead costs

2015/16	Organisation			Total
	LA	CCG**	NHSE	
Thriving & Coping (Early help)	52,000	55,000		107,000
Getting Help Services (42 nd Street)	28,000	57,000	-	85,000
Getting More Help Services (HYM)*	135,621	1,367,347	-	1,488,492
Evidence Based Programmes and sub-teams*	394,000	125,000	-	509,000
Inpatient Services	-	-	TBC	TBC
Total	609,621	1,604,347	TBC	TBC

* Excludes CQUIN, management and overhead costs

** Includes LTP spend directly into services

2016/17 projected	Organisation			Total
	LA	CCG**	NHSE	
Thriving & Coping (Early help)	170,000			170,000
Getting Help Services (42 nd Street)	28,000	157,000		185,000
Getting More Help Services (HYM)*	135,621	1,585,179		1,720,800
Evidence Based Programmes and sub-teams*	394,000	125,000		519,000
Inpatient Services			TBC	TBC
Total	727,621	1,867,179	TBC	TBC

* Excludes CQUIN, management and overhead costs

** Includes LTP spend directly into services

4.26 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 early

help services with a sole focus on emotional health and well-being such as the new joint funded early help service and local authority funded coaching and mentoring services, at this current time, the majority of these contracts have not been costed. Over the course of the Transformation Plan we will endeavor to provide further clarity on this spend, across our universal and targeted services and are currently working with colleagues across Greater Manchester to agree a standardized approach to this.

Summary – to be updated

5. CAMHS Transformation Review

- 5.1 From March 2015 to April 2016, a full review took place of Trafford's Healthy Young Minds (CAMHS) service which has played a significant role in the development of our Local Transformation Plan. The review of the was led by the Children, Family and Wellbeing All Age Commissioning Team in partnership with Trafford Clinical Commissioning Group (CCG) and Pennine Care
- 5.2 The aim of the review was to ensure that the service is able to provide a clinically safe, cost effective and efficient quality service to meet the changing mental health needs of the GP registered population (aged under 18) in Trafford.
- 5.3 The review was identified as a priority within the NHS Trafford Clinical Commissioning Group (CCG) Five Year Plan 2014-19 in response to the following challenges:
 - Associated developments relating to the neurodevelopment pathways

- Eating disorder pathways and provision
- Improving Access to Psychological Therapies (IAPT) implementation
- Locality working
- Increasing access for vulnerable groups (looked after children, and children and young people with learning disabilities)
- Life coaching for young people aged 16+ with autism
- Transition arrangements with adult services
- Interfaces with other services and their capacity
- Inpatient step up/step down models.

1.2 The key reasons for the review at a local and national level were:

- A need to re-consider the service model and relevant pathways due to the changing mental health needs of Trafford's children and young people. For example, Trafford saw increasing incidents of self-harm, increasing eating disorder prevalence, and a preference from young people for more flexible access to specialist services
- A need to combine the early help, prevention and early identification model of care
- A requirement for the service to improve the production of data and intelligence
- An increased focus on working with NHS England who commission inpatient provision
- Sustainability of Children and Young People's Improving Access to Psychological Therapies (CYP-IAPT)
- National drive for change, led by the House of Commons Health Committee and supported by NHS England and the Department of Health's Children and Young People's Mental Health Taskforce.

1.3 The intended outcomes of the review we as follows:

- Increased capacity and efficiency for Healthy Young Minds (CAMHS)
- Improved clarity of role of Healthy Young Minds (CAMHS) and other services such as inpatient units, A&E departments, GPs, schools, school nursing, etc.
- Integrated eating disorder assessment and treatment services
- Evidence of the on-going involvement of patients, their carers, and improved experience of services
- Increased self-care and confidence for service users and/or their carers
- Flexible access for children and young people with weekend and evening services.

1.4 A steering group was set up and included a range of partners and stakeholders. There was representation in the group from Pennine Care Foundation Trust, Healthy Young Minds (CAMHS), Public Health, the designated nurse for Safeguarding, and Commissioners from Trafford CCG and Trafford Council. This group reported to the Trafford CCG Transformation Board and Health and Well-being Board.

1.5 Project management methodologies were used to run the review. Separate task and finish groups and steering groups developed the key functions of the review, as depicted below. These groups were made up of specialists and clinicians, commissioners and independent organisations. The review also involved a wide range of stakeholders including education, healthcare professionals, and service users in a variety of different ways as presented in Section 6. This has fed, and will continue to feed into, the development of our Local Transformation Plan.



Work programme

1.6 The review was split into four key phases with milestones for each underpinned by a full project plan.

Key Phase	Detail	Dates
One	Undertake full review of Healthy Young Minds (CAMHS)	March-December 2015
Two	Agreement on final report content and recommendations for future delivery of Healthy Young Minds (CAMHS)	January to April 2016
Three	Implementation of recommendations and shift to new service delivery model	April 2016-March 2017
Four	On-going monitoring of the new service delivery model - business as usual (BAU)	April 2017 onwards

Task and Finish Groups

1.7 The key objectives of the task and finish groups were as follows:

Task & Finish Group	Key Objectives
Medicines Management	<ul style="list-style-type: none"> To collate all information relating to medicines relating to CAMHS service provision. To provide analysis of current medicines management issues relating to CAMHS. To take account of any developments relating to medicines for CAMHS.
Communications & Engagement	<ul style="list-style-type: none"> Gather together information already available relating to CAMHS patient/service user experience and feedback Explore the experiences and views of service users, carers (and public), CAMHS staff, GPs other professionals.
Data & Performance	<ul style="list-style-type: none"> To collate all information relating to CAMHS service provision in various areas. To provide analysis of CAMHS provision, highlighting any gaps both in service provision and in demand. To assess if service users are happy with the provision. To assess if there are gaps in demonstrating accurate performance data
Service Model	<ul style="list-style-type: none"> To review pathways and the delivery of CAMHS against the current service specification To assess the service delivered by CAMHS against Future in Mind to determine readiness to meet recommendations To create a new service model for CAMHS with associated benefits and evidence To obtain a clear understanding of how this model will meet the needs of the population
Finance	<ul style="list-style-type: none"> To obtain a clear picture of the CAMHS budget To obtain a clear picture of the aims for each funding stream within CAMHS To obtain a clear picture of the use of different funding streams

- 1.8 The Communications and Engagement Task and Finish Group ensured input into the review from a wide range of education, social care, healthcare professionals and service users through two stakeholder workshops, surveys and direct meetings with individuals, professionals and service user groups. CAMHS also provided recent service feedback from children, young people and families gathered through satisfaction questionnaires, service user groups and individual interviews.
- 1.9 The Finance Task and Finish Group gathered and reviewed financial information from a variety of places. This included:
- Historical data regarding below the line contribution to evidence based programmes – SAP reports regarding invoices for salary costs
 - 2015/16 finance schedule detailing CCG, Public Health and LA contributions to CAMHS
 - 15/16 direct budget broken down by: Core CAMHS, Eating Disorder, Attention Deficit Hyperactivity Disorder, Neuro-developmental Pathway.
 - Medicines spend in CAMHS and Community Paediatrics April 2013 - 15.
- 1.10 The Medicines Management Task and Finish Group looked at guidance from the Greater Manchester Medicines Management Group and NICE. An ADHD workshop occurred in which alternatives to medicines were scoped out.
- 1.11 The Data and Performance Task and Finish Group established their findings by examining national Mental Health and Learning Disabilities dataset and the CYP IAPT dataset. Experience Service Questionnaire papers were reviewed in order to assess the best way to measure patient experience. They also asked for a rapid needs analysis to be done to compensate for the current lack of accurate data available on CAMHS.
- 1.12 The Service Model Task and Finish Group examined the Thrive model to propose a new service model for CAMHS. The model template was presented at the stakeholder workshop to ascertain if the proposed model would meet people's needs. Additionally, scoping work took place internally within CAMHS to inform the future service model.

Review findings

- 1.13 The review captured a range of findings through consultation, stakeholder workshops, self-assessment against Future in Mind and the work of the Task and Finish Groups. The main findings were as follows:
- Staff within Healthy Young Minds (CAMHS) 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 for dedicated consultation time for Healthy Young Minds (CAMHS) experts to support universal staff. This also needs to be backed up by formal training.
- Need to develop a comprehensive workforce strategy with training provision and addressing skills gaps and capacity to deal with increasingly complex cases both within Healthy Young Minds (CAMHS) and wider stakeholders.
- Need for extending CYP IAPT to other services.
- The relationship should be improved between Healthy Young Minds (CAMHS) and voluntary sector providers with increased signposting to local community services.
- Gaps in information about Healthy Young Minds (CAMHS) and local community services.
- Clarity is needed with GPs around when they should take over prescribing and how to use the Shared Care Protocol. There is a gap in the ability of Healthy Young Minds (CAMHS) to access blood test results.
- 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.
- Specific gaps in provision were noted in CIC, specifically around staffing, time spent with CIC, and increasing the offer to the age of 25.
- 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.

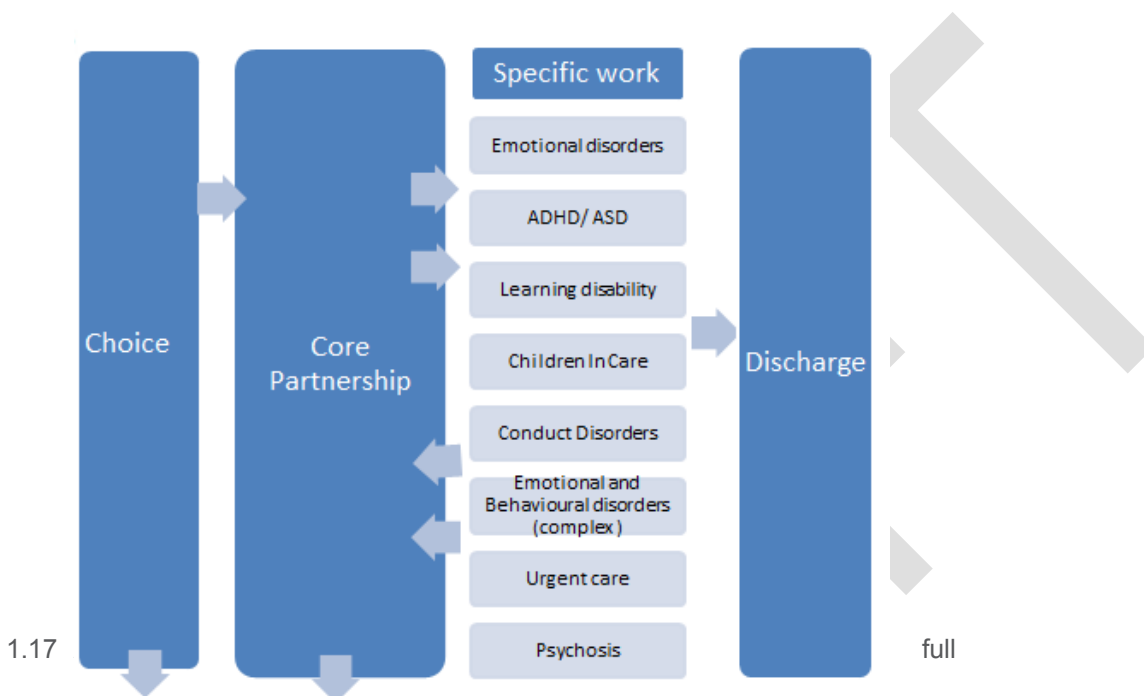
1.14 A series of recommendations stemmed from the review which formed the foundation of Trafford's Local Transformation Plan (see Section 7) and the underpinning project plan for implementation. The recommendations have also been incorporated into the intensive transformation of the Trafford Healthy Young Minds (CAMHS) Service to support the implementation of the Thrive model (as described in Section 3) led by Pennine Care NHS Foundation Trust.

