

## TRAFFORD COUNCIL

**Report to:** Health & Well Being Board  
**Date:** Friday 13<sup>th</sup> July 2018  
**Report for:** Approval  
**Report of:** Specialist Commissioner - Children's Clinical and Public Health

### Report Title

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

### Summary

This is the second refresh of Trafford's Local Transformation Plan for Children and Young People's Mental Health and Wellbeing since the initial Plan was published in October 2016. The Plan responds to the national directive for all Clinical Commissioning Groups in England to publish a Local Transformation Plan setting out how additional investment will be spent locally on improving children's mental health and wellbeing in accordance with the Thrive model as set out in Future in Mind and subsequently the Five Year Forward View for Mental Health in order to specifically improve access to mental health services for children and young people.

The Plan includes details of the progress made since the first Plan was published in 2016, alongside details of Trafford's intentions between now and 2021 including planned additional investment for 2018/19 in the following areas: early help services, specialist capacity to reduce waiting times and extra training for workforce development.

### Recommendations

1. That the Health & Wellbeing Board review the Local Transformation Plan.
2. That the Board agree the Local Transformation Plan for publication.

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# Trafford's Local Transformation Plan for Children and Young People's Mental Health and Well-being – 2015-2021



# Contents

<b>1. Introduction</b> .....	<b>3</b>
<b>2. Mental Health Needs of Children &amp; Young People in Trafford</b> .....	<b>8</b>
<b>3. Trafford's Current Service Offer</b> .....	<b>21</b>
<b>4. Activity, Resource and Funding</b> .....	<b>44</b>
<b>5. Stakeholder Engagement</b> .....	<b>52</b>
<b>6. Local Transformation Plan</b> .....	<b>60</b>
<b>Jargon buster</b> .....	<b>77</b>

# 1. Introduction

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

## GM Strategic Mental Health Context

- 1.5 Trafford sits as one of the local authorities in the Greater Manchester (GM) city region and has a unique chance to deliver lasting change. This will be achieved through collaboration, greater financial flexibility and harnessing innovation on a large scale.
- 1.6 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; The Five Year Forward View for Mental Health, a report from the Mental Health Taskforce looking at better support for people of all ages and the recent Green Paper: Transforming children and young people's mental health provision, which focuses on improving access to mental health support in education settings. Doing this will make a positive step towards change in the services that are available for young people in the region.
- 1.7 There have been a number of GM plans produced that will provide an umbrella for our work on children and young people's mental health via our transformation plan and form part of Greater Manchester's Sustainability Transformation Plan. This includes the Greater Manchester Strategy, its programme of Health and Social Care reform and more specifically the GM Mental Health and Well-being Strategy that is now being implemented. The strategy restores the balance of services that are available, whilst increasing community based services and early intervention to reduce the need for higher level interventions. It will deliver efficiencies through a reduction of high cost, intensive, interventions and use of in-patient beds.

1.8 The GM strategy focuses on:

- **Prevention** – Place based and person centred life course approach improving outcomes, population health and health inequalities.
- **Access** – Responsive and clear arrangements connecting people to the support they need at the right time.
- **Integration** – Parity of mental health and physical illness through collaborative and mature cross-sector working.
- **Sustainability** – Ensure the best spend on the GM funding through improving financial and clinical sustainability.

1.9 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 across GM such as Complex Dependency and Troubled Families, encompassing the range of community based support in NHS, Local Authorities, voluntary sector, GM Police and others.
- 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 Services (CAEDS) through multi-disciplinary community based teams.
- Attention Deficit Hyperactivity Disorder (ADHD) – co-commissioned multi-agency care pathways for children and young people with ADHD across the lifespan into early adulthood.

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

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

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

## Trafford strategic linkage

1.12 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:

- **Trafford Vision 2031**, Trafford Partnership's Community Strategy which gives a vision of Trafford as a place where our residents achieve their aspirations and our communities are thriving. Under the Brighter Futures priority there is a clear outcome around children's emotional wellbeing and under Health and Improved Quality of Life priority there is an outcome in reducing mental ill health across the borough.
- The **Trafford Locality Plan to 2020** creates the framework for enhanced, integrated and co-commissioned health and social care services for people living in the borough. One of the seven areas the Locality Plan covers is 'mental health services' and includes the following areas to focus on:
  - The need to reduce waiting times and increase the range of mental health support provision.
  - Targeted action in the areas of neurodevelopmental disorders and eating disorders.
  - Additional evidence based and early intervention programmes.
- The **CCG's 5 Year Strategic Plan (2014-2019)** which sets out a number of key areas to focus on with regard to specialist mental health interventions for children and young people, as well as perinatal health. This work has been largely undertaken and included a full review of Healthy Young Minds (CAMHS) (see chapter 5), developing out of hour's mental health support, reviewing perinatal pathways and step-up/step-down provision within Healthy Young Minds.
- The **Trafford Health and Well-being Strategy 2016-2019** identifies reducing the impact of poor mental health as one of its five priorities and is committed to supporting those people in mental health services to stop smoking and become more physically active by providing specialised, patient-focussed support.
- The **Trafford Children's Trust Partnership Children and Young People's Strategy** which sets out the following priorities for improving the mental health services:
  - Improve the health and well-being of children, young people and their families.
  - Close the gap in outcomes for children, young people and families in vulnerable groups and based on their localities.
  - Close the gap in outcomes for children, young people and families based on their areas.

## Trafford's Vision

- 1.13 Children and young people's mental health is an essential element of our local health and social care priorities. Following devolution, Greater Manchester (GM) now has the opportunity to respond to the challenges outlined within 'Future in Mind' and change the services that are offered to young people for the better. As part of this, Trafford embraces the GM standards which make a promise to young people and provide a benchmark against which services can be measure. We are committed to the adoption of the new GM CAMHS Service Specification which will contractually bind delivery against these standards and the collation of data to evidence the effectiveness and efficiency of our mental health service offer.
- 1.14 Trafford's transformation vision has been built on a foundation of significant engagement activity with children and young people as well as a full review of the services offered in 2013 and a review of our specialist service in 2015-16 which has informed both the restructure of our HYM service and investment priorities over this transformation period thus far.
- 1.15 It is being delivered from a platform of existing mental health related activity across a range of children and adult services. As an example, Trafford was an early adopter of the Association of Greater Manchester Authorities (AGMA) Early Years Public Service Reform project, which it was able to take advantage of by using a skilled and well-populated health visiting workforce, engaged schools, a strong adult Improving Access to Psychological Therapies (IAPT) service and perinatal infant and maternal health expertise.
- 1.16 We strongly believe that the cost benefit of early intervention, particularly early on in an infant and parent relationship, is obvious and although it takes time to get a return on that financial investment, it is a central point of our plan.
- 1.17 Having a clear offer is another central principle of this plan, as delivering high quality, effective and sustainable services for children and young people is the only way in which rising demand and need can be addressed.
- 1.18 The idea that mental health is everybody's business has been key to our approach to the development of needs-led comprehensive mental health services for children and young people. Our local services are integrated and operate on an area based model to give a co-ordinated, multi-agency, holistic approach whereby the workforce 'think family' and create a 'team around the family'.
- 1.19 Additionally, significant research has shown that children and young people who are exposed to adverse childhood experiences, abuse, trauma and persistent stress have substantially worse life outcomes. They are more likely to partake in high-risk health behaviours as an adult, more likely to have conditions such as depression, cancer and heart disease, and more likely to have a shortened life span. Those children and young people who experienced six or more adverse childhood experiences are 300% more likely to attempt suicide. It is important that Trafford does more work to ensure that adverse childhood experiences do not occur and support children and young people to develop resilience to mitigate their impact.

1.20 In Trafford, our transformation will primarily take place through implementing the THRIVE model across our wider system of education, health, social care, leisure and community provision (details of model in Chapter 3).

## Structure of report

1.21 This chapter has set the context behind our Local Transformation Plan at a national, sub-regional and local level. The remainder of the report is structured in accordance with the guidance provided by NHS England:

- **Chapter 2** provides a summary of the mental health needs of children and young people in Trafford
- **Chapter 3** summarises the borough's current service offer in respect of children and young people's emotional health and well-being
- **Chapter 4** presents an overview of the structure, funding and baseline information in respect of the borough's Healthy Young Minds (CAMHS) service.
- **Chapter 5** contains evidence of engagement, partnership and multi-agency working
- **Chapter 6** contains our wider Local Transformation Plan and the key areas of focus until 2021.



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

2.1 This chapter presents a demographic profile of Trafford’s children and young people, including mental health prevalence. It brings together the most recent mental health data available, including the latest Public Health England Children & Young People’s Mental Health & Wellbeing profiles. However, at a Trafford population level, mental health data is limited. Much of the data presented is local estimates generated from national survey intelligence although local data has been used wherever possible.

### Key Demographics

2.2 There are an estimated 59,735 children and young people aged 0-19 years living in Trafford. This amounts to around 1 in 4 (25.5%) of the total population and is proportionally slightly higher than in England (23.7%).