1.15 This new service model will enable a more integrated multidisciplinary approach to supporting children and young people's mental health and include a new core pathway within the Healthy Young Minds (CAMHS) service based on the Choice and Partnership Approach (CAPA) as well as new multiagency care pathways for specific groups of vulnerable young people.

1.16 A variety of activity has taken place during 2016 to implement the

recommendations and the move towards the new delivery model including:

- The integration of Trafford Healthy Young Minds (CAMHS) with the wider Pennine Care Healthy Young Minds (CAMHS) Business Unit to provide greater leadership and consistency across the Pennine patch
- A full staff consultation setting out the skill mix and flexibility required to meet the effective delivery of the new model
- The standardisation and simplification of processes and governance across care pathways to improve administration, accessibility and reduce waiting times.



implementation plan is in place and this will continue to be monitored by the overseen by the Transformation Implementation Group (formerly the Transformation Review Steering Group).

Governance

1.18 The delivery of the review was provided for:

- NHS Trafford CCG Transformation Steering Group
- Trafford Council Commissioning Steering Group
- Trafford Health & Well-being Board
- Trafford CCG & Pennine Care Service Development Group
- Pennine Care Service Transformation and Development Group

Summary – to be updated

2. Engagement, Partnership and Multi-Agency Working

2.1 The emotional health and well-being 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, partnership and multi-agency activity that has helped our transformation journey so far.

Engagement

Review of Emotional Health and Well-being services

2.2 In 2013, as part of the Review of Emotional Health and Well-being services for children and young people in Trafford, children and young people³⁴ were asked what factors were having a negative effect on their emotional health and well-being. 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.

2.3 The consultation groups (which consisted of secondary and primary school conferences with Trafford pupils, survey 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 well-being as an important issue for the borough, with the impact of parental factors recognised as a key area for concern.

CQUIN

2.4 In the same year, children, young people and their families were involved in a PCFT CQUIN (Pennine Care Foundation Trust, Commissioning for Quality and Innovation) project to develop early intervention support for those on the waiting list for children and young people's mental health services. The design and consultation with families consisted of the following three key elements:

- Family activity day
- Consultation with Youth Council
- Feedback from users on current service literature and communication.

2.5 The outcome of this work was a new information leaflet designed by children

1 ³⁴ 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.

and young people from the Youth Cabinet and a video 'Welcome to CAMHS'. Now that the service has moved its base, a further leaflet is in development. The appointment letter was also changed as a result of the feedback; it became more informative about the service and provided links to various sites such as 'Council Service Directory' and Pennine's Healthy Young Minds website. The aim of doing this was to provide people with trustworthy information about the service and mental health issues while they were waiting to be seen.

- 2.6 Building further on the CQUIN project work, through engagement events, surveys and patient interviews Healthy Young Minds (CAMHS) has been working to improve the support available between referral and first appointment through the development of a user friendly, interactive and informative website. Work on the website has included reviewing and including a range of applications for young people, self-help information and links to social media such as Twitter.

Service engagement

- 2.7 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. 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 (CAMHS) 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 Emojis before and after appointments. This data is used to help improve the service. Performance and patient complaints/satisfaction for Healthy Young Minds (CAMHS) 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. This feedback has been incorporated as part of the Transformational Review and development of our Local Transformation Plan.

Engagement through the Transformation Review

- 2.8 The views of children, young people and their families were a helpful and important part of the Transformational Review of Healthy Young Minds (CAMHS) in 2015. We have used what we have learnt to help us to shape our Local Transformation Plan and further engagement activity took place in 2016 with children, young people and their families to refresh our Local Transformation Plan. This approach will continue as our plan changes and adapts over the next few years.

- 2.9 The Communications and Engagement task and finish group is made up of

- Trafford Clinical Commissioning Group (CCG) – Communications and Engagement Specialist
- Pennine Care Foundation Trust – Communications Officer
- Pennine Care Foundation Trust – Patient Experience and Engagement Manager
- Healthwatch Trafford
- Healthy Young Minds (CAMHS)
- Trafford Council – Commissioning Officer
- Trafford Council – Children and Young People's Advocacy and Engagement Officer

Events and workshops

2.10 An initial stakeholder engagement workshop was held to establish the effectiveness of the current Healthy Young Minds (CAMHS) service. The event was facilitated to gain the views of professionals, providers, partners and service users who use the service on a regular basis.

2.11 Attendance at the workshop was made up of a range of partners from the following agencies:

- Trafford CCG
- Trafford Council
- Children and Young People from local schools
- Healthy Young Minds (CAMHS) staff
- Teaching staff
- Trafford Youth Cabinet
- Pennine Care Foundation Trust
- Voluntary and Community Sector
- Trafford Healthwatch

2.12 Children and Young People from local schools and users of Healthy Young Minds (CAMHS) were present at the event. Members of Trafford Youth Parliament, supported by the Authority's Healthy Young Minds (CAMHS) Participation Lead and an Assistant Clinical Psychologist from Healthy Young Minds (CAMHS) presented their findings of the engagement work that has taken place with children and young people. They presented on the following areas:

- Early Help
- Confidentiality
- Services
- GPs
- Barriers to accessing help
- Schools
- Positives of Healthy Young Minds (CAMHS)
- Staff
- Waiting lists

- Suggestions
- Building

2.13 Feedback from the event has been used throughout the review to shape the recommendations for change to the service and informed the Local Transformation Plan. A full list of feedback from this event along with other engagement activity including follow up feedback events held in November 2015 and October 2016 can be seen in the 'you said, we did' section.

Surveys

2.14 Over the past year, surveys have been carried out in order to obtain stakeholder views on the boroughs CAMHS service and training needs in relation to mental health and wellbeing. The surveys were targeted at professionals and the wider public.

2.15 Responses³⁵ to the professional's survey came from a wide variety of agencies including Healthy Young Minds (CAMHS) staff, education professionals, community healthcare professionals, healthcare partners, social care professionals and voluntary/independent sector partners.

2.16 The key findings of the survey were that professionals were deeply concerned about the length of time service users have to wait to be seen. Questions were also raised about CYP needing help, but not reaching the CAMHS threshold. Many respondents were keen to praise staff working in Healthy Young Minds (CAMHS). Suggestions from professionals included:

- Training for schools
- Drop in clinics for children
- A telephone advice line for professionals
- Multi-agency meetings between health and education to share professional ideas.

2.17 Professionals told us what they think works well in the service:

"We have been buying into the CAMHS service for Primary Schools for several years and receive half day/week of specific support for identified pupils and their families. The support covers many different areas and the overwhelming feedback from Pupils and Parents has been extremely positive."

"Good relationships are fostered between professional groups to provide good multi-disciplinary care for young people. The recent change of premises has, I believe, improved the experience of young people and their families when visiting CAMHS."

2.18 In addition, we also asked what could be improved:

³⁵ n=123

“CAMHS need to triangulate and seek information from other agencies when triaging, when professionals involved with the child at CIN or CPP level have serious concerns about the presentation of the young person who may deny that they have issues.”

2.19 The training surveys were responded to by a wide variety of professionals in Trafford, including GPs, teachers, health professionals and third sector organisations. The key findings of the survey were:

- Although only a quarter of organisations provided some form of mental health support, many referred onto other organisations.
- 88% of respondents expressed a desire for further training. The most popular areas of training requested related to anxiety, anger management, bereavement, eating disorders, self-esteem, self-harm, depression, and ADHD parenting strategies.
- 80% of respondents wanted more information on the support that is available.
- A half day workshop and e-learning were the two most popular ways in which respondents wanted training to be delivered.

2.20 The majority (59%) of replies to our public survey came from family members or carers of people who have used the service, the remainder were from professionals. 21% of respondents were either children or young people.³⁶¹ Respondents cited the experience and attitude of staff as the key areas that worked well in Healthy Young Minds (CAMHS). When asked what needs to be improved, almost half of respondents stated that waiting times were too long. Other elements of the service that family members/carers felt required improvement included:

- Lack of advice around ways to deal with the diagnosis given to their child
- Difficulties in accessing information, advice/support.

2.21 Finally, we also surveyed GPs to understand their main concerns about mental health services in Trafford. The majority of respondents (69%) advised it was difficult to access the required help for their patients, with a further 31% citing it as 'average'. The key reasons given for this were:

- Waiting lists being too long
- A long referral template
- Inflexible appointments

Schools & GPs

2.22 Schools have been engaged in a number of ways to ensure that the views of teachers and pupils are considered in the review of Healthy Young Minds (CAMHS) and the development of the wider Transformation Plan. So far, this has included two online surveys (promoted via school bulletin and direct email) and three stakeholder workshops.

2.23 Commissioners have also presented at the Primary Head Teacher's Conference and Secondary Deputy Head's meeting, to promote the survey and provide postcards that give the opportunity for immediate feedback on mental health services and suggestions for improvement. Further engagement with schools in relation to the new service delivery model and LTP progress is planned for later in the year.

2.24 In addition to the survey mentioned above GPs have had the chance to provide feedback on the transformational changes at the October 2016 feedback event. They will have a further opportunity to do so when Healthy Young Minds and commissioners will present to them at the GP forum at the start of 2017.

You Said, We Did

2.25 During the last year a substantial amount of activity has taken place to address the issues raised through the engagement activity undertaken to date. A summary of which has been captured in the table below. This information formed a key part of the stakeholder event held in October 2016 and has been translated into a survey for children, young people and families to gain their views on progress and next steps.

YOU SAID	WE DID
PREVENTION	
There should be more services to help young people at an early stage	Funding has been given to blueSCI to offer emotional wellbeing support at an early stage to children and young people who are experiencing difficulties in their lives. BlueSCI offers a range of community based interventions and activities that include sports, music, drama, arts and other tailored bespoke opportunities, that promote wellbeing.
It is difficult to get information and know what services are out there	A new website has been developed at www.healthyyoungmindspennine.nhs.uk that provides information for children, young people, parents, carers and professionals. Healthy Young Minds (CAMHS) have changed so they see more people for a first appointment to give advice and information. Trafford's directory has been updated to include all organisations offering mental health support to children and young people - www.trafforddirectory.co.uk
More drop in centres and support from anonymous sources.	Funding to 42nd Street has increased so that they can offer support to more young people. 42nd Street offer 1:1 support in the community including specialist support for young people with ASD, group work and creative projects. School nurses offer sessions in every secondary school in Trafford and our Trafford Talkshop continues to offer an excellent drop in centre for young people.
Other work that has been completed as part of the LTP	<ul style="list-style-type: none"> • Review of applications available to support good mental health for inclusion through Pennine's Healthy Young Minds website • Review of self-help literature to ensure quality information is included on Pennine's Healthy Young Minds website • Enhancement of the perinatal pathway to include further resources for postnatal depression

ACCESS	
Waiting times are too long for mental health services.	Healthy Young Minds (CAMHS) are adopting a new way of working called CAPA (Choice & Partnership Approach). This will help to ensure that children and young people get support quicker and are part of decision making about their treatment. Staff are being moved around to support this. Funding has also been provided to pay for extra staff to reduce waiting times.
Healthy Young Minds needs multi-agency rapid screening processes to reduce inappropriate referrals and re-referrals.	The implementation of CAPA (Choice and Partnership Approach) will ensure that children and young people receive appropriate support at an initial stage and are referred on appropriately which should reduce re-referrals. A daily screening process for HYM is supporting professionals to refer appropriately. A multi-agency approach is being built in through a new post which will see a HYM's worker in the All Age Front Door. New multi-agency pathways will promote wider support at earlier stages and support professionals in when to make a referral to HYM. Potential to use the Trafford Co-ordination Centre in future could greatly bring down inappropriate referrals.
The CAMHS building should be more friendly	Children and young people have done work to help improve the Healthy Young Minds (CAMHS) building at Oriol Court. Young people's art work has been produced and displayed in all rooms.
More staff are needed to work in Healthy Young Minds (CAMHS).	Funding has been given for new staff. Healthy Young Minds (CAMHS) have looked at their systems and resources to increase their capacity.
Central point of access for all	A new post has been funded to place a Healthy Young Minds (CAMHS) worker in the All Age Front Door from August 2016. This will help where mental health issues are present in complex families. Discussions are taking place within the All Age Front Door and the Trafford Coordination Centre to develop a central point of access for Healthy Young Minds (CAMHS) collaboratively with other services.
Appointments offered at evenings and weekends.	Healthy Young Minds (CAMHS) is changing processes and staffing so that appointments will be able to be offered more flexibly. A new eating disorders service has been commissioned with intended appointments at evenings and weekends.
There is currently no phone line for advice	Healthy Young Minds (CAMHS) will be offering consultation and advice to professionals in 2017. This will give specific contact details and availability to discuss concerns around children and young people.
Improved transition from CAMHS to adult services.	New transition protocol written and a specific meeting for professionals held to look at HYM transition, to see what can be improved.
Trafford has no home treatment or services to prevent admission and step down from hospital.	Some step up/step down services will be available from Healthy Young Minds (CAMHS) through their redesign of services. Home treatment will be offered as part of Community Eating Disorders Service.
Implement the Thrive model of support so that there is a multi-agency approach	Awareness raising has taken place with stakeholders on the Thrive model and this will continue. Healthy Young Minds (CAMHS) is developing its service to be able to deliver on the Thrive model. New pathways will be written with a multi-disciplinary approach. The new ADHD pathway is an example of this.
VULNERABLE GROUPS	
Better services for young people with an eating disorder	Money has been given to create a new eating disorders service for children and young people in Trafford. This service started on July 4th 2016 and currently works with 16-18 year olds. It will go on to support young people from a younger age and will offer 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.	Spent funding on additional educational psychology services. This will help to diagnose those with neurodevelopmental disorders quicker. CAPA will ensure that specialist skills are focused on more complex cases.
Develop clear and accessible pathways supported by criteria that	All of HYM's pathways are currently being reviewed. The multi-agency ADHD pathway has been drafted and initial consultation has taken place with key agencies. New pathways will include support from a

people can understand.	wide range of agencies including the third sector.
Improved crisis and out of hours care.	Across Greater Manchester there are plans to develop out of hours care. Trafford are working with providers to ensure that there is a consistent response to crisis. New money from NHS England to Greater Manchester will develop service for children and young people in a crisis.
More support or specialist support for those children who are in care or adopted	Trafford has scoped out what support is available and determined the costs if a service were to be offered up to age 25.
Need to develop multi-agency co-ordinated support for children and young people with complex needs who may not fit the criteria for certain services.	Work is taking place across social care to look at these children and young people collaboratively across teams. A couple of panels have merged to take this work forward. A meeting has been held with CAN, HYM and commissioning to understand some of the issues.
Other work that has been completed as part of the LTP	<ul style="list-style-type: none"> • Development of the Keeping Families Together model which will focus on vulnerable children on the edge of care, including the use of residential provision • Full implementation of Care and Treatment Reviews for CYP with learning difficulties with training for social work teams • Improved data and forecasting of learning difficulties patients including the establishment of a children's risk register • Evaluation of early help services including CSE provision

ACCOUNTABILITY

The data on Healthy Young Minds currently being collected is insufficient.	HYM will be implementing a new electronic data collection system (EMIS) in November 2016 which will give better data. The national Mental Health and Learning Disabilities dataset (MHLDD) was implemented at the beginning of 2016 which has meant that HYM now report regularly on a large amount of additional data. Locally a new set of data requirements has been developed to inform commissioning intentions and provide a greater understanding of the needs of the local population.
Lack of clarity between HYM and GPs when GPs are asked to take over routine prescribing of medication	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.

WORKFORCE

Professionals who work with children need more training on mental and emotional health issues.	The NHS has paid for some Eating Disorder training to take place later this year. We are also telling professionals about some high quality training available free through MindEd www.minded.org.uk . Trafford is also talking to other areas of Greater Manchester to see if we can develop a single workforce development plan across our whole area. Trafford CCG invested some additional funds into professional training for 2016/17.
Training is important to increase the awareness of CAMHS and what it can and can't provide.	A number of meetings are planned for Healthy Young Minds (CAMHS) to talk to GPs, schools and other organisations. New pathways and information about the service and its changes will be circulated in the new year.
Services should work better together	An event has been held that looked at services supporting children and young people with ADHD and Autism to see how they can work better together. HYM are reviewing all their pathways to make sure that all the professionals involved are clear on their role. A HYM member now sits on a blueSCI steering group to improve relationships with voluntary sector providers. A database containing 67 organisations that provide some form of mental or emotional health and wellbeing support has been created and is used by Healthy Young Minds (CAMHS) and others as the main signposting tool.

Workforce strategy needed for Healthy Young Minds	HYM have established a workforce strategy including a skills gap analysis, future planning for the workforce and training and development.
Other work that has been completed as part of the LTP	<ul style="list-style-type: none"> • Training and support survey completed for multi-agency workforce • Mapping of training offered across Trafford, GM and nationally

October 2016 Stakeholder Feedback

2.26 Following on from a CAMHS stakeholder event held in 2015, a feedback event took place in October 2016 that looked at transformational changes that have occurred in children's mental health services in Trafford. The event was attended by almost one hundred people, and included a diverse range of people, including teachers, the police, housing trusts, health visitors, mental health professionals and third sector organisations. The purpose of the day, was not only to inform of the changes and to hear the views of young people, but to give people the opportunity to feedback on what they thought about the changes and to state what else they think still needs to happen.

2.27 Presenters on the day included commissioners, Healthy Young Minds, 42nd Street and blueSCI. Crucially, the final speaker was a young person, who was able to discuss their own experiences of services in Trafford, along with the experiences of other young people. A summary of the responses to the key questions asked on the day are shown below:

Feedback Event

What is positive? What's working well so far?

- Genuine stakeholder consultation
- Investment in early help (42nd Street and blueSCI project)
- Reduction in waiting times from 18 weeks to 8 weeks.
- The Community Eating Disorder Service
- Name change from CAMHS to Healthy Young Minds
- Transparency with the information and process
- Online support – including the new Healthy Young Minds website
- Working closely with young people (including the BOOM group and Healthwatch)

What's not working well? Where are there still gaps?

- Waiting times still need to come down further
- Transitions between services (including between children's and adult services) needs to improve
- Improved knowledge of service for young people so they can self-refer
- A full understanding of what devolution will mean for this area, and how young people can be involved in this
- Professionals can lack confidence in dealing with young people with mental health issues
- The wait between the initial appointment and subsequent appointments
- Improvements need to happen around out of hours services

What needs to happen in 2017/18?

- A central hub/advisory service where people can go to be signposted to services that are relevant to the individuals needs
- More recognition for homelessness and housing

- A centralized training programme – such as through Safeguarding Boards
- Further visibility in schools so CYP and staff are aware of the services available and how to access them
- Developing use of social media to connect CYP and services
- Quicker information sharing between agencies
- Specific training for referrers – what information is required
- Enhancement of the service directory to improve the search function accessibility
- Drop in services with different venues and spaces

2016 Survey – survey findings to be included once survey closes 17 Oct

Partnership and effective joint working with wider services

2.28 Partnership work is a central principle of Healthy Young Minds (CAMHS) and is improved by the integration of the service within the Local Authority's children and young people's services structure, working closely with social care and the complex needs team, as well as dedicated resource to support key service areas such as the YOS. Care is provided in partnership with patients, their carers and relatives, respecting their individual needs, preferences and choices, and in partnership with other agencies whose services impact on children and young people's well-being.

2.29 As well as assessment and intervention, Healthy Young Minds (CAMHS) aims to support positive mental health by promotion, early intervention and prevention in partnership with the local authority, schools, voluntary organisations and primary care. Examples of this work includes the offer to schools that provide consultation and advice, as well as all of the training that the service provides, such as:

- KEEP training to foster carers and to Me2 carers via KEEP trainers
- Multi Systemic Therapy (MST) – understanding behaviour management with young people conduct disorders
- Safeguarding and SEAM – contribution to multi-agency training for emotional abuse and neglect, also the psychological factor in sexual abuse
- Attachment training for foster carers by clinical psychologist
- Adoption preparation course
- Workshops for paediatricians and GPs about behaviour management and basic formulation
- Presentations by psychiatrists to paediatricians
- Healthy Young Minds (CAMHS) mentor training to volunteer mentors
- Self-harm and generic mental health training for YOS

Evidence Based Programmes

2.30 Healthy Young Minds (CAMHS) has a history of working in partnerships at a local and national level. These partnerships with social care has shown that evidence based programmes have been successful as part of national research projects such as: Multi-Dimensional Treatment Foster Care (MTFC/Me2), Intensive Fostering, Multi-Systemic Therapy and KEEP.