Table 1: Age structure of Trafford’s child population compared to England <sup>1</sup>

Age	Trafford			England	
	Number	% of child population	% of total population	% of child population	% of total population
Under 1 year	2,888	4.8%	1.2%	5.1%	1.2%
1 to 4 years	12,109	20.3%	5.2%	21.1%	5.0%
5 to 9 years	16,337	27.3%	7.0%	26.2%	6.2%
10 to 14 years	15,134	25.3%	6.4%	23.4%	5.6%
15 to 19 years	13,267	22.2%	5.7%	24.3%	5.8%
<b>Total child population (0-19 years)</b>	<b>59,735</b>	<b>100.0%</b>	<b>25.5%</b>	<b>100.0%</b>	<b>23.7%</b>
Total population (all ages)	234,673	-	100.0%	-	100.0%

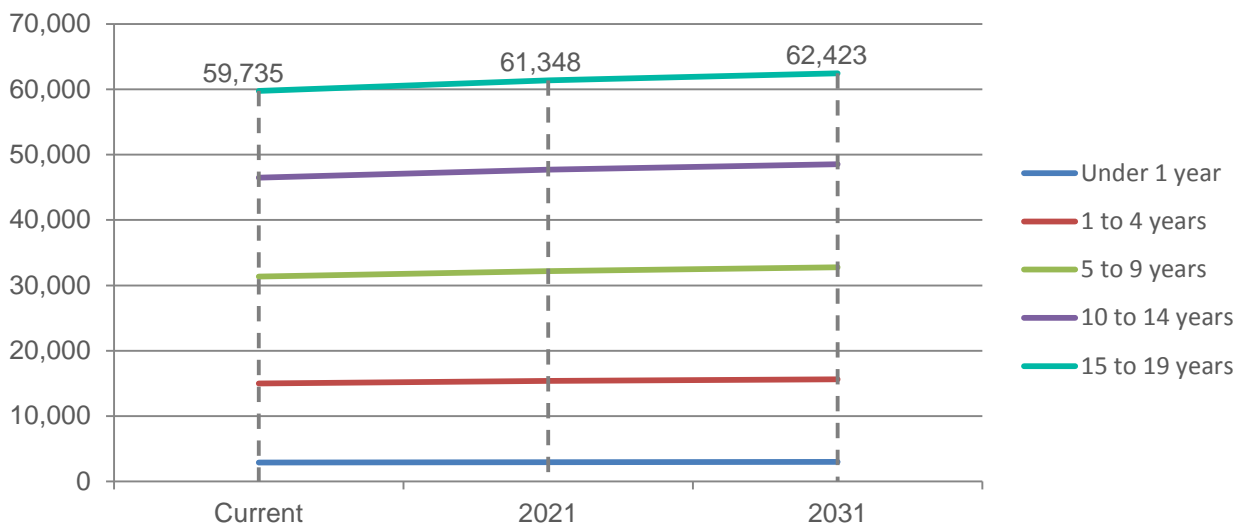
2.3 Trafford’s population continues to increase. The Local Transformation Plan covers the period up until 2021, by which point, the population of 0-19 year olds in Trafford is estimated to be 61,348.<sup>2</sup> Trafford is also embarking upon its ‘Vision for 2031’, which is a wider project that sets out where Trafford wants to be over the next decade and beyond. By 2031, it is estimated that Trafford’s population of 0-19 year olds will be 62,423.

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

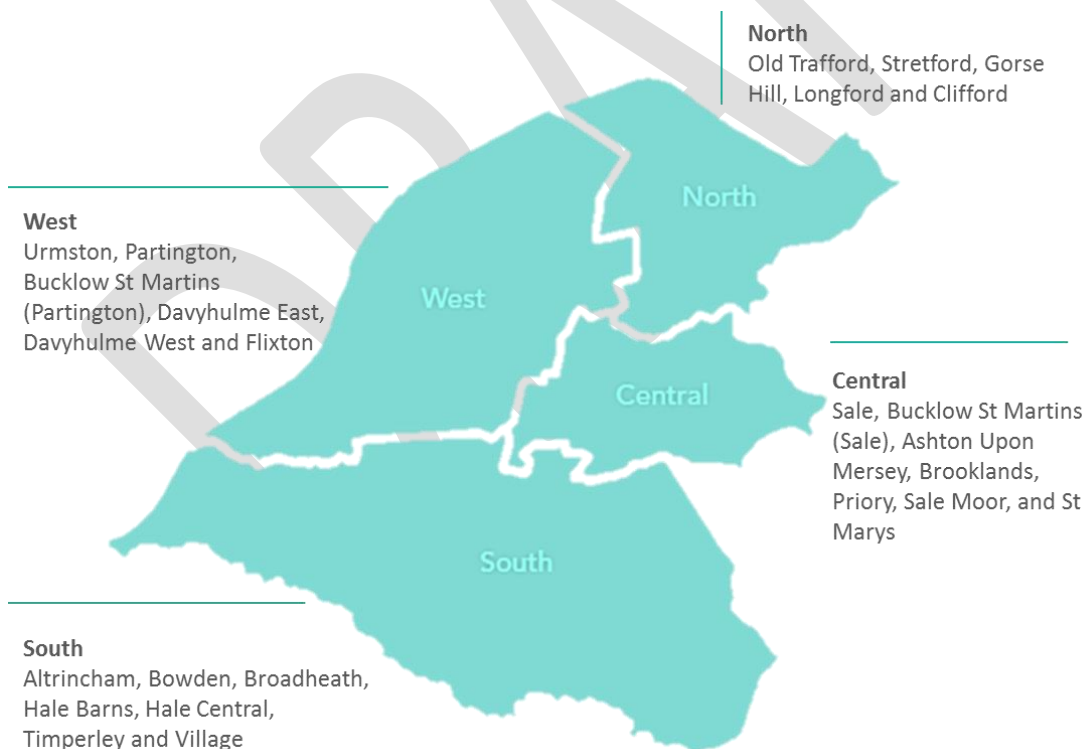
<sup>2</sup> ONS (2016), ONS-based subnational population projections,

<https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationprojections/datasets/tablea21principalprojectionukpopulationinagegroups>

Figure 1: Population estimates for children and young people in Trafford aged 0-19 broken down by age for 2021 and 2031<sup>3</sup>



2.4 Trafford is divided into four localities. Of the estimated 234,673 people that live in Trafford, 33.3% (78,146) live in the South, 23.3% (54,679) in Central, 22.7% (53,271) in the West and 20.7% (48,577) in the North locality.<sup>4</sup> The wards in each area are shown in the image below.



2.5 More than a fifth (22%) of 0-19 year olds in Trafford belong to a non-white ethnic group, which is higher than the overall proportion (14.5%).<sup>5</sup> Of this 22%, Asian and Asian British make up the biggest proportion in Trafford, at 11%. Evidence demonstrates that certain Black & Minority Ethnic

<sup>3</sup> Ibid.

<sup>4</sup> ONS, (2015) Population mid-year estimates

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

(BME) communities have a higher risk of developing mental health conditions and have poorer treatment related outcomes than other groups.<sup>6</sup>

## Social Determinants of Mental Health

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

### Education

2.7 Trafford has 66 primary schools, 18 high schools, 6 special schools and 1 college. Early child development and educational attainment are strong determinants for future health and wellbeing. School readiness overall in Trafford is the best in the North West, with almost three quarters (73.8%) of children achieving a good level of development at the end of reception. This is significantly better than the England average of 69.3%. However, when considering only those children with free school meal status, Trafford ranks much less favourably (47.3%), which is statistically worse than England (54.4%) and among the lowest of statistically comparable authorities<sup>7</sup>.

2.8 Furthermore, the proportion of young people achieving A\*-C in their GCSE English and Maths is 42.5% among Trafford pupils known to be eligible for free school meals, compared to almost twice that (78.8%) among all other pupils.<sup>8</sup>

### Poverty

2.9 Children and families from the lowest 20% of household income are considered to be three times more likely to have common mental health problems.<sup>9</sup> Thirty Trafford Lower Super Output Areas<sup>10</sup> (LSOAs) are ranked among the 10% wealthiest in England, whilst four are among the 10% most deprived,<sup>11</sup> which include areas in Sale West, Partington and the North of Trafford. This is an improvement upon 2010 when there were nine in the 10% most deprived. Life expectancy is 11.4 years lower for men and 7.9 years lower for women in the most deprived areas of Trafford than in the least deprived areas.<sup>12</sup>

2.10 In Trafford, 15% of dependent children live in low income families. Whilst favourable to the national average (23%), this still amounts to around 7,695 children and young people. In 2016, around 1 in 10 (9.3%) of Trafford school children claimed free school meals, significantly lower than England average (13.2%). However, there is wide variation within Trafford, with child poverty among under 16s ranging from 2.6% in Hale Central ward to 35.8% in Bucklow-St-Martin ward.

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

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

<sup>8</sup> Department for Education, 2015/16

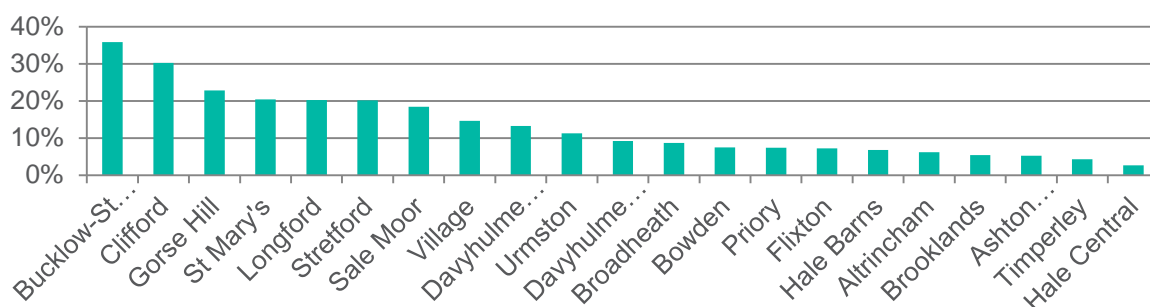
<sup>9</sup> ONS (2005), Mental health of children and young people in Great Britain, <http://digital.nhs.uk/catalogue/PUB06116>

<sup>10</sup> 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

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

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

Figure 2: Percentage of children aged 0-15 living in income deprived households; electoral wards in Trafford <sup>13</sup>



2.11 **Homeless Families** (where there are either dependent children or pregnant women) are especially vulnerable to poor mental health. During 2015/16, there were 120 homeless families in Trafford. This figure of 1.2% is lower than England figure of 1.9% and has been declining since 2012/13 when it was 1.7%.