2.31 Trafford Council continued to commission a number of these programmes in 2016/17. They are provided via multi-agency teams including Healthy Young Minds (CAMHS). An overview of these programmes is provided below:

- MTFC/Me2 for children and young people aged 9-17 years of age with complex and severe emotional or psychological difficulties, or those involved in crime. Me2 is delivered in partnership with the CiC Service and provides specialist foster care for children who have emotional and behavioural difficulties.
- Intensive fostering is also delivered in partnership with the CiC service, and is aimed at providing a full service for children and young people who are receiving a custodial sentence instead of youth custody. This project and Me2 are managed by an experienced clinical psychologist.
- MST is a goal-orientated programme and is mainly done in the young person's home, to help achieve change in a 'natural' environment. Therapists are able to work intensively with families (several hours a week) due to low caseloads (four to six families) and length of treatment is typically three to five months. MST creates a flag on an individual's record so that if a young person within the programme is arrested or found behaving in a criminal manner then the police would contact the MST worker or follow a pre-arranged agreement to help divert them from police custody.
- KEEP uses the same principles as MTFC and is led by a clinical psychologist.

2.32 These projects have provided significant learning which will contribute to the development of a future Trafford model to best fit our population needs.

Voluntary, Community, Social Enterprise (VCSE) Collaboration

2.33 Healthy Young Minds (CAMHS) works with our VCSE providers and work has taken place recently to strengthen this. Firstly, a mapping exercise was completed in 2016 to ensure that Healthy Young Minds (CAMHS) and other organisations have a complete picture of the wide pool of support available within the community. This mapping has allowed closer working relationships and effective planning between agencies as part of the stepped care model. Secondly, Trafford has trailed a number of early help options around emotional health and well-being. These focus on a wide range of creative, physical and holistic therapy options to promote positive mental well-being for young people in a manner that will prevent mental illnesses. This project

Trafford Local Transformation Plan for Children and Young People's Mental Health and Well-being allows Healthy Young Minds (CAMHS) and VCSE organisations to work closer together in addressing the mental health needs of young people.

2.34 VCSE working in Trafford is co-ordinated by Thrive Trafford, our voluntary, community and social enterprise sector support. Thrive hosts regular children and young people's provider forums to make sure providers develop an understanding of each other's delivery themes. An event in 2016 focused on the development of the emotional health and well-being services for children and young people, attended by 40 voluntary sector organisations offering emotional well-being services.

Summary – to be updated

DRAFT

7. Local Transformation Plan

Trafford's ambition

- 7.1 The idea that mental health is everybody's business has been a central view in our approach to the development of needs-led comprehensive mental health services for children and young people. As well as this, there has also been the promotion of partnership, working across agencies to ensure that appropriate services are in place to support the healthy emotional development and spirit of our children and young people.
- 7.2 In Trafford, this transformation will take place by area working, to encourage greater integration and multi-agency working between adult's and children's services. We want to make sure that services are more suited to the needs of families, and bring together all the positive work and interventions taking place with a family in a co-ordinated approach. We want all of the children's and adult's workforce to 'think family' and create a 'team around the family' where mental health is regarded as everybody's business.
- 7.3 Our Local Transformation Plan (LTP) lays out our plans on how we will implement the shift to a future state, where Children and Young People (CYP) along with their parents/carers have an improved experience of local mental health services on an on-going basis. This shift recognises the need to modernise the way mental health services are delivered.

Strategic linkage

- 7.4 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 is already planned or happening as reflected in the key strategic documentation of both the CCG and the Local Authority, including:
- 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:
 - o The need to reduce waiting times and increase the range of mental health support provision.
 - o Targeted action in the areas of neurodevelopmental disorders and eating disorders
 - o Additional evidence based and early intervention programmes.
 - The **CCG's 5 Year Strategic Plan (2014-2019)** which sets out a number of key areas to focus on with regard to specialist mental health interventions for children and young people, as well as perinatal health, including:
 - o The implementation of an all age learning disability specification across children and young people's additional needs service for Trafford

registered children aged 0-25

- o The implementation of the children's Improving Access to Psychological Therapies (CYP-IAPT) model for Trafford registered CYP up to age 18
 - o A full review of the access to urgent mental health assessments for all Trafford registered children and young people, particularly those deliberately self-harming, in Police custody and in an urgent care setting
 - o A review of Healthy Young Minds (CAMHS)
 - o The development of a Step up/Step down Healthy Young Minds (CAMHS) model to prevent admissions to inpatient units
 - o A review of specialist health posts that support vulnerable children and young people to ensure an effective service to meet the needs (physical and mental) of this group
 - o Integrated physical and mental health checks in collaboration with primary care for children and young people registered in Trafford, with identified caring responsibilities aged 6-18, to help recognise poor mental health at an early stage
 - o A review of perinatal pathways to enable increased identification of postnatal depression and enduring mental illness for women with children aged 0-2, with increased parent-child attachment by using evidence based tools early in an infant's development
- The **Trafford Joint Health and Well-being Strategy 2013-2016** (currently being updated) which places the improvement of the emotional health and well-being of young people in the borough as a key priority. Specific actions detailed within the strategy in relation to children and young people's mental health include:
 - o The implementation of a single point of access for children and young people's mental health services
 - o The delivery of NICE approved, evidence based behaviour change interventions for 0-5 year olds
 - o Work with schools to promote emotional health
 - o Ensure that parent and family support approaches are evidence based
 - The **Trafford Children's Trust Partnership Children and Young People's Strategy 2014-17** which sets out the following priorities for improving the mental health services:
 - o Improve the health and well-being of children, young people and their families
 - o Close the gap in outcomes for children, young people and families in vulnerable groups and based on their localities
 - o Close the gap in outcomes for children, young people and families based on their areas

• **Trafford Sustainability Transformation Plan** – awaiting information

Greater Manchester collaboration

7.5 Greater Manchester's Mental Health and Wellbeing Strategy gives the overall vision of

"Improving child and adult mental health, narrowing their gap in life expectancy, and ensuring parity of esteem with physical health is fundamental to unlocking the power and potential of GM communities. Shifting the focus of care to prevention, early intervention and resilience and delivering a sustainable mental health system in GM requires simplified and strengthened leadership and accountability across the whole system. Enabling resilient communities, engaging inclusive employers and working in partnership with the third sector will transform the mental health and well-being of GM residents."

7.6 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 by directing activities towards the whole family and school life experiences together with community, schools and education programmes
- Supporting vulnerable people – supporting those young people most vulnerable in society 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 of across GM such as Complex Dependency and Troubled Families, encompassing the range of community based support in NHS, Local Authorities, voluntary sector, and GMP for example.
- Better access to support including more flexible CAMHs service models - working outside usual office hours, 24/7 mental health crisis response and liaison services and targeted 7-day community provision for children, young people and families (including where necessary clearer pathways for sanctuary places of safety and in-patient beds) to prevent escalation resulting in inappropriate restrictive placements and care
- Eating disorders - developing specialist Children and Adolescent Eating Disorder Service (CAEDS) through multidisciplinary community based teams
- ADHD – co-commissioned multi-agency care pathways for children and young people with ADHD across the lifespan into early adulthood

7.7 The Greater Manchester Children's and Maternity Commissioners Group and Greater Manchester Mental Health Strategy Children and Young People's Mental Health Board are tasked with looking at key areas of mental health and emotional well-being 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 Group, which Trafford is an active member 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.

- 7.8 As part of the initial work of the Children and Young People's Mental Health Board, a draft set of service standards have been developed. These are based on a common understanding of the ambitions outlined within locality mental health transformation plans, best practice and 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 and include initiatives such as developing a GM I-thrive Hub to ensure a combined approach to the CAMHS transformation programme and a GM CAMHS Out-of-hours and Crisis Liaison Service.
- 7.9 The GM Future in Mind Group conducted a mini audit of the individual LTPs across Greater Manchester in October 2016 which focused on prevalence, budget and spend per head, workforce establishment, models of care, providers and common work streams. High level findings were that budgets, average spend per head, staffing levels and third sector provision have all increased across the patch through the application of Local Transformation Funding. The audit also demonstrated that there were a number of work streams where a potential GM response/model could be adopted. Most noticeably around Crisis Intervention and Liaison, Vulnerable groups and Third Sector provision.

Structure of the Transformation Plan

- 7.10 This Transformation Plan is structured in accordance with the key areas set out in 'Future in Mind' and builds on the:
- Key areas of concern identified within our Joint Strategic Needs Assessment, specifically:
 - A downward trend in five year olds Personal Social and Emotional Development within the Early Years Foundation Stage Framework
 - The proportion of pupils requiring Special Educational Needs (SEN) support due to their emotional, behavioural and social difficulties (C.3% of Year 10 and 11 students) and the connection this has with offending behaviour and domestic abuse
 - A substantial increase in Healthy Young Minds (CAMHS) referrals over the last ten years
 - Self-assessment tools and work done to date in accordance with the key areas listed above, as well as that through our local Healthy Young Minds (CAMHS) Transformation Review.

Promoting resilience, prevention and early intervention

- 7.11 In Trafford, we have reviewed and changed our perinatal pathway and now have a stronger offer in relation to the early diagnosis, intervention and support for women who suffer from mental health issues during the perinatal period. As a co-commissioner of the maternity pathway for South Manchester we have helped to update the maternity service which includes fast access for women in pregnancy to mental health services, especially for those with a known or suspected mental health problem. However, there is still a need to improve the integration of perinatal services and access times for pregnant and postnatal women with mental health problems and ensure that Trafford's pathway meets the 2016 NICE quality standard for antenatal and postnatal mental health.
- 7.12 We have been at the forefront of trialing the latest best practice, including our early adoption of the Greater Manchester New Delivery Model for Early Years. We have also invested in training the health visiting workforce in Newborn Behaviour Observation (NBO) and Neonatal Behaviour Assessment Scale (NBAS) to provide evidence based support. Trafford's Health Visiting Service ranks second best in England in providing the five mandated contacts and LTP investment in 2015/16 led to additional investment in resources to support postnatal depression and attachment.
- 7.13 The borough offers a range of parenting courses including Incredible Years Baby and Toddler to support early attachment. Trafford hires a Perinatal Psychologist to support the workforce and promote perinatal and infant mental health in the borough.
- 7.14 Our School Nurses deliver the Healthy Child Programme 5-19 and are well equipped to work at a variety of levels in supporting children and young people with eating disorders and self-harm. Schools have a very important role to play in the promotion, prevention and identification of emotional health and well-being issues. Although a number of schools buy back Healthy Young Minds (CAMHS) support, most will commission their own support from private, community and voluntary organisations. Most of this work is tailored to the specific mental health needs of individual children and young people, rather than of a universal nature.
- 7.15 Local activity regarding self-care is beginning to take shape with the development of online digital support, social media tools, applications and information resources for those awaiting intervention. Investment from the Transformation Fund in 2015/16 was directed to Pennine Care to redevelop the 'With U in Mind' website. This work has completed and the new website went live in June 2016. The website now has a range of quality assured self-help information, links to local and national resources NHS applications approved by young people. <http://healthyyoungmindspennine.nhs.uk/>. There is still further work to undertake with schools to incorporate self-care for non-service users as part of the whole school approach to mental health.