### Groups of children who are particularly vulnerable to poor mental health

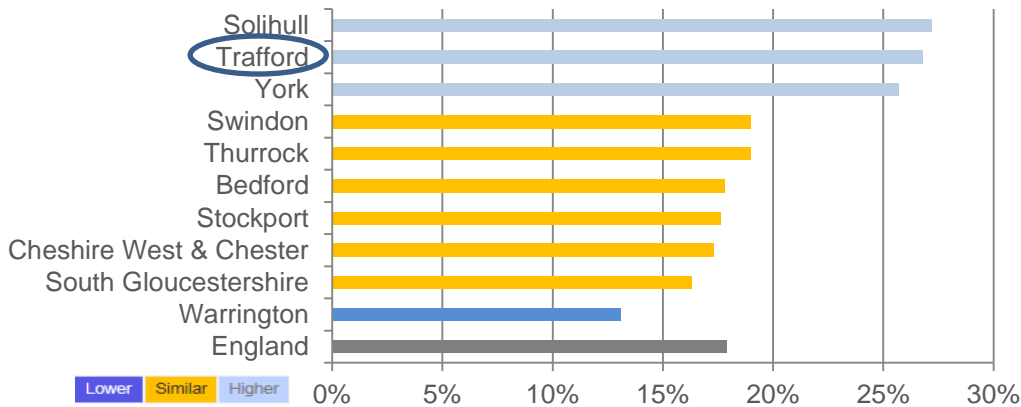
2.12 The following section looks at different groups of children who can be especially vulnerable to mental health issues. A child can be considered a **child in need** under Section 17 of the Children's Act if their health or development is threatened or they have a disability. In Trafford, the rate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

2.13 Children in need are vulnerable to mental health issues because being exposed to frequent, intense and poorly resolved inter-parental conflict will heighten the risk of emotional problems such as anxiety, depression as well as behavioural issues such as conduct disorders. The Trafford rate of children in need due to socially unacceptable behaviour (12.9 per 10,000) is almost double the rate for England (6.7 per 10,000), though is a reduction on the figure from 2016 (15 per 10,000).

2.14 Children who are the subject of a **child protection plan** have been identified as at risk of abuse and/or neglect, and there is strong evidence to suggest that this has a detrimental effect on mental health and wellbeing. At the start of 2017, there were 308 children on a child protection plan. The rate of repeat child protection cases in Trafford of 26.8% is substantially higher than the England average of 17.9%, though has reduced from the 2015 figure of 28.6%. Trafford also has a high percentage when compared with similar authorities. The rate of children subject to a child protection plan with an initial category of abuse and neglect is 24.8% which is significantly higher than the England average of 20.8%.

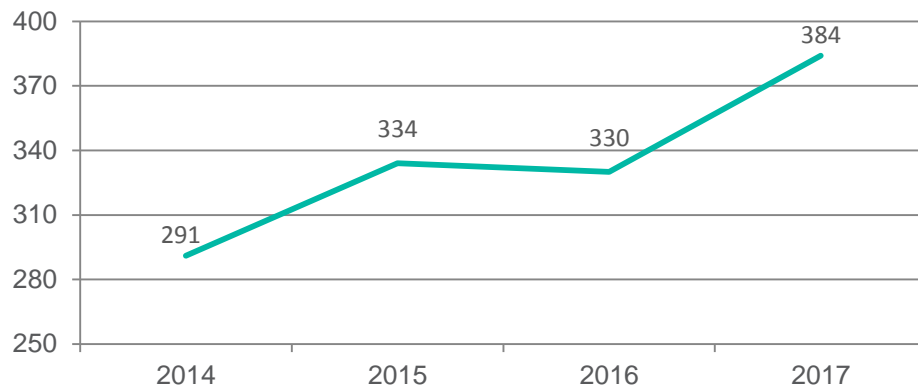
<sup>13</sup> Public Health England (2017) Local Health, [www.localhealth.org.uk](http://www.localhealth.org.uk)

Figure 3: Repeat child protection cases - Percentage of children subject to a child protection plan; 2016 – Trafford and statistically similar authorities <sup>14</sup>



2.15 **Looked After Children** includes those in foster care, residential care, or secure units. Trafford has seen a rise in the number of Looked After Children of 32% between 2014 and 2017. This is largely attributed to children staying in care beyond 16 years old (in line with national policy). The increase in numbers is not dissimilar to the national average or that of our statistical neighbours.

Figure 4: Numbers of Looked After Children in Trafford between 2014 and 2017 <sup>15</sup>



2.16 Looked after children are more likely to suffer from mental health issues than those that are not in care.<sup>16</sup> The Office of National Statistics estimate that in England, 11% of Looked After Children aged 5-10 have emotional disorders, 36.5% have a conduct disorder and 11.1% have a hyperkinetic disorder.<sup>17</sup> Based on Trafford’s total numbers of Looked After Children, this would mean that there are 42 with emotional disorders, 43 with hyperkinetic disorders and 140 with conduct disorders.

2.17 A needs assessment carried out in 2017 that looked at the needs of Trafford children externally placed in either residential care or foster care demonstrated that 55% had at least one mental health issue and 42% had more than one. The most common issues were around trauma,

<sup>14</sup> Public Health England, (2016): Fingertips Child Profiles, Public Health Profiles

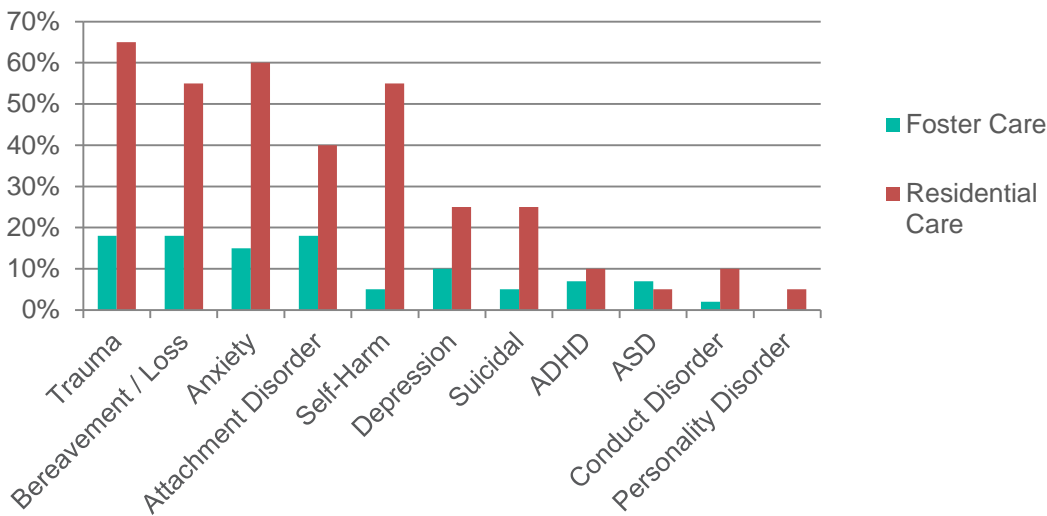
<sup>15</sup> Internal Trafford Data on Looked After Children

<sup>16</sup> House of Commons Education Committee (2016), Mental Health & Wellbeing of Looked After Children, <https://publications.parliament.uk/pa/cm201516/cmselect/cmeduc/481/481.pdf>

<sup>17</sup> ONS (2003), The mental health of young people looked after by local authorities in England

bereavement and anxiety. As to be expected, those in residential care were shown to be significantly more likely to have a mental health issue than those in foster care. Work is currently ongoing to replicate this work for Trafford's internally placed children.

Figure 5: Needs assessment of Trafford's externally placed Looked After Children <sup>18</sup>



2.18 In addition to fostering and residential provision, there are also **residential schools** that support Looked After Children who have complex needs such as Special Education Needs (SEN). See below for details on SEN.

2.19 Looked After Children are occasionally placed in **Secure Welfare Units**. These units serve two main purposes. First, to protect young people who are placing themselves or others at risk of harm. The second is for children who break the law and are reprimanded. In 2015/16 there was an average of 2.4 placements across the year for six young people. In 2016/17 the average figure had decreased slightly to 2.3 placements, this time supporting four young people.

2.20 Research has shown that **adopted children** are more likely to suffer from mental health issues, than those that are not.<sup>19</sup> In 2017/18 there have currently been seven adoptions orders in Trafford, compared with four the previous year. A correlation between adoption breakdowns and mental health issues has been noted in Trafford.

2.21 Links between child migrants and mental health issues are well documented.<sup>20</sup> The most common form of child migration in Trafford is **Unaccompanied Asylum Seeking Children**. In 2016/17 Trafford supported 14 child migrants, aged from 15 to 17, from countries such as Iraq, Ethiopia, and Eritrea.

2.22 **Children entering the youth justice system** are commonly from disadvantaged and deprived communities who have experienced abuse and neglect which can lead to mental health problems. During 2016, 54 Trafford children were first time entrants to the youth justice system, an increase

<sup>18</sup> Trafford internal survey of externally placed Looked After Children

<sup>19</sup> DeJong, Hodges, & Malik, (2016), Children after adoption: Exploring there psychological needs

<sup>20</sup> Gaber et al., (2013) Migration background and juvenile mental health: a descriptive retrospective analysis of diagnostic rates of psychiatric disorders in young people

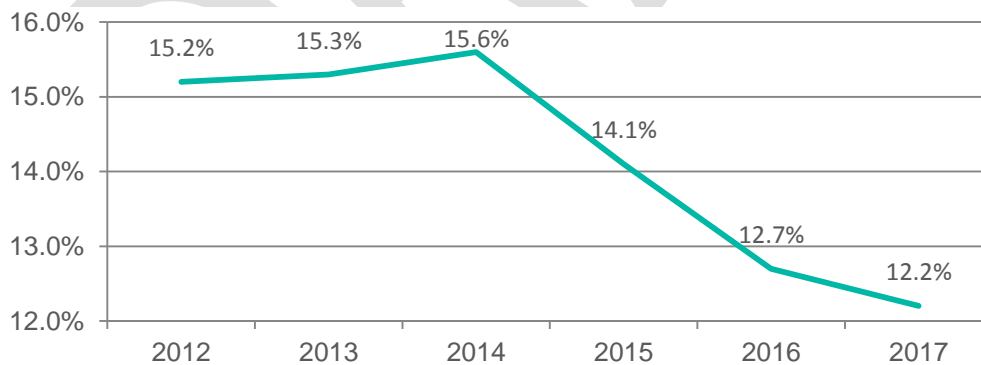
of 17 from the previous year. However, between 2010 and 2015 this figure reduced by 77% from 160 to 37, so this increase is the first for a number of years. The number of Trafford children in the youth justice system has also been falling for a number of years, and currently sits at 4 per 1,000, which compares favourably with the 5.6 per 1,000 in England.

2.23 During 2016/17, there were 124 children and young people known to Trafford Youth Offending Service (YOS) in a statutory capacity. This is an increase of 11% on the figure last year. The YOS offers all young people a holistic health needs assessment to screen for any additional health needs, including around mental health. 24 of the above young people were directly referred to Healthy Young Minds (CAMHS), an increase on the previous year's figure of 5. A further 15 received a targeted mental health intervention from the previous YOS Counsellor. 74% of these young people's offences were considered to be directly or indirectly related to their mental health issues, and specific offence focused work was completed with them by their Case Manager.

### Special Educational Needs

2.24 Children with special educational needs (SEN) may have a range of issues that affect their ability to learn. Those with SEN are six times more likely to have a mental health disorder than those that do not.<sup>21</sup> In 2017, 12.2% of pupils in Trafford had SEN, which equates to 5,210 pupils. This is a 3.4pp decrease on the figures from 2014 when there were 6,306 pupils (see Figure 7). Some pupils with SEN will have either a statement of SEN or an Education, Health & Care (EHC) Plan following a formal assessment which sets out the support that the child requires. The proportion of pupils with either a statement of SEN or an EHC Plan in Trafford has remained relatively stable for the past six years at 1,390 (3.3%).<sup>22</sup> Some children with SEN will attend a special school rather than a mainstream one. There are six special schools in Trafford: Delamere School, Pictor Academy, Brentwood High School, The Orchards, Manor Academy and Longford Park School.

Figure 6: Percentage of pupils in Trafford with SEN<sup>22</sup>



2.25 The Department for Education publishes data on the primary needs of pupils with SEN in state run schools. In primary schools the most prominent are Speech, Language & Communication Needs (26.7%), Moderate Learning Difficulties (25.7%) and Specific Learning Difficulties (16.2%). In secondary schools the main area of need are Specific Learning Difficulties (28.8%), Moderate Learning Difficulties (24%) and Social Emotional & Mental Health issues (16.2%). A full breakdown is shown in Table 3.

<sup>21</sup> Rose et al., (2009) Mental Health and SEN: Mental health and special educational needs: exploring a complex relationship

<sup>22</sup> Department for Education (2017), Statistics: Special Educational Needs (SEN), <https://www.gov.uk/government/collections/statistics-special-educational-needs-sen>

Table 2: Number of pupils in Trafford with SEN by primary type of need in 2017<sup>22</sup>

Type of Need	State Funded Primary		State Funded Secondary		Special Schools	
	Number	Percentage	Number	Percentage	Number	Percentage
Specific Learning Difficulty	434	16.2%	490	28.8%	17	2.4%
Moderate Learning Difficulties	689	25.7%	408	24.0%	88	12.3%
Severe Learning Difficulties	19	0.7%	6	0.4%	108	15.1%
Profound & Multiple Learning Difficulties	6	0.2%	*	*	67	9.4%
<b>Social Emotional &amp; Mental Health</b>	<b>337</b>	<b>12.6%</b>	<b>275</b>	<b>16.2%</b>	<b>121</b>	<b>16.9%</b>
Speech, Language & Communication Needs	714	26.7%	149	8.8%	39	5.4%
Hearing Impairment	67	2.5%	35	2.1%	*	*
Visual Impairment	21	0.8%	22	1.3%	*	*
Multi-sensory impairment	*	*	*	*	*	*
Physical Disability	72	2.7%	67	3.9%	*	*
Autistic Spectrum Disorder	57	2.1%	79	4.6%	270	37.7%
Other Difficulty/Disability	165	6.2%	129	7.6%	*	*
SEN support but no specialist assessment of type of need	96	3.6%	37	2.2%	*	*

\* Data redacted due to low numbers.

## Prevalence of mental health conditions in Trafford

2.26 Mental health and wellbeing are wide ranging terms covering a spectrum of issues. The World Health Organisation notes that mental health can affect a person's interactions, thought processes, and overall enjoyment of life. It is estimated that 8.4% of children aged 5 to 16 in Trafford have a mental health disorder, which is 0.8 pp (percentage points) lower than the England level of 9.2%. The 8.4% figure equates to 3,114 children in Trafford with a diagnosed mental health condition. It should be noted, however, that this estimate and the following Public Health England data estimates are "modelled". This means that it is based on national estimates which are then adjusted for local factors known to influence the prevalence of mental health disorders (in this case, age, sex and socio-economic classification).

Condition	England	Trafford		
	Estimated prevalence	Estimated prevalence	Current estimated no. children (5-16)	2021 estimated no. children (5-16)
Mental health disorders	9.2%	8.4%	3,114	3,198
Emotional disorders	3.6%	3.3%	1,223	1,256
Conduct disorders	5.6%	4.9%	1,816	1,865
Hyperkinetic disorders	1.5%	1.3%	482	495



Table 3 (Above): Modelled estimates of the prevalence of mental health conditions for children in Trafford aged 5-16.<sup>23</sup> Estimated number of children is based on ONS 2016 population data.

2.27 There are three main categories of mental health disorder:

- **Emotional disorders** are one of the most common mental health problems suffered by children and includes issues such as anxiety and depression<sup>24</sup>. The number of children aged 5-16 in Trafford with emotional disorders is estimated to be 1,223 (3.3%) slightly lower than the England level of 3.6%.
- **Conduct disorders** which include defiance, aggression and anti-social behaviour. Children who have conduct disorders are twice as likely to leave school without qualifications and four times as likely to be drug dependent.<sup>25</sup> There are an estimated 5.6% of children aged 5-16 in England with conduct disorders, with Trafford having a lower figure of 4.9%.
- **Hyperkinetic disorders**, such as Attention Deficit Hyperactivity Disorder (ADHD), are associated with issues around inattention and over-activity. Hyperkinetic disorders are usually evident in the first five years of a child's life and can include an impairment of cognitive functions along with delays in motor and language development.<sup>26</sup> Around 1.3% of Trafford's children aged 5-16 are estimated to have a hyperkinetic disorder, which is just under the England level of 1.5%. This would therefore mean that there are around 482 children in Trafford affected. ADHD can lead to lower educational attainment, lower earnings and interpersonal difficulties.<sup>27</sup>

## Specific Disorders

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

Table 4: Trafford estimates of specific mental health issues alongside rate/percentage –  
References: Eating Disorders<sup>28</sup>, ASD<sup>29</sup>, Anxiety<sup>27</sup>, Depression<sup>27</sup>

Type	Estimated Prevalence	Current Trafford estimated no. children	2021 Trafford estimated no. children
Anorexia nervosa, (10-14)	13.1 per 100,000	2	2
Anorexia nervosa, (15-19)	26.7 per 100,000	4	4
Bulimia nervosa, (10-14)	2.9 per 100,000	0.4	0.4
Bulimia nervosa, (15-19)	25.9 per 100,000	3	3
Eating disorders, NOS, (10-14)	24.1 per 100,000	4	4
Eating disorders, NOS, (15-19)	41.8 per 100,000	6	6

<sup>23</sup> Public Health England (2015), Fingertips Child Health Profiles, Children & Young People's Mental Health & Wellbeing

<sup>24</sup> ONS (2005). Mental health of children and young people in Great Britain

<sup>25</sup> Public Health England (2016), The mental health of children and young people in England

<sup>26</sup> World Health Organisation (2010), International Statistical Classification of Diseases and Related Health Problems 10<sup>th</sup> revision (ICD-10), <http://apps.who.int/classifications/icd10/browse/2016/en>

<sup>27</sup> Public Health England (2016), The mental health of children and young people in England

<sup>28</sup> BMJ (2009) The incidence of eating disorders in the UK in 2000–2009: findings from the General Practice Research Database

<sup>29</sup> National Autistic Society (2018), Autism facts and history

Autistic Spectrum Disorders (pupils)	1.1%	469	482
Anxiety Disorders (5-10)	2.2%	430	442
Anxiety Disorders (11-16)	4.4%	771	792
Depression (5-10)	0.2%	39	40
Depression (11-16)	1.4%	245	252

2.29 The Eating Disorders figures above broadly match the numbers our Community Eating Disorders service is supporting i.e. 71 young people across Tameside, Trafford and Stockport. It is concerning that in the 2014 'What about YOUth' survey, the proportion of 15 year olds in Trafford who said that they think they are the right size was 48.9%, which is lower than England average of 52%. This does not reflect our national child measurement figures that show 65.4% of children were a healthy weight in year 6, suggesting it is based on a false perception.

2.30 Public Health England estimates that the rate of children with autism known to schools in Trafford is 7.7 in every 1,000.<sup>30</sup> This is lower than both the England rate of 10.8 and the North West rate of 10.3. Using the 2017 level of pupils in Trafford (42,655), the rate of 7.7 per 1000 would mean that there are 328 pupils with autism in Trafford. This closely matches local GP data which has 318 children as being identified as having ASD. Other population studies have found varying prevalence of autistic spectrum disorders, but the latest estimate is 1.1%.<sup>31</sup> This would give a higher estimate of 469 pupils with ASD in Trafford. However, there are on average 75 children and young people diagnosed with autism each year in Trafford which would far exceed these estimates.

## Hospital Admissions

2.31 Children and young people in mental health crisis will usually present at Wythenshawe Hospital, Manchester Royal Infirmary or Trafford General Hospital. Psychiatric conditions (73%) are the most common reasons, followed by poisoning (11%) and social problems (9%).

Table 5: Numbers of Trafford Children aged between 0-15 presenting with a Mental Health issue to A&E/urgent care location in 2016/17<sup>32</sup>

A&E/urgent care Location	Numbers presenting
Wythenshawe Hospital	53
Manchester Royal Infirmary	32
Trafford General & Altrincham Hospital	22
<b>Total</b>	<b>107</b>

2.32 **Self-harm** involves the deliberate damage or injury to a part or parts of a person body. There is a significant and persistent risk of future suicide following an episode of self-harm. During 2015/16, there were 122 hospital admissions of 10-24 year olds as a result of self-harm. The rate for Trafford (313.7 per 100,000) is better than England (430.5 per 100,000), and low compared to similar authorities.