7.16 Trafford has a comprehensive service directory which is updated on a daily basis detailing commissioned and non-commissioned services available across the borough. This includes a wide variety of community and voluntary sector providers who are vital to the delivery of a comprehensive mental health offer. Over the next few years, we aim to build on this and establish formal pathways to better utilise this and we have already seen our Healthy Young Minds (CAMHS) team incorporate this into their signposting practice. Essentially, this will help to prevent escalation to specialist services and as step down support including the development of peer support groups. There are plans to use this resource to provide access to high quality information local information through the 'Healthy Young Minds' website. After a service mapping exercise of children's mental health and wellbeing services in Trafford, further organisations have been added to the directory.

7.17 In the first year of Trafford's LTP, an analysis of Family CAF data between January 2014 and August 2015 highlighted that mental health was in the top five reasons families required support across all four areas of Trafford. This led to the implementation of an Early Help pilot programme for 5-18 year olds, providing activities aimed to improve emotional well-being and prevent the need for children and young people to access Healthy Young Minds (CAMHS). These activities consist of: physical activity, creative arts, holistic and alternative therapies and enabling young people to access self-help offers, including quality assured apps and digital tools. LTP funding in 2015/16 enabled this programme to be extended for greater impact and in the first five months of 2016/17, the service saw 157 children and young people.

7.18 A Neurodevelopmental pathway is in place in Trafford supported by CAMHS staff and a range of health professionals and educationalists. The pathway has been evaluated and shows good practice and areas of improvement. Programmes such as post-diagnosis early intervention workshops have been successful and are frequently required. The diagnostic process itself needed to improve timelines and multi-disciplinary ownership which led to an investment in 2016/17 in capacity specifically from educational psychology and allied health professionals. The early intervention service and learning disability nursing service are being re-introduced in 2016/17 which provides an opportunity to implement revised models to work alongside the overarching Healthy Young Minds (CAMHS) transformation of service and the Greater Manchester fast track programme.

Promoting resilience, prevention and early intervention

<p>Key areas to be addressed</p>	<ul style="list-style-type: none"> • Whole school approach to mental health • Supporting self-care and promotion of good mental health and wellbeing • Enhancement of the Perinatal pathway • Improved early help provision • Improved parenting support • Involvement of children and young people • Improvements to the Neurodevelopmental pathway and post-diagnosis early intervention
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<p>What we did 2015/16</p>	<ul style="list-style-type: none"> • Purchase and roll out of universal resources within the Perinatal Mental Health Pathway • Full launch of the Perinatal Pathway with performance monitoring and quality assurance • Promotion of Postnatal Depression Counselling support including the health visiting offer • Increased capacity to the Neurodevelopmental pathway, specifically from educational psychology and allied health professionals • Early Help pilot programme for 5-18 year olds – delivered by blueSCI. • Review of self-help literature to ensure quality information is included on the 'Healthy Young Minds' website
<p>What we did in 2016/17</p>	<ul style="list-style-type: none"> • Development of self-help offer and use of technology • Develop social media tools and 'Healthy Young Minds' website • Review of applications available to support good mental health for inclusion through the 'Healthy Young Minds' website • Review of early help panels • All young people involved in the setting and reviewing of goals through the implementation of choice appointments in Healthy Young Minds (CAMHS) as part of the GM standards • Trafford Services Directory updated to include all emotional and wellbeing services
<p>What we are currently working on in 2016/17</p>	<ul style="list-style-type: none"> • Development of Local Crisis Care Concordat work plan • Re-introduce early development and learning disability nursing services with specifications that reflect the mental health transformation agenda • Review parenting support offer • Continued development of the 'Healthy Young Minds' website detailing full emotional health and well-being offer
<p>Actions for 2017/18 onwards</p>	<ul style="list-style-type: none"> • Establish a delivery model for the Incredible Years programme across CAMHS and other targeted delivery agencies • All children and young people to receive self—help information whilst on waiting lists (GM) • Support schools to commission specific services for their population • Explore recruitment of mental health consultancy for schools • National branded web based portal for online intervention (GM) • Explore potential for social prescribing for families, children and young people • Public awareness and anti-stigma campaign on mental health and wellbeing (GM) • Further work with schools to improve the emotional health and wellbeing of pupils • Delivery of supervision and training in mental health conditions for Early Help Teams • Delivery of an anti-bullying, gender identity support programme and relationship advice in primary schools (GM). • Adopt and promote GM apps and approved websites to support mental well-being and enable young people to access information and track their progress (GM) • Review antenatal and postnatal pathways aligned to NICE guidance collaboratively across GM • Scope and develop a business case for parents and children with severe attachment difficulties in conjunction with Stockport and Tameside • Development of information aimed at young people developed in partnership with Youth Council and BOOM group.

Improving access to effective support

- 2.35 Healthy Young Minds (CAMHS) has processes in place for prioritisation and assessing risk for patients, as well as an out of hours' service with other CAMHS across Greater Manchester that are fully signed up to the Crisis Care Concordat. As part of our Transformation Review we have begun the process of reviewing and updating all pathways into the service to ensure that processes are in place for quick decision making that comply with GM access and waiting time targets. As well as this, we also need to improve on how we go about timely exit from services in collaboration with NHS England Specialist commissioners, for children and young people who are leaving inpatient care.
- 2.36 As part of the Transformational Review of Healthy Young Minds (CAMHS), users said that they would like the service available in more community locations as well as in the evenings and weekends. This has been followed up with a patient survey to test out the specifics around preferred place and time of access. This demonstrated that most users wanted a single point of access for Healthy Young Minds (CAMHS). The other main access issue from service users and professionals was the waiting time for Healthy Young Minds (CAMHS). Trafford's new model will address this for future service users with agreed targets across Greater Manchester. To date, Healthy Young Minds (CAMHS) have begun to implement choice appointments in alignment with CAPA, which alongside an investment from the Local Transformation Plan has seen a reduction in waiting times from 18 weeks to an average of 8 weeks in 2016/17.
- 2.37 As of July 2016, a new community eating disorders service has been set up covering the population of Trafford, Stockport, Tameside and Glossop. It comprises a hub and spoke model with two delivery pathways; one for under 16s and one for 16-18 year olds. The service will operate at both evenings and weekends to meet the needs of users. The previous delivery of services in Healthy Young Minds (CAMHS) to those with eating disorders has been costed at approximately £35,000. This is based on an estimate of the number of sessions in Healthy Young Minds (CAMHS). This will be used to redeploy staff previously seeing eating disorder cases to improve access to self-harm and crises. As well as this, it will include the improvement of links with schools through the delivery of training and peer supervision for school nurses and pastoral leads regarding self-harm. This will reduce inappropriate referrals to Healthy Young Minds (CAMHS) and A&E. We would also like to explore the potential to extend the community eating disorder service to young people up to the age of 25 in the future.
- 2.38 Healthy Young Minds (CAMHS) workers are fully integrated within the Complex and Additional Needs Team for children's services. This is to make sure appropriate mental health input is provided with regards to admissions and discharge planning for children and young people with learning disabilities and challenging behaviour. This includes contributing to the

Autism Spectrum Disorder (ASD) pathway and reviewing patients also open to the learning disability service. This resource is to be reviewed to ensure the most appropriate skills are provided. There is also work to be done on the development of community support to prevent admission, wherever possible, within the ASD pathway.

2.39 As a Pathfinder site for the early implementation of the SEND reforms, Trafford children's services, including Healthy Young Minds (CAMHS), have been key in shaping processes for the effective assessing and planning of children and young people's care (regardless of whether they are eligible for an Education, Health and Care plan) and to ensure that they have timely access to the most appropriate holistic package for their needs.

2.40 One of the key changes that will be implemented during the course of the Transformation Plan will be the introduction of the All Age Single Front Door. This will simplify, co-ordinate and improve access to whole family support services, for professionals and service users who may choose to refer themselves to the service. A key part of this process will be establishing named contacts across key agencies such as schools, who we recognise as key delivery agents in our transformation process. We need to better understand their issues and 'hot topics' and provide a device for the development of a joint training offer. In 2016/17, funding from the Local Transformation Plan was invested in a Healthy Young Minds (CAMHS) post to sit within the All Age Front Door. The post holder started in August 2016 and the intention is to ensure that there is specialist mental health input for complex families at the earliest point of contact. This also begins the integration of Healthy Young Minds (CAMHS) into this multi-agency single point of access.

Improving access to effective support	
Key areas to be addressed	<ul style="list-style-type: none"> • Move away from tiered system • Named contact for CAMHS, schools, GPs • Peer support schemes • Home treatment teams • Investment in targeted and specialist community delivery – step down, prevention of admission • Access and waiting time standards
What we did in 2015/16	<ul style="list-style-type: none"> • Developed a new comprehensive Healthy Young Minds (CAMHS) delivery model following the Transformation Review recommendations • Completed an access survey to gain patient and family feedback that looked at opening times, location, needs of BME and vulnerable groups

<p>What we did in 2016/17</p>	<ul style="list-style-type: none"> • Recruited posts to stabilise waiting lists in Healthy Young Minds (CAMHS) before the new model is in place • LTP funding to 42nd Street to expand our Getting Help provision and reduce waiting times. • LTP funding to develop specific provision for children with high functioning ASD at 42nd Street. • Introduced dedicated Healthy Young Minds (CAMHS) capacity for Stronger Families and Child in Need cases within the All Age Front Door • Completed the GM eating disorder self-assessment tool to determine current levels of provision. • GM wide workshop held on 6 June to outline proposals for models of care in eating disorders • Implemented the community eating disorders service across Trafford, Stockport, Tameside and Glossop. • GM Eating Disorder clinical networks established along with a Project Implementation Group • Common standards agreed for GM to be delivered through service specifications across three clusters of localities • Introduced a daily screening process for Healthy Young Minds (CAMHS) to support professionals to refer appropriately. • Internal review of Healthy Young Minds (CAMHS) systems and processes to improve response times • Healthy Young Minds (CAMHS) is changing processes and staffing so that appointments will be able to be offered more flexibly.
<p>What we are currently working on in 2016/17</p>	<ul style="list-style-type: none"> • Production of communications strategy for 'new' CAMHS offer and event to ensure partners sign up to form part of the pathway. This would include a wide range of organisations such as pharmacies, dentists, schools, colleges, VCSE organisations, faith organisations, police, housing etc. • Develop an inreach/outreach model within Healthy Young Minds (CAMHS) paying particular attention to step down care • Develop consultation offer to professionals from Healthy Young Minds (CAMHS) • Finalise recruitment to Community Eating Disorders Service to enable evening and weekend appointments to be offered • Review pathways within Healthy Young Minds (CAMHS) and for certain conditions within a multi-disciplinary setting
<p>Actions for 2017/18 Onwards</p>	<ul style="list-style-type: none"> • Full implementation of new CAMHS service model to include the Choice and Partnership Approach (CAPA) • Development of local mechanism for establishing named contacts within CAMHS and schools utilising learning from DfE pilot project • Develop identified mental health lead in all GP practices who is trained in mental health and wellbeing (GM) • Commissioning of agreed GM access and waiting times including professional response times • Working across GM to determine pathways of care for children and young people with eating disorders • Work with Greater Manchester eating disorder clinical networks to implement a GM wide education programme around eating disorders • Expand Community Eating Disorders Service to offer home treatment services and services to children and young people under 16 years of age • Work across GM with NHS Specialised Commissioning to monitor transition performance in Tier 4 cases • Explore provision of drop in facilities for children and young people • Expansion of peer support pilot projects for low level mental health concerns • Review CAMHS function in CAN team • Look at issues for out of borough children placed in Trafford accessing support • Explore extension of the community eating disorder service to the 18-25 age range • i-Thrive model adopted across all GM localities with supporting structures • Full implementation of IAPT across all relevant organisations working with children and young people • Single holistic GM assessment process to be developed and used consistently in Trafford • Develop self-referral process for Healthy Young Minds (CAMHS) • Support the development of consistent GM thresholds and criteria for support and treatment with clarity on step up and down processes