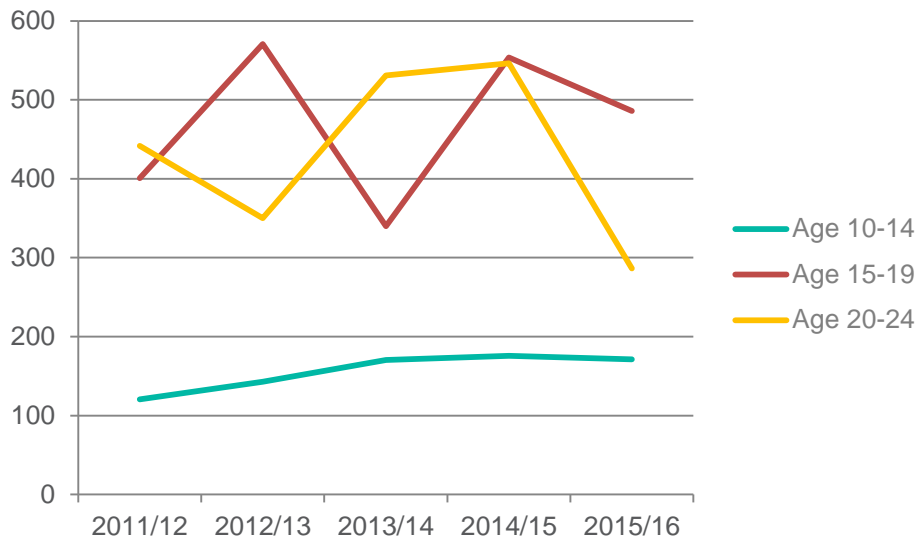
<sup>30</sup> Ibid.

<sup>31</sup> National Autistic Society (2017), Autism Facts & History, <http://www.autism.org.uk/about/what-is/myths-facts-stats.aspx>

<sup>32</sup> Internal Trafford Data on Hospital Admissions

2.33 According to age group, 15-19 year olds are at higher risk than 10-14 year olds and 20-24 year olds. Positively, 2015/16 saw a decrease in hospital admissions for self-harm across all age ranges: 2% reduction 10-14, 12% reduction 15-18, 45% reduction in 20-24. Nonetheless, as Figure 8 below shows, the top two age ranges have fluctuated heavily over the past five years.

Figure 8: Hospital admissions as a result of self-harm in Trafford, per 100,000 <sup>33</sup>



### Perinatal mental health

2.34 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 between 10-20% of all pregnancies<sup>34</sup>. It is therefore estimated that of the 2,869 Trafford births in 2016, between 287 and 574 pregnancies would be affected by perinatal mental health problems.

Table 6: Rates of perinatal psychiatric disorder per thousand maternities <sup>35</sup>

Type	Rate per thousand	Trafford Estimate
Postpartum psychosis	2/1000	6
Chronic serious mental illness	2/1000	6
Severe depressive illness	30/1000	86
Mild-moderate depressive illness and anxiety states	100-150/1000	287-430
Post-traumatic stress disorder	30/1000	86
Adjustment disorders and distress	150-300/1000	430-861

2.35 Research has shown that if the mother is in the top 15% for symptoms of anxiety or depression

<sup>33</sup> Public Health England (2016), Fingertips Child Health Profiles, Children & Young People's Mental Health & Wellbeing

<sup>34</sup> Public Health England (2017), Perinatal Mental Health, <https://www.gov.uk/government/publications/better-mental-health-isna-toolkit/4-perinatal-mental-health>

<sup>35</sup> Joint Commissioning Panel for Mental Health (2012): Guidance for commissioners of perinatal mental health services, [https://www.rcpsych.ac.uk/pdf/perinatal\\_web.pdf](https://www.rcpsych.ac.uk/pdf/perinatal_web.pdf)

while pregnant, her child has double the risk of a probable mental disorder by the age of 13.<sup>36</sup>

## Service Need

2.36 The above information highlights a number of key issues for Trafford. Looked After Children are much more likely to suffer from mental health issues than those that are not, and the numbers in Trafford are continuing to rise. Using our assessment rates for autism we know there are significant pressures in this area with demand and prevalence mismatched. We know that despite significant investment in preventative services, referrals to Healthy Young Minds (CAMHS) continue to rise in both numbers and degree of complexity. The numbers of children with either a SEN Statement or EHC Plan is flat, though this may be down to the move towards EHC Plans and the higher threshold compared with a SEN Statement. There also appears to be a need for more support for those who adopt.

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

Figure 9: Estimated level of need in Trafford at each segment of the THRIVE model



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

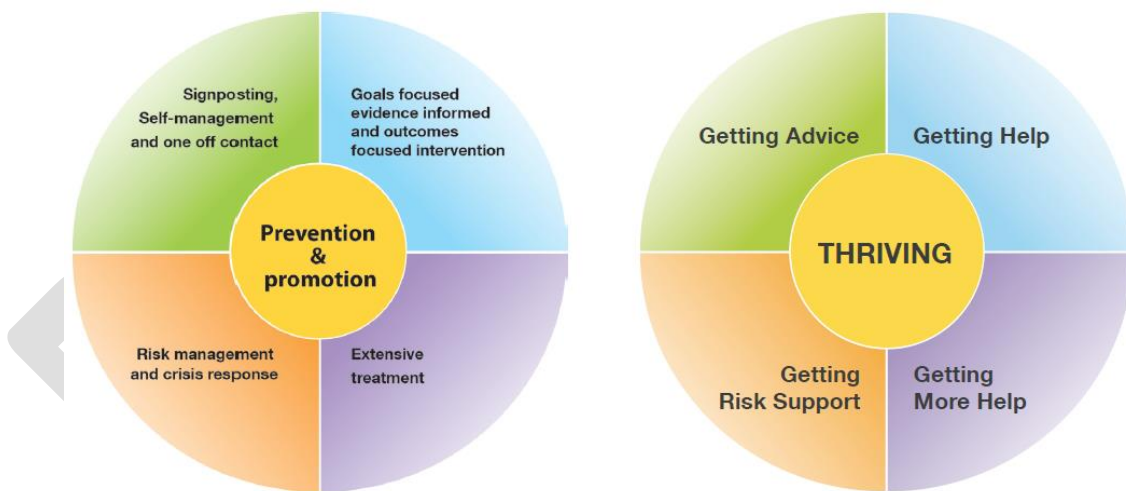
<sup>36</sup> Talge, Neal, Glover (2007) Antenatal maternal stress and long-term effects on child neurodevelopment: how and why? Journal of Child Psychology & Psychiatry

## Summary

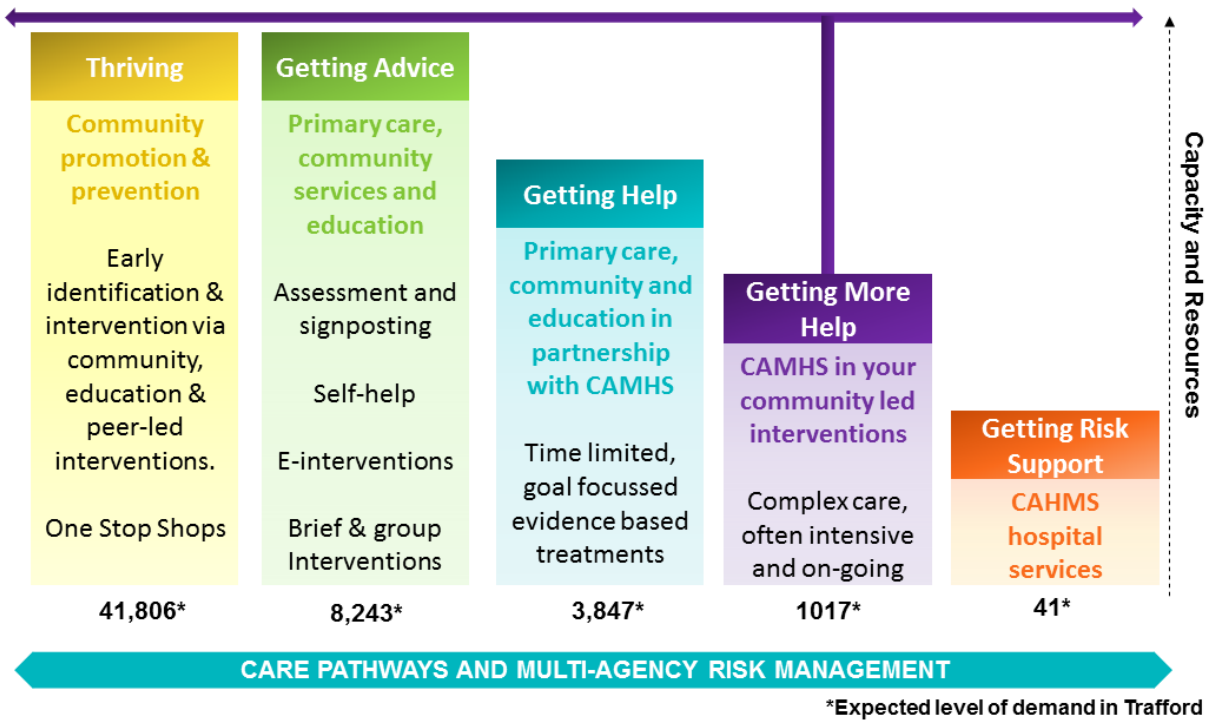
- There are almost 60,000 children and young people living in Trafford, which represents around a quarter of Trafford's total population. This figure is expected to grow by around 2.7% by 2021.
- Life expectancy is 11.4 years lower for men and 7.9 years lower for women in the most deprived areas of Trafford than in the least deprived areas. 15% of dependent children live in low income families and around 1 in 10 of Trafford school children claimed free school meals. Both these figures are lower than the English average.
- There are a range of factors that are connected with mental health. This includes homelessness (120 families in Trafford), those on a child protection plan (308 children in Trafford) and being a Looked After Child (384 children in Trafford). Looked after children numbers are increasing and Trafford has a high proportion of children in need due to family stress or dysfunction or absent parenting.
- It is estimated that 8.4% of children aged between 5 and 16 in Trafford have mental health disorders, which equates to 3,114 children. Conduct disorders (4.9%) are estimated to be the most common, followed by Emotional Disorders (3.3%) and Hyperkinetic Disorders (1.3%).
- The available data on specific mental health issues varies, but it can be estimated that there are 482 5-16 year olds with ADHD and 469 pupils with ASD. It is likely that Trafford's ASD figures are much higher than the estimates.
- An estimated 1,201 5-16 year olds have an anxiety disorder and 284 5-16 year olds have depression.
- 12.2% of pupils in Trafford have Special Educational Needs (SEN), which is a reduction on 2014 when there were 15.6%. The most prominent issues for those with SEN are learning difficulties, mental health issues and communication issues.
- The number of hospital admissions in Trafford as a result of self-harm dropped in 2015/16 across all age groups. 15-19 year olds (486 per 100,000) are at higher risk than 10-14 year olds (171 per 100,000) and 20-24 year olds (286 per 100,000).
- The percentage of mothers being diagnosed with perinatal health problems is between 12-15% of all pregnancies. Of the 2,800 births in Trafford in 2015 an estimated 344-430 pregnancies were affected.
- Service need estimates suggest that there is a large level of need at the 'Getting Advice' and 'Getting Help' segments of the THRIVE model. This Local Transformation Plan sets out efforts to address this issue.

### 3. Trafford's Current Service Offer

- 3.1 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. Trafford Council and CCG spend £2.7 million per year on the provision of children's mental health services, which is detailed in chapter four.
- 3.2 Trafford has chosen to follow the recommendations of 'Future in Mind', and is moving to deliver its services in line with the THRIVE model. 'Future in Mind' recognised that children and young people do not neatly fit into Tiers and that the THRIVE model is better able to meet their needs.
- 3.3 There are five groups that are distinct in terms of the needs and choices of the individuals within each group and the resources required to meet these needs and choices. THRIVE aims to draw a clearer distinction between treatment on the one hand and support on the other. The image to the left describes the input offered for each group. The image to the right describes the state of being of people in that group



- 3.4 The model has been developed to address a number of issues facing services offering mental health support. Most children and young people were being seen by specialist 'Getting More Help' services. However, demand for mental health support is estimated to be significantly higher at targeted and universal level. The new model aims to ensure that children and young people receive timely support in accordance with their needs.



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

## Thriving

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

3.7 Trafford has a strong voluntary, community and social enterprise (VCSE) sector, supported by Thrive Trafford<sup>37</sup>, from which a broad range of providers deliver universal services on a locality or borough wide basis. A large proportion of these community services can be found on the Trafford Service Directory alongside our commissioned services; [www.trafford.gov.uk/servicedirectory](http://www.trafford.gov.uk/servicedirectory). The directory allows residents to search by key word or postcode to discover to services that are available in their local area. The Youth Zone now has a specific page on mental health which offers support aligned to the THRIVE model; [Service Directory: Young People's Mental Health & Wellbeing](#). This directory has been expanded significantly following a service mapping exercise of children mental health and wellbeing services as part of the Local Transformation Plan.

3.8 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. The services commissioned by the Trust include an LGBT+ youth provision provided by The Proud Trust and a weekly youth group for young people with additional needs and/or disabilities provided by Sport Works. In addition to this, the Youth Trust provides grant funding opportunities to VCSE organisations across the borough to promote growth and sustainability across the youth sector in Trafford. These grants target priorities around

<sup>37</sup> The Trafford Partnership commission ‘Thrive Trafford’ to provide infrastructure support to the VCSE sector. Thrive Trafford’s role is to develop, grow and sustain the sector, and they also have a role in coordinating volunteer support.

increasing resilience through improving self-esteem, emotional intelligence, confidence and relationships, increasing activity particularly for those that are isolated or anxious and increasing skills and attainment.

3.9 Investment from the Transformation Fund in 2015/16 was directed to Pennine Care to redevelop the 'With U in Mind' website to a new website that went live in June 2016. The website now has a range of quality assured self-help information, links to national resources, NHS applications approved by young people and links to local support via the Trafford Service Directory.

## Getting Advice

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

Support offer	
<b>GPs</b>	<ul style="list-style-type: none"> <li>• Scope to refer for a wider range of interventions and services, which may include social prescribing (where activities such as sport are used as a way of improving wellbeing).</li> </ul>
<b>Health Visitors</b>	<ul style="list-style-type: none"> <li>• Key professional for children under 5 who will ensure tailored and specific support for children and families through co-design and promoting self-care and independence.</li> </ul>
<b>School Nurses</b>	<ul style="list-style-type: none"> <li>• All secondary schools in Trafford have access to a school nurse drop-in session where pupils can attend and talk about any mental health related issues they might have.</li> <li>• All primary schools have a named school nurse for prevention, information and safeguarding support.</li> <li>• School Nurses can also offer ongoing advice and support to children, young people and families on issues such as parenting, eating disorders and deliberate self-harm.</li> </ul>
<b>Schools</b>	<ul style="list-style-type: none"> <li>• All schools have a pastoral lead offering direct support to pupils and families.</li> <li>• There are many schools in Trafford who have previously implemented the Social and Emotional Aspects of Learning approach or are one of the 30 schools signed up to Trafford's '<b>Feel Good Schools</b>' programme which promotes and supports a whole school, classroom and individual approach to emotional health and wellbeing.</li> <li>• A group of young people in collaboration with education professionals and</li> </ul>



	<p>Healthy Young Minds (CAMHS) established the <b>Mental Health Schools Network</b> in 2014. This gives Trafford schools the opportunity to sign up to a pledge to address issues around emotional health and wellbeing. There are currently eight schools in Trafford signed up to the network. It involves establishing a team of youth ambassadors within the school to identify improvements to support emotional wellbeing and gives a range of tools that can be adopted within the setting.</p> <ul style="list-style-type: none"> <li>• Following a conference run by the Education of Vulnerable Children Service in late 2017, schools should also now: have an awareness of mental health support in schools via a whole school approach; know how to identify and support children and young people who had experienced Adverse Childhood Experiences; know how to build resilience in pupils via low cost interventions.</li> </ul>
<p><b>Early help Hubs</b></p>	<ul style="list-style-type: none"> <li>• 0-11 years Hubs aim to provide access to a range of parenting, behaviour management and family support services, as well as providing targeted community groups and courses. Examples of this include baby club, stay and play sessions and Incredible Years parenting programme. In addition to this, the hubs maintain strong links with community health services and wider partners to support achieving positive outcomes around child development, school readiness, parenting skills and aspirations, child and family health, and child and family life chances.</li> <li>• 11-18 Hub (Talkshop) offers an integrated, service to improve outcomes for young people and reduce inequalities. It provides targeted support in the following areas; health and wellbeing including sexual health, information, advice and careers guidance, young parents' services, and youth educational and recreational activities. In addition to this the Talkshop provides 'Getting Help' services which are described in section below. They also hold drop-in sessions and provide intensive 1-1 case work to up to 100 young people per year. In 2016-17, 1,169 young people accessed the service.</li> </ul>
<p><b>Trafford Council Commissioned Services</b></p>	<ul style="list-style-type: none"> <li>• Targeted, community based commissioned services provide support to children, young people and their families across the borough. Whilst these services are not mental health specific they contribute to the wider mental wellbeing agenda as they support social, emotional and developmental needs. Services include family support, evidence based parenting programmes, mentoring, life coaching, young carers service and domestic abuse services.</li> <li>• Family support services offered within the VCSE sector form part of the wider mixed model of family support on offer, leading sustained, positive behaviour change. Strengthening Families, Strengthening Communities parenting programme is delivered for parents with children aged 8+, complementing the Incredible Years parenting courses available for families with younger children.</li> </ul>
<p><b>Social Care In</b></p>	<ul style="list-style-type: none"> <li>• The role of the SCIP worker is to engage with families who are below the</li> </ul>

<b>Partnership (SCIP)</b>	threshold for social care involvement. The support is tailored to the needs of the individual families and helps to encourage positive change and reduce the risk of escalation to social care. Usually it is the Head Teacher or Pastoral Lead who would discuss with a parent the role of a SCIP worker and whether they would be interested in accessing the service. The role regularly provides emotional support to parents who are facing difficulties. This could be via a one-off intervention, or longer term support under the Early Help Assessment framework. For families requiring more regular support, an Early Help Assessment would usually be completed and regular meetings held to make sure that there is a clear multi-agency approach to identifying the needs of the family.
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- 3.11 Access to some of these services is via the weekly multiagency Early Help Panel whose purpose is to ensure the most appropriate support is provided at the earliest possible opportunity as part of a holistic whole family approach. Mental health is consistently one of the top five reasons families across Trafford require support and so a representative from Healthy Young Minds (CAMHS) is present at the panel to inform discussion and decision making. Commissioned services are also represented at panel and these include emotional health and wellbeing, parenting courses, family support, mentoring, coaching and physical activity.
- 3.12 In addition to the above service offer, Trafford has a strong market place for agencies and professionals supporting the emotional wellbeing of children, young people and their families privately or via the voluntary sector e.g. The Counselling and Family Centre, Relate. Further information about these organisations and services can be found on the Trafford Service Directory; [www.trafford.gov.uk/serviceirectory](http://www.trafford.gov.uk/serviceirectory). There are also a number of projects that are now commissioned on a wider geographical footprint across Greater Manchester, for example the STRIVE domestic abuse service, supported by Greater Manchester Police.