Care for the most vulnerable

- 2.41 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 CiC Team, Post- Adoption, Complex Additional Needs Teams and evidence based edge of care programmes, as well as providing resources to Trafford's YOS service to undertake assessment and intervention work with young people and offering consultations for staff. This structure will be continually reviewed to ensure that there is the ability and flexibility to deliver a consistent psychologically informed approach to those with complex needs. This will include training for staff working with children and young people with mental health problems, especially regarding the impact of trauma. Across GM there is work to review the existing liaison and diversion processes working closely with the police.
- 2.42 Trafford services perform comprehensive assessments of all young people who enter it which includes: sensitive enquiry regarding neglect, violence/ abuse and Child Sexual Exploitation to identify any safeguarding issues, and ensuring that the young person received the most appropriate care for their needs. A DNA and CNA protocol is also in place to ensure any missed appointments are followed up.
- 2.43 Healthy Young Minds (CAMHS) has been identified as a key agency in the development of Trafford's All Age Front Door to provide specialist input into cases that require assessment before their allocation. The model is due to go live in 2017 and builds on the existing Front Door for children's safeguarding- MARAT, which received good feedback in our most recent Ofsted inspection. This system will offer further help in preventing the borough's most vulnerable young people from falling through the net; contribute to reducing health inequalities in access and outcomes, and provide additional capacity in support of Child Sexual Exploitation. We are working on embedding the lead professional approach and the co-ordination of services for our most complex children and young people. A Healthy Young Minds (CAMHS) post within the All Age Front Door will ensure integration with children and young people's mental health services.
- 2.44 Trafford CCG has commissioned a co-ordination centre which will manage referral and discharge processes for residents moving around the health and social care system. As part of the centre, dedicated mental health workers will be in place 8am-8pm seven days a week to provide advice and information to patients who have concerns and queries, and also to aid the management of their care across health services. These workers will increase the current offer to young people, particularly those who are moving into adult services, who will need additional steering around the system and also makes service delivery available outside of the core hours. There is potential for Healthy Young Minds (CAMHS) to become

part of the co-ordination centre which could further assist the service in reducing inappropriate or incomplete referrals. It also supports the stepped care model in ensuring that earlier sources of support have been explored prior to a referral to Healthy Young Minds (CAMHS).

2.45 As the Trafford Co-ordination Centre (TCC) model develops, health and social care will work out of the TCC to drive solutions directly to patients. This will enable the TCC and commissioners to directly refer to relevant health professionals and others to secure services in a timely and effective way

2.46 A detailed case protocol was designed by a group of multi-disciplinary professionals in Trafford to support the discharge of children and young people (CYP) 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.

Caring for the most vulnerable	
Key areas to be addressed	<ul style="list-style-type: none"> • Development of collaborative care pathways for vulnerable CYP • Embed mental health expertise in areas of likely unidentified mental health problems
What we did in 2015/16	<ul style="list-style-type: none"> • Reviewed the ADHD pathway with multi-disciplinary partners • Scoped potential for Healthy Young Minds (CAMHS) post in All Age Front Door and processes around how it would operate. • Reviewed pre and post-diagnostic support for ADHD/ASD
What we did in 2016/17	<ul style="list-style-type: none"> • Commissioned specialist ASD post-diagnostic support for children and young people with ASD in light of identified service gap • Shaped the development of the Keeping Families Together model which will focus on vulnerable children on the edge of care, including the use of residential provision. This has continued into 16/17. • Examined the resource implications for expanding CAMHS to 25 years for Looked After Children • Full implementation of Care and Treatment Reviews for CYP with learning difficulties including joint commissioning evidence based interventions • Improved data and forecasting of learning difficulties patients including the establishment of a children's risk register • Reviewed CSE provision and referral pathways into SARC • Evaluation of early help services including CSE provision • Purchase of ADHD diagnostic tool, Qbtest and training • Defined current crisis and community provision across GM and reviewed demand for GM services, best practice models linked to GM Crisis Care Concordat • Local Transformation Funding invested in Educational Psychology to assist with quicker diagnosis for those on the ND pathway.
What we are currently working on in 2016/17	<ul style="list-style-type: none"> • Establishing new GM CAMHS offer for community and 24/7 crisis care, including establishment or enhancement of dedicated crisis, intensive support and liaison service for children, young people and their families • Consider collaborative commissioning arrangements with NHSE specialised commissioning for GM use of in-patient CAMHS beds • Examine the resource implications for expanding CAMHS to 25 years for SEND • Review function of CAMHS worker within Trafford Youth Offending Service and out of hours' arrangements to ensure no under 18's are placed in police cells for safety • Review Evidence Based Interventions • Develop a clear offer to the two new Special Educational Needs Schools planned in Trafford (Primary and Secondary) including post-16 • Working across GM to establish consistent protocols regarding mental health assessments for youth offending.

<p>Actions for 2017/18 Onwards</p>	<ul style="list-style-type: none"> • Develop new GM model for 24/7 mental health crisis service and 7 day community provision • Agree, through a memorandum of understanding, a GM position on responsible commissioner issues for GM Looked After Children • Support GM to commission a Neurodevelopmental pathway at scale to ameliorate resident and school roll issues • Collaboration with Stockport, Tameside and Glossop to provide a South Manchester Neurodevelopmental Service • Implementation of joint clinical pathway for ADHD with Stockport, Tameside and Glossop including adoption of diagnostic tool • Develop complex case protocol to include Healthy Young Minds (CAMHS) • Children and Young People's Advocate for mental health services • Exploring use of personal health budgets for long-term mental health issues • Determine role of Trafford Co-ordination Centre in Healthy Young Minds (CAMHS) referral pathway and single point of access
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Accountability and transparency

- 7.25 Trafford has clear commissioning arrangements in place regarding the delivery of children's services where it is undertaken by the Local Authority on behalf of the CCG under a Section 75 agreement, including the commissioning and implementation of evidence based care and NICE guidance. The CCG and Local Authority have a strong relationship as shown by an integrated plan which is supported by a Joint Strategic Needs Assessment (that identifies emotional health and well-being as a priority) and overseen by the Health and Well-being Board.
- 7.26 The Health and Well-being Board also has input into this Transformational Plan, as does the respective CCG and Local Authority Senior Management Teams. We have gone to great efforts to involve stakeholders and service users and use their input to help shape and influence the Transformational Review. We will continue to include wider elements of the Transformation Plan over the course of the next few years with the support of communications and engagement expertise. We are also in regular contact with our GM CCG colleagues and the Strategic Clinical Network to ensure the offer is consistent and opportunities to improve the mental health offer across Greater Manchester are implemented.
- 7.27 As demonstrated in Section 4 we have an identifiable budget for our core children and young people's mental health spend. We intend to add to this during the course of the Transformation Plan to provide greater detail of wider spend on promotion, prevention and early intervention that is invested in by the Local Authority and public health.
- 7.28 Our Healthy Young Minds (CAMHS) provider is investing in EMIS web as a platform for the gathering and reporting of data. Unfortunately, this system will not be available until the winter of 2016 due to the scale of the roll out required across the organisation. Until the system goes live, data from Healthy Young Minds (CAMHS) will be provided through the SharePoint system. The improvements in the IT system will also be of very high importance for the management of children and young people who need medication. We intend to explore the possibility of more in-depth recording of

IAPT outcome measures to other agencies that provide mental health services to children and young people in the borough.

7.29 It is intended to integrate Trafford's Social Care System, Liquid Logic, and CCG system Orion as we move towards closer working arrangements. All the main IT systems that are used by partners in Trafford have the capability to develop a 'single view' to pull information from various systems to enable cross referencing of information and provide a holistic picture of a family unit. This work is starting with our Liquid Logic system across adult, children's and early help services and will be extended to CAMHS and health services in the future. The single view can also bring in information from other local providers such as schools, police and housing etc. We will explore options to enable our voluntary and community sector providers to record outcome measures in accordance with the CAMHS minimum data set. This may include a web portal or restricted access to the EMIS system.

7.30 The scale of our transformation is unlikely to be successful without a dedicated resource from our current Healthy Young Minds (CAMHS) provider. Local Transformation Funds for 2015/16 and 2016/17 were invested into a post to lead on the implementation, revision and monitoring of the programme of work, linking into commissioners and wider partners.