## Getting Help

- 3.13 Support for those in the 'Getting Help' group is provided by specialists working in the community, and in primary care settings such as primary mental health workers, psychologists, specialist parenting workers and counsellors working in general practices, paediatric clinics, schools and youth services.
- 3.14 The work at this level includes building capacity and capability within 'Getting Advice' in relation to early identification and intervention with children's mental health needs and providing a range of support, advice, assessment and treatment to children, young people and their families. Getting help provision includes the following mental health provision commissioned by the CCG, local authority and directly by schools:

<b>Support/Offer</b>	
<b>Healthy Young Minds (CAMHS)</b>	<ul style="list-style-type: none"> <li>• Work with key partner agencies to develop an overall response to children's mental health between universal and specialist services.</li> <li>• First assessment appointments (Choice Appointment) in order to</li> </ul>

	<p>identify the right intervention for the young person and family.</p> <ul style="list-style-type: none"> <li>• Consultation and advice to universal professionals from mental health specialists.</li> <li>• Link to and clinical supervision (by Perinatal Psychologist every 4-6 weeks) to multiagency Family Support Teams (Health visitors and Senior Family Support Practitioners).</li> <li>• Supervision and support to the Children and Young People's Wellbeing Practitioner based in the Early Help Hubs who provides brief parent treatment and parent led self-help to support children and young people with mild and moderate anxiety and depression focusing on the 8-13 year age range.</li> <li>• Senior Primary Mental Health Worker to oversee and develop support and relationships to schools.</li> </ul>
<p><b>Healthy Young Minds School Commissioned Service</b></p>	<ul style="list-style-type: none"> <li>• Targeted mental health services in schools on an individual basis. In 2017/18, a total of eight schools purchased this provision (one less than 2015/16), with three schools interested in additional provision. Each school has a designated practitioner and dedicated time (47.2 hours per week) to deliver activity such as: <ul style="list-style-type: none"> <li>o Undertaking individual assessments of students referred to the service by the school</li> <li>o Providing individual and group therapy interventions in response to identified needs (e.g. solution focused, Cognitive Behavioural Therapy (CBT), family and parenting interventions)</li> <li>o Reviewing and evaluating the impact of the interventions with individual pupils and families</li> <li>o Work in partnership with parents or carers to improve behaviour and school attendance</li> <li>o Providing bespoke training and consultation on any emotional well-being and mental health issues</li> <li>o Supporting young people and parents to engage with more specialist statutory services e.g. specialist Healthy Young Minds (CAMHS)</li> <li>o Signposting to appropriate statutory and voluntary sector services</li> </ul> </li> </ul>
<p><b>School provision</b></p>	<p>Many schools employ counsellors directly or commission support such as play therapy, mentoring or bereavement support as needed. A number of schools commission additional support from 42<sup>nd</sup> Street.</p>
<p><b>42<sup>nd</sup> Street</b></p>	<p>A community and voluntary sector provider, delivering mental health services for children and young people aged 13-25. The service aims to:</p> <ul style="list-style-type: none"> <li>• Engage with young people under stress</li> <li>• Provide interventions that promote spirit and recovery using the recovery model</li> <li>• Ensure that the voice of young people influences the development of</li> </ul>

	<p>the service offering</p> <ul style="list-style-type: none"> <li>• Give young people chances for personal development and growth</li> <li>• Improve awareness of the mental health needs of young people</li> <li>• Challenge the stigma associated with mental health</li> </ul> <p>The service focuses on giving individual, time limited, therapeutic support. This ranges from drop in services and one to one psycho-social support and advocacy to one to one counselling, therapy and targeted group work. It is delivered from the organisation's city centre base as well as through other community venues in Trafford and is available during normal office hours, as well as two evenings a week.</p> <p>Young people, parents/carers and professionals are able to self-refer to this service by telephone, website, in writing, email, visiting in person or through direct contact with 42nd Street workers in the community (e.g. school based drop-in).</p> <p>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. This has led to 248 Trafford young people being supported in 2016/17 through 1724 sessions of counselling, therapy, key work and one to one work. Of these 18 accessed the ASD specific service through 124 sessions. An additional 50 Trafford young people accessed the service through schools independently commissioning amounting to an additional 381 sessions. Overall, 64% of young people in Trafford experienced recovery or a clinically significant improvement as a result of the service; this compares with 60% in 2015/16. 100% of the children and young people surveyed were extremely likely to recommend the service to their peers.</p>
<p><b>Kooth.com</b></p>	<p>Kooth is a free, safe, confidential and non-stigmatised way for young people to receive counselling, advice and support on-line. The service in Trafford is commissioned for young people aged 11-18, providing access to counsellors until 10pm each night, every day of the year, as well as peer support via fully moderated forums. The service can be accessed directly at <a href="http://www.Kooth.com">www.Kooth.com</a>. Kooth's therapy team are qualified counsellors and psychotherapists, clinically supervised in house and independently. The team work closely together to ensure the best outcome is achieved for the young person and have clear pathways into other services, ensuring the young person gains the right information and is signposted to the most appropriate provision.</p>
<p><b>Trafford Sunrise (Just Psychology)</b></p>	<p>This service supports children aged 5-12 years and their families with emotional health and wellbeing needs. The service was commissioned jointly by Trafford CCG and Trafford Council following learning from a pilot programme in 2016/17 provided by blueSCI highlighted much higher level needs than anticipated and a gap in 'getting help' support for children and</p>

	<p>young people under 13 years of age.</p> <p>Trafford Sunrise provides support for children in coping with stress, learning how to relax and promoting emotional wellbeing. There is a mixed model of 1:1 support and group sessions where they can practice their coping skills and make new friends. There are also sessions for parents to obtain support using evidence based parenting techniques. This is around the identification and support of emotional difficulties in their children and enhancing existing coping strategies to consolidate the emotional support offer around the child.</p>
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### Family Support Services

- 3.15 There are a number of services in Trafford supporting families with different complexities. The role of the **Senior Family Support Practitioner** is to provide support for families that require intensive family support. Each area team has an IAPT trained Senior Family Support Practitioner that focuses on providing support to families at an early intervention level by providing multi-agency working through the Early Help Assessment (EHA). In 2016-17, there were 79 families receiving support from the team. Referrals are received from a variety of professionals including Healthy Young Minds (CAMHS), social care, health, education and other early help services. The majority of referrals relate directly to both emotional wellbeing and conduct disorder.
- 3.16 The Senior Family Support Practitioners also complete thorough assessments to assess parents' suitability to access parenting courses, such as Incredible Years an evidence based parenting programme that runs over 14 weeks to strengthen parental competencies. It is accessed through Trafford's Early Help Panel and runs 2-3 times per year giving practical methods that encourage families to address their problems in a way that results in positive change and prevents further problems arising.
- 3.17 Trafford also has a new Family Focus service for children at risk of going into care. This service is in place from March 2017 offering 6-8 weeks of direct intervention to support a child to maintain a placement or return back to their family. Young people are offered support developing resilience and skills for staying safe and succeeding through family sessions or direct 1:1 work.

### Support for Child Sexual Exploitation

- 3.18 For victims of Child Sexual Exploitation (CSE) there is support through a range of services, mainly delivered from Trafford Talkshop. This includes sexual health services, counselling, missing from home interventions, youth work and dedicated CSE counselling and mentoring. The counselling element is delivered by 42nd Street and provides a complete service to 11-25 year olds combining therapeutic interventions with advocacy and social care. The mentoring element is delivered by 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.

- 3.19 This provision is supported by a variety of CSE forums, including the monthly Sexual Exploitation and Missing (SEAM) Panel (attended by Healthy Young Minds (CAMHS)) and working 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 needs to be reviewed. This has come to light with the dedicated CSE service and a need to ensure a clear offering of support to everyone. A review will be scheduled and the designated doctor for safeguarding will be asked to undertake it in conjunction with Healthy Young Minds (CAMHS).
- 3.20 The **Trafford Safeguarding Children 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.
- 3.21 A review of the CSE services was carried out during 2016/17 as part of the wider review of our early help contracts, which will influence our future intentions.
- 3.22 Trafford services all perform comprehensive assessments of all young people who they support including: sensitive enquiry regarding neglect, violence/ abuse and Child Sexual Exploitation to identify any safeguarding issues, and ensuring that the young person receives the most appropriate care for their needs. A did not attend (DNA) and cancellation (CAN) protocol is also in place to ensure any missed appointments are followed up. Trafford Council are also currently preparing for a peer inspection on sexual abuse in 2018, which will give a full analysis of how services respond to sexual abuse and identify improvements for the future.
- 3.23 Trafford's Safeguarding and Stronger Families teams offer help in preventing the borough's most vulnerable young people from falling through the net; contribute to reducing health inequalities in access and outcomes, provide additional capacity in support of Child Sexual Exploitation, and keep children and young people safe from abuse and neglect. There is a lead professional approach in the Stronger Families Team to co-ordinate services for our most complex children, young people and families. The team look to conduct a whole family assessment and plan and draw in the relevant services and interventions in a team around the whole family. A Healthy Young Minds (CAMHS) link worker supports these teams around child and adolescent mental health. This has resulted in a much greater understanding of working practices and aided partnership working and referral routes into other services.

### **Self-harm**

- 3.24 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.
- 3.25 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. This assessment gives a clear guide to the appropriate

intervention based on the level of risk. When the assessment indicates that an in-depth assessment is required, this should be done within seven working days. Practitioners doing the in-depth assessment can consult with the Duty Clinician within Healthy Young Minds (CAMHS) should they need specialist support to 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.