Accountability and transparency	
Key areas to be addressed	<ul style="list-style-type: none"> • Clear reporting and data collection of critical data and intelligence with related scrutiny • Contracts database for all mental health services • Co-commissioning arrangements for community and inpatient mental health • Detailed recording and monitoring of access and waiting times across pathway • Routine data collection for key indicators, patient experience and patient outcomes to allow for benchmarking
What we did in 2015/16	<ul style="list-style-type: none"> • Manualised data collection by the provider prior to roll out of EMIS • Specialist mental health advisory input to development of plan • Consultation and development of final plan • Recruitment of transformational lead post • Established clear expectations linked to the Transformational funding
What we did in 2016/17	<ul style="list-style-type: none"> • Implementation of Share Point database in Healthy Young Minds (CAMHS) • Investment in EMIS • Established comprehensive baseline for services • Collection and reporting of outcome measures across all LTP funded projects • Consultation with a wide range of stakeholders to refresh Local Transformation Plan
What we are currently working on in 2016/17	<ul style="list-style-type: none"> • Complete contracts database across all children and young people's mental health services • Phase one for single view IT system to be implemented • Clear plan for continued roll-out of IAPT including project support for the Choice and Partnership Approach (CAPA) and Routine Outcome Monitoring (Band 4) to manage appointments and data returns • Full roll out of EMIS within Healthy Young Minds (CAMHS) • Working with GM CCGs to establish parameters of regular data provision from NHS Specialist Commissioners • Streamlining datasets across the six GM Pennine Healthy Young Minds (CAMHS) services working towards outcome based measures

<p>Actions for 2017/18 Onwards</p>	<ul style="list-style-type: none"> • Explore options to allow voluntary and community sector providers to use routine outcome measures and record data on a single system with Healthy Young Minds (CAMHS) and partners • Implement waiting time standards for early intervention psychosis • Integration of EMIS with Liquid Logic • Development of single view IT system across health and social care external partners • Analysis of data from EMIS to help to plan future commissioning • Further strengthening and promotion of shared care protocols with GPs • Develop outcome measures and patient experience measures across the stepped care model • GM young people's panel developed and involved in service evaluation • Develop whole system GM outcome framework and agreed performance information • GM wide single survey of young people and their families • Gm approach for young people and families to give feedback and/or to complain
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Developing the workforce

7.31 The Transformational Review of Healthy Young Minds (CAMHS) and the development of the new service model is centred around the delivery of evidence based care and pathways/care bundles that are compliant with up-to-date clinical guidance. This not only includes Healthy Young Minds (CAMHS) but also the commissioning of the new Community Eating Disorders pathway and the enhancement of our existing Neurodevelopmental pathway.

7.32 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. Our workforce is trained to recognise the value and impact of mental health on their own professions and how to provide an environment that supports and builds resilience, to promote good mental health and educate families on possible ways of improving their well-being, and also what to look out for to identify mental health problems early in children and young people. However, as structures and staff change we must be mindful that this training will need to be refreshed and broadened to incorporate colleagues and agencies that are less integrated such as school staff (including counsellors), foster carers and residential workers and health professionals.

7.33 As such, we intend to develop a training programme with our mental health colleagues that is both 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'. This will be so that professionals can feel able to offer appropriate support to the families they are working with and understand when to refer them to specialist services. This will include training material that can be accessed electronically and a training link practitioner to provide a core contact for the local workforce.

7.34 In addition, we need to continue to build on our strong foundation of evidence based care, our learning and skills set obtained through the CYP-IAPT project, and also our delivery of a variety of evidence based edge of care programmes, through targeted training of health and social care

professionals. This is in order to address any gaps in skills there may be and create a workforce with the correct knowledge, skills and values who can deliver the full range of treatments most appropriate for our 0-25 population and their families. This will include the use of outcome measures and feedback to guide the services across all agencies that deliver mental health (including schools and the community and voluntary sector)

7.35 A training and support survey completed by Trafford's wider workforce in 2016 gave evidence that training was required particularly in the areas of anxiety, anger management, bereavement, eating disorders, self-esteem, self-harm, depression, and ADHD parenting strategies. In response to this, funding has been set aside in 2016/17 to purchase external training, with the first course addressing eating disorders via a cluster approach with five other GM CCGs.

7.36 This ambitious programme of training will need to be taught by a comprehensive workforce strategy which takes into account skills, capabilities, age, gender and ethnic mix to enable us to develop and support a workforce that is flexible, sustainable and fit for purpose. Trafford is collaborating with all other Greater Manchester CCGs to develop a multi-agency GM workforce strategy. Trafford has begun work in mapping our current workforce and an exercise has been conducted with partners to understand the profile across our borough. The next phase is to develop a pan Trafford workforce Learning and Development Plan which will outline learning and development needs across Trafford and detail how these will be delivered, who for and by whom.

Developing the workforce	
Key areas to be addressed	<ul style="list-style-type: none"> • Extend CYP IAPT to all agencies providing mental health services • Address skills gaps across full range of evidence based therapies • Address skills gaps in staff working with CYP with learning disabilities, autism spectrum disorder and with those in inpatient settings • Use of digital technology • Development of a comprehensive workforce strategy
What we did in 2015/16	<ul style="list-style-type: none"> • Undertook research on training and support needs across a range of professionals to feed into the workforce development plan • Self-Assessed Skills Audit completed across wider workforce and Healthy Young Minds (CAMHS).
What we did in 2016/17	<ul style="list-style-type: none"> • Reviewed procurement framework for training, advice and guidance • Creation and implementation of the Healthy Young Minds (CAMHS) Workforce Plan • Reshaping of Healthy Young Minds (CAMHS) workforce to prepare for new Stepped Care model. • Mapping of training offered across Trafford, GM and nationally • Mental health training offer developed by our Healthy Young Minds (CAMHS) provider to address training needs across the Stepped Care model. • Practitioner identified in Healthy Young Minds (CAMHS) to act as training link • Development of the 'Healthy Young Minds' website to include information for professionals working with children and young people.

<p>What we are currently working on in 2016/17</p>	<ul style="list-style-type: none"> • Purchasing specific training around Eating Disorders from B-EAT for professionals in Trafford in collaboration with five other GM CCGs • Delivery of training programme for schools (including schools counsellors), GPs and other agencies including the police to address the main areas of need within our training research • Promoting MindED training across local professionals and parents/carers • An event has been held that looked at services supporting children and young people with ADHD and Autism to see how they can work better together and share expertise.
<p>Actions for 2017/18 Onwards</p>	<ul style="list-style-type: none"> • Development of mental health training programme for schools, early help professionals and the wider mental health workforce • Scope training requirements in relation to post diagnostic services for CYP with complex neurodevelopmental difficulties associated with tics/sensory issues etc • Development of a comprehensive workforce development strategy across GM • Implement collection and reporting of outcomes measures across other services delivering mental health services. • Explore links with Trafford's Safeguarding Children Board to implement compulsory basic training in mental health. • Promotion of local training link practitioner • Supervision and training in mental health conditions for Early Help Teams • Agree GM wide education programme around eating disorders • Developing the wider CAMHS skilled workforce, and in particular developing specialist Multi-Disciplinary Teams to enhance community Eating Disorders support and over time demonstrating a reduction in the inappropriate use of inpatient settings • Increase numbers of Trafford professionals accessing IAPT training

LTP funded activity

7.37 Since the beginning of 2016 when Trafford CCG received its LTP allocation we have been working at pace to implement the transformational activity described in the tables 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 subgroups (detailed below) to ensure investments are addressing the real needs of the borough on the ground. Investment in the main has been spent on enhancing service capacity to meet increasing demand in 'Getting Help' and 'Getting More Help' provision as well as in early help services to provide appropriate support quickly in order to aid successful recovery and reduce escalation and need for specialist support. Feedback received through engagement activity on the areas of investment to date has been positive.

7.38 There have, however, been some challenges along the way which we are continuing to work through, including access to transformational funding which is now included within the CCGs baseline budget, delays to service implementation due to recruitment difficulties from a limited pool of specialist provision, ongoing transformation and service restructure within our specialist Healthy Young Minds (CAMHS) service and ongoing issues with the provision of data whilst we await the roll out of the new patient record system. These issues have all been carefully managed through our Transformation Implementation Group detailed below.

Principle	Investment 15/16	Investment 16/17
Prevention and early intervention	<ul style="list-style-type: none"> Purchase resources for the Perinatal Mental Health Pathway Increase capacity to the Neurodevelopmental pathway, specifically from educational psychology and allied health professionals 5-18 Early Help pilot programme (match funded) Development of the 'Healthy Young Minds' website, social media and self-help resources 	<ul style="list-style-type: none"> Enhancement of 42nd Street Tier 2 school based mental health Increase capacity to the Neurodevelopmental pathway, specifically from educational psychology and allied health professionals
Improving access to Effective Support	<ul style="list-style-type: none"> Community Eating Disorder Service Stakeholder workshop Recruit extra staff to stabilise waiting lists in preparation for new model 	<ul style="list-style-type: none"> Community Eating Disorder Service Production of a communications strategy for 'new' CAMHS offer and stakeholder event Dedicated CAMHS capacity within All Age front door for Stronger Families and Child in Need cases Purchase of ADHD diagnostic tool and training Recruit extra staff to stabilise waiting lists in preparation for new model
Accountability And Transparency	<ul style="list-style-type: none"> Consultation and development of final plan (inc. plain English) Transformational lead post 	<ul style="list-style-type: none"> Transformational lead post
Workforce development	<ul style="list-style-type: none"> Development of mental health training programme for schools (including school counsellors), GPs and other agencies including the police. 	<ul style="list-style-type: none"> Development of mental health training programme for schools (including school counsellors), GPs and other agencies

Intended investment for 2017/18

7.39 The table below presents the key areas of intended investment for 2017/18 which consists of new initiatives informed by extensive stakeholder consultation set out in Section 5 and scoping work that has taken place in preceding years at both local and GM levels. We also intend to continue to invest in specific services to give sufficient time for the new and enhanced services to embed and demonstrate the anticipated outcomes and whole system change.

Principle	Activity	Estimated Cost
Prevention and early intervention	Continuation of 42nd Street 'Getting Help' provision	£100,000
	Continuation of additional Educational Psychology support to Increase capacity to the Neurodevelopmental pathway	£10,000
	Early help provision	£50,000
Improving access to effective support	Continuation of Healthy Young Minds (CAMHS) post within Trafford's All Age Front Door	£53,000
Caring for the most vulnerable	Continuation of Community Eating Disorder Service	£144,000
	Contribution to enhanced GM Out of Hours Crisis Liaison provision	£50,000
	Resource for ADHD pathway	£10,000

	<ul style="list-style-type: none"> Enhanced post diagnostic ASD offer Extension of CAMHS offer to 25 for care leavers or SEND 	£10,000 £30,000
Accountability and Transparency	<ul style="list-style-type: none"> Contribution to the GM iThrive hub 	£15,000
Workforce Development	<ul style="list-style-type: none"> Universal professional mental health training provision 	£21,000
TOTAL		£493,000

Measuring Outcomes

7.40 Throughout the course of Trafford's Transformation Plan we plan to ensure delivery against the actions above through improvement in the following key performance indicators. Work is still to be done in establishing robust reporting mechanisms and from the limited information we have via manual collection set out in Section 4 we know that referrals, do not attend and cancellations appear to have increased on those reported in 2014/15 however due to process and pathway changes new baselines will need to be established to ensure meaningful comparison a measurement of progress can be made. These outcome measures will evolve over the course of the plan with the intention to encompass all agencies delivering against the comprehensive CAMHS agenda. In addition we are working collaboratively across GM to develop an outcomes framework for specialist CAMHS utilising routine outcome measures and other evidence based tools in a move towards outcome based commissioning.

KPI	Baseline (2014/15)	Target	Method of measuring
Reduced number of young people requiring inpatient stays	4	To be determined	NHSE Specialist Commissioners
Reduced average length of stay in inpatient provision	187 organic brain disorder	To be determined	NHSE Specialist Commissioners
Reduced unplanned admissions	Baseline to be established	To be determined	NHSE Specialist Commissioners
Reduced waiting times for inpatient CYP MH services	Baseline to be established	To be determined	NHSE Specialist Commissioners
Referrals accepted to specialist CAMHS	1268	10% reduction	Quarterly monitoring return
Reduced waiting times for community CAMHS	18 weeks	75% to be seen within 4 weeks	Quarterly monitoring return from provider
Reduced DNAs	5.2%	5%	Quarterly monitoring return from provider
Reduced CNAs	5.3%	5%	Quarterly monitoring return from provider
Improved satisfaction and confidence of professionals	Baseline to be established	90%	Survey following case review
Improved satisfaction and confidence of service users	Baseline to be established	90%	PROMS
Reduced length of time in service	Baseline to be established	To be determined	Provider monitoring data return

Reduced re-referrals within 12 months/12 weeks	Baseline to be established	10%	Provider monitoring data return
Improved educational attainment (CAMHS users)	Baseline to be established	To be determined	Individual case study
Improved educational attendance (CAMHS users)	Baseline to be established	To be determined	Individual case study
Reduction in NEET (CAMHS users)	Baseline to be established	To be determined	Individual case study
Improved placement stability	Baseline to be established	To be determined	Individual case study

7.41 Due to data issues described throughout the document establishing our baseline has been a challenge. In the absence of robust and accurate activity and outcome data from the service whilst we await the implementation of EMIS towards the end of 2016 we have developed a basic outcomes framework to capture progress against the delivery of each area of investment as illustrated below. These measures will be reported to NHS England on a quarterly basis. Unless stated, some of these measures will require a baseline to be established before a target can be set.

Project	Outcome Measures
Eating Disorder	<ul style="list-style-type: none"> Percentage of children being assessed and treated within 4 weeks Percentage of urgent referrals seen the same day
Re-deploy ED Staff	<ul style="list-style-type: none"> 90% of school nurses feel confident to work with CYP presenting with mild/moderate self-harm
Perinatal Mental Health Tools	<ul style="list-style-type: none"> Directly evaluate with each parent who is given the leaflet and DVD whether they thought it made a difference to them The number of NBOs that have been carried out with families with children under 4 months across all the HV contacts in Trafford
Educational Psychology	<ul style="list-style-type: none"> How many children receive a multidisciplinary diagnoses Average waiting times
Communications Strategy	<ul style="list-style-type: none"> Percentage of inappropriate referrals (5% target)
Increased Healthy Young Minds (CAMHS) Capacity	<ul style="list-style-type: none"> Number of children with a care plan
ADHD Tools	<ul style="list-style-type: none"> Percentage of young people with suspected ADHD who receive a diagnosis within 6 weeks (75% target)
42nd Street Enhancement	<ul style="list-style-type: none"> 100% increase in in assessments and offers of treatment for children (baseline figure of 115) 60% of children completing therapy are either 'Reliable Recovery' or 'Reliable Change'
Develop Final Plan	<ul style="list-style-type: none"> Proportion of respondents reporting positive participation in the LTP (90% target)
Training	<ul style="list-style-type: none"> Percentage of inappropriate referrals (5% target)

Early Help Pilot Program	<ul style="list-style-type: none"> • Increased knowledge of support available (90%) • Increased willingness to engage to develop coping mechanisms (90%) • Improved emotional wellbeing (90%) • CYP identify a person to speak to when they need support (90%)
Website Development	<ul style="list-style-type: none"> • 80% of service users/professionals satisfied with provision
Increase Posts	<ul style="list-style-type: none"> • 75% of children seen within 4 weeks from referral
Transformation Post	<ul style="list-style-type: none"> • Full implementation of new service model by March 2017

7.42 The transformational activity will also contribute to a range of public health outcomes which can be tracked over the longer-term through the Joint Strategic Needs Assessment. These are as follows:

- Reduce premature death in people with mental illness
- Ensure people feel supported to manage their own condition
- Improving functional ability in people with long term conditions/enhance quality of life for people with mental illness
- Reducing time spent in hospital/reducing unplanned admissions
- Improving outcomes from planned treatments – recovery in quality of life for patients with mental illness (PROMS)
- Improving experience of healthcare

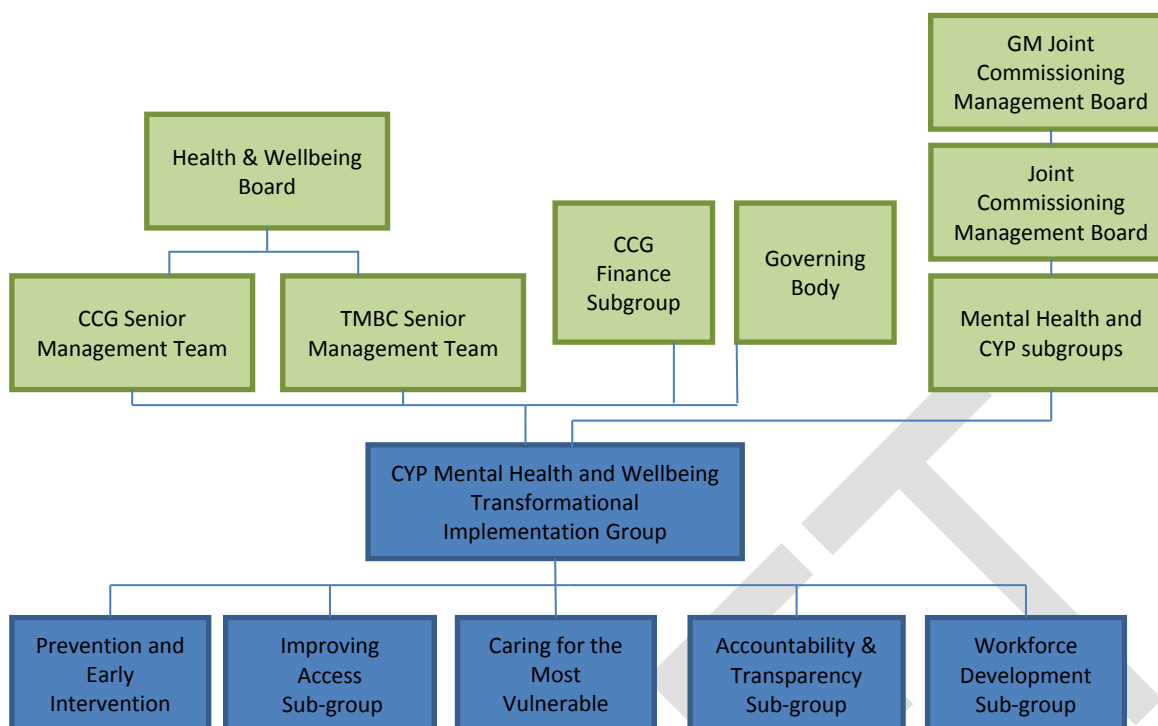
Governance

7.43 Trafford Council operates an integrated service for children and families. The model brings together education, health and social care. This way of working supports multi-agency working governed by multi-agency boards.

7.44 Healthy Young Minds (CAMHS) is part of the council's integrated service offer, though the overall responsibility for the service rests with Pennine Care Foundation Trust, it is commissioned by the integrated Commissioning Team in Trafford Council's Children Families and Well-being Service on behalf of Trafford CCG.

7.45 The implementation of the Local Transformation Plan is overseen by the CYP Mental Health and Wellbeing Transformation Implementation Group (TIG), with five separate subgroups that feed into it. Subgroups have been created which align to the key elements of Future in Mind and a detailed implementation plan has been drawn up for each area drawing from the Local Transformation Plan. Each subgroup has agreed to an overall objective and key task to ensure that the focus remains on making a real difference for children and young people in Trafford.

7.46 The TIG reports to both Trafford CCG and TMBC Senior Management Teams. Any associated investment or use of funding is agreed by the Clinical Commissioning and Finance Sub Committee, and/or Governing Body (depending on financial value). Both reporting streams come together at the



7.25 Additionally the Transformation Implementation Group reports to both the MH and CYP Subgroups of the Joint Commissioning Management Board (JCMB). The JCMB is established in shadow form across the CCG and the local authority, and will oversee the commissioning intentions, quality and outcomes for the population of Trafford. In turn, the JCMB will report to the Greater Manchester Joint Commissioning Management Board established to govern devolution.

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

Sharing our Local Transformation Plan

7.27 In Trafford, we are committed to producing documents that meet the expectations and needs of our residents. We have made a concerted effort to share our LTP with stakeholders across the borough and across GM. It has been published on the CCG website (www.traffordccg.nhs.uk) along with an easy read version so that it is accessible to all. We have circulated it to all stakeholders involved in the consultation and have attended a variety of forums such as Youth Cabinet, GP forum and Primary and Secondary Head teachers meetings with more planned over the coming months. It is important to continuously engage and give stakeholders the opportunity to contribute because the LTP is a live document which requires the contribution and commitment of everybody to deliver this ambitious programme of change.

Summary – to be updated

DRAFT

Jargon buster

- **ADHD:** Attention Deficit Hyperactivity Disorder
- **Adverse Childhood Experiences:** Traumatic events that have affected a person's well-being
- **AGMA:** Association of Greater Manchester Authorities
- **AIM assessment:** Assessment, Intervention and Moving on
- **ASD:** Autism Spectrum Disorder
- **CAF:** Family Common Assessment Framework
- **CAMHS:** Children's and Adolescent Mental Health Service
- **CBT:** Cognitive Behavioural Therapy
- **CCG:** Clinical Commissioning Group.
- **CHI-ESQ:** Child Experience of Service Questionnaires
- **ChiMat:** The National Child and Maternal Health Intelligence Network
- **CiC:** Children in Care
- **CNA:** The patient Could Not Attend
- **DNA:** The patient Did Not Attend
- **EHC:** Education, health and care
- **Future in Mind:** An NHS England report that explains how to improve children and young peoples' mental health services
- **Healthy Child Programme 5-19:** A Department of Health report that brings together recommended programmes and interventions for those aged between 5 and 19
- **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
- **LASPO Act:** Legal Aid, Sentencing and Punishment of Offenders Act 2012
- **LD:** Learning Disability
- **Liquid Logic:** A social care system used by local authorities
- **Lower Super Output Areas:** Lower Super Output Areas were designed to improve the reporting of small area statistics
- **LTP:** Local Transformation Plan
- **Me2:** Specialist therapeutic foster carers
- **MST:** Multisystemic therapy
- **MTFC:** Multi-treatment Foster Care
- **NOS:** Not otherwise specified
- **Ofsted:** Office for Standards in Education
- **PCFT:** Pennine Care Foundation Trust
- **Perinatal:** The period immediately before and after childbirth
- **Postnatal:** The period after childbirth
- **QIPP:** Quality, Innovation, Productivity and Prevention
- **RAID:** Rapid Assessment, Interface, & Discharge service
- **SARC:** Sexual Assault Referral Centre
- **SDQ:** Strength and Difficulties Questionnaire
- **YOS:** Youth Offending Service



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