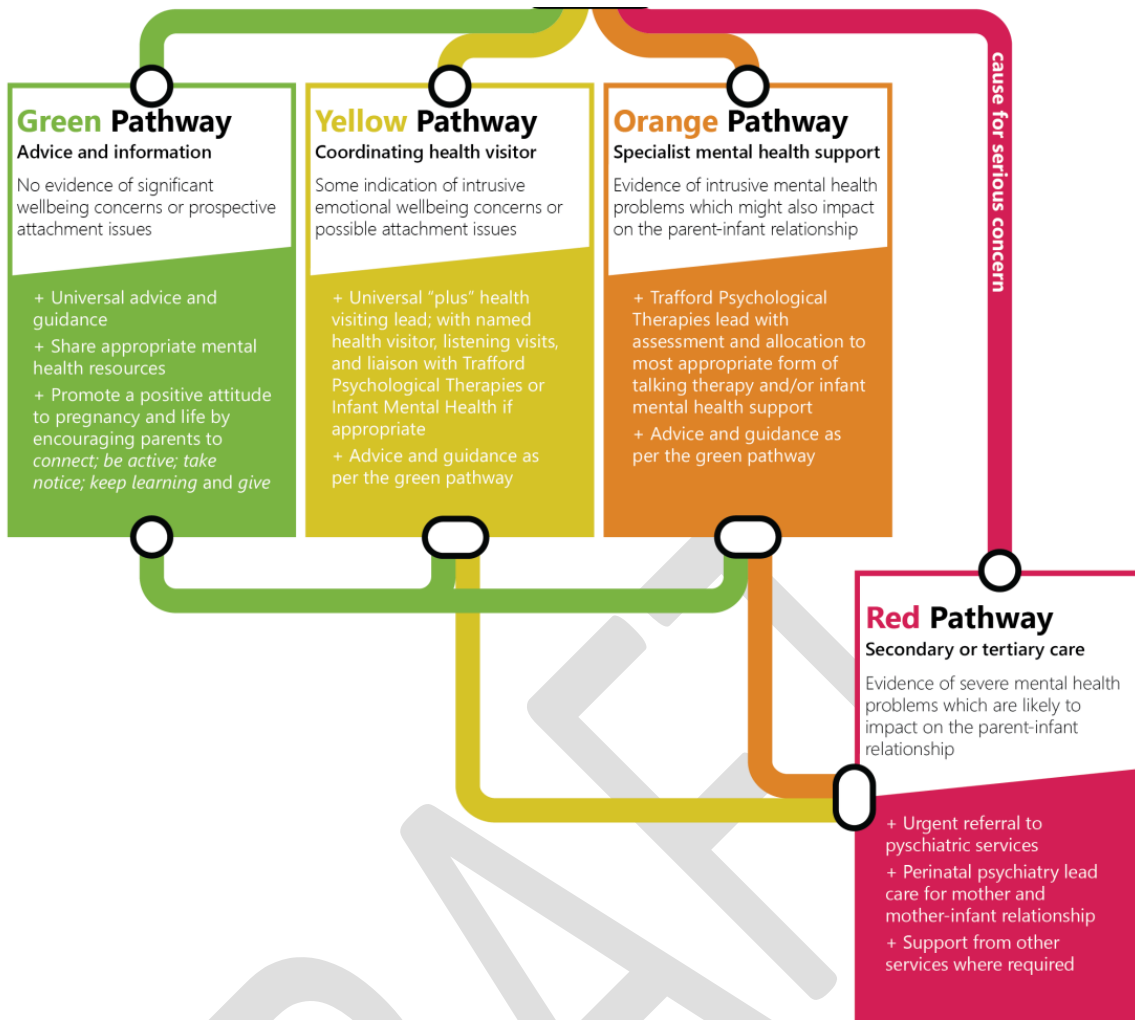
- 3.26 The pathway details the actions that should be taken, depending on the risk assessment. 'Low Risk' and 'Raised Risk' relate to intervention at Level 2 of Trafford Safeguarding Children Board's Threshold Criteria, where a single or multi-agency response is provided. 'High Risk' equates to intervention 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.

### **Perinatal and Infant Mental Health Care**

- 3.27 Perinatal care and Parent Infant Mental Health (PIMH) services in Trafford are delivered by both the Health Visiting Service and Healthy Young Minds (CAMHS). Our Perinatal Pathway<sup>38</sup> sets out an overarching approach for managing perinatal mental health support and 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 a process for screening and assessing perinatal mental health needs in order to identify which of four pathways would be most suitable for the patient's and their family's needs as depicted below.

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<sup>38</sup> Trafford Perinatal Maternal and Infant Mental Health Pathway: <http://www.traffordccg.nhs.uk/wp-content/uploads/2014/05/Trafford-Maternal-and-Infant-Mental-Health-Pathway-final-2016.pdf>



3.28 Health Visitors in Trafford have been trained in addressing the 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. Trafford has 50 Health Visitors, with 44 trained in New-born Behavioural Observation (NBO). All Health Visitors have the two day Institute of Health Visiting (iHV) PMH training which is delivered by a Health Visitor trained in Parent and Infant Mental Health in Parent and Infant Mental Health. As of January 2018, five Health Visitors are Neonatal Behavioural Assessment Scale (NBAS) trained or in training, of which three are accredited. Each Health Visitor Team has a Parental Mental Health Champion (a Health Visitor with a special interest in PIMH), two of these champions and the specialist Health Visitor are PIMH trained by the iHV. NBOs are currently being carried out with 57% of new births across Trafford.

3.29 Trafford's Health Visiting Service ranks second best in England in providing the five mandated contacts to all infants and LTP investment in 2015/16 led to additional resources secured to support postnatal depression and attachment. These resources were used in 98% of new births equating to 1,721 new mothers in 2016-17.

3.30 The borough offers a weekly mental health drop-in for parents who are experiencing low mood or anxiety, or have attachment and bonding difficulties. The drop-in is facilitated by the Parent and Infant Mental Health Health Visitor. The Baby and Me maternal and infant mental health programme provides more targeted support and is delivered by a Mental Health Nurse and Parent



and Infant Mental Health Health Visitor. In addition there a range of parenting courses including Incredible Years Baby and Toddler to support early attachment.

## Getting More Help

3.31 Healthy Young Minds (CAMHS) is an established local service provided by Pennine Care NHS Foundation Trust. The service is commissioned by NHS Trafford Clinical Commissioning Group (CCG) and Trafford Council for children and young people up to the age of 18 with complex emotional/mental health difficulties who are registered with a Trafford GP. This may include:

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

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

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

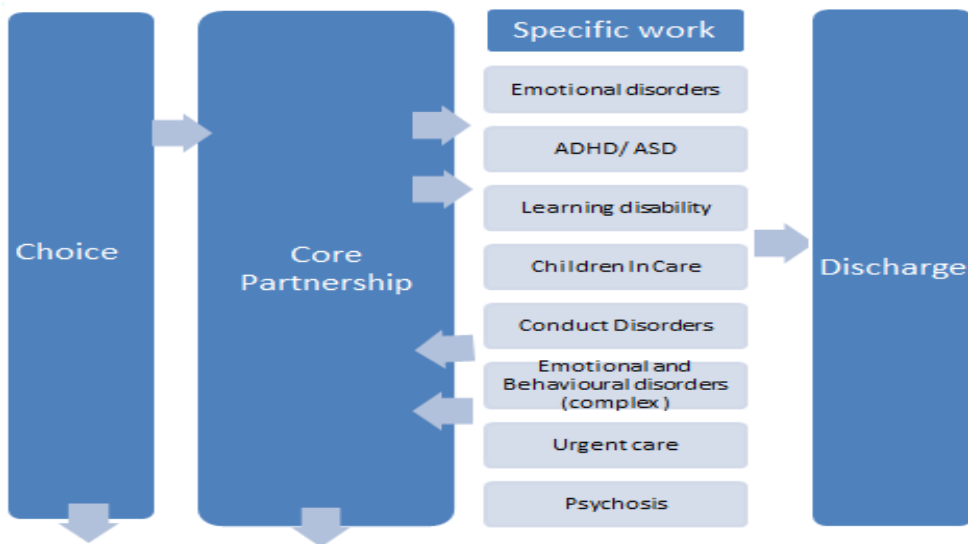
- If the situation is deemed urgent the child or young person will receive follow up and assessment within seven working days;
- If a different organisation would be better able to meet the child's needs then they are signposted on;

- If the situation is not urgent but it appears that they may be appropriately supported by Healthy Young Minds (CAMHS) they are sent a 'Choose and Book' letter.

3.34 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 to prompt them to contact the service for an appointment time and the service will contact the original referrer if required.

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

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



3.37 Where a young person's treatment includes ongoing medication, for those supported by Nice Institute of Clinical Excellence (NICE) and classified as AMBER under Greater Manchester Medicines Management Group (GMMMG) guidance the medication should be initiated by specialist services and the patient stabilised before the responsibility is transferred back to the GP, under a shared care procedure that sets out everyone's responsibilities and actions. Work was carried out during 2015/16 to communicate updates regarding AMBER medication with GPs. Expectations and responsibilities regarding the prescribing of medicine, including any associated physical healthcare

and blood monitoring needs, are in the process of being reviewed and will be embedded within specific pathways.

- 3.38 Healthy Young Minds (CAMHS) provides a variety of pathways in partnership with other agencies for certain conditions and vulnerabilities.

### **Eating Disorders**

- 3.39 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. If the referral is screened as urgent the child or young person will be seen within seven days, if it is a routine case then they will be seen within four weeks. 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/Paediatrics 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 mental health practitioners in the team.

- 3.40 Through the Local Transformation Fund, Trafford has invested in a new specialist community eating disorders service through collaborative commissioning with Stockport, Tameside and Glossop. This service is NICE compliant and provides individual support, group support, enhanced home treatment (for children and young people of all ages), parent/carer support and a seven day a week triage of referrals. This is delivered through a hub and spoke model as well as within young people's homes where appropriate. The service began in July 2016 and is currently co-ordinating the care for young people aged 15-18. It provides supervision and consultation to practitioners within Trafford's Healthy Young Minds (CAMHS) service to support the younger age range that they are care co-ordinating and provides interventions and home treatment/mealtime interventions where needed. From July 2016 to December 2017, the hub worked with 71 young people directly and co-worked with Healthy Young Minds (CAMHS) colleagues on a further 31 of their 74 eating disorder cases.

### **Looked After Children**

- 3.41 Healthy Young Minds (CAMHS) has a specialist clinical psychology service in place to support the mental health needs of Looked-After Children. The service is integrated within the Children in Care social work team and supports developmental trauma, abuse and attachment difficulties using a systematic response. The children in care social work team carry out annual health assessments for all children in care in Trafford and the clinical psychology service reviews and supports all those scoring 18 or higher on the Strengths and Difficulties Questionnaire.
- 3.42 The Healthy Young Minds (CAMHS) offer for Looked-After Children was deemed 'responsive and accessible' (Ofsted inspection report: paragraph 56), although it was recommended that as part of the service re-design the pathway should be made more in-depth. In April 2016, a report by the House of Commons Education Committee commended Trafford on its integrated model and its training offer for carers on nurturing attachment and managing complex and challenging

behaviour. In Trafford these courses have been attended by over 50% and 75% of foster carers respectively.

- 3.43 Where children and young people in care have experienced abuse that is beyond the skills of local practitioners, specialised bespoke support is commissioned from organisations such as Barnardo's and Lucy Faithful.

### **Learning Disabilities / Autism**

- 3.44 The Complex Needs service has a Consultant Clinical Psychologist leading the Learning Disability and Neurodevelopment Pathway and is supported by a second Clinical Psychologist and Consultant Psychiatrist. The CAN service currently runs the Social Communication and Autism Pathway. This pathway is currently being reviewed with the aim of reducing waiting times for diagnosis.

### **Attention Deficit Hyperactivity Disorder (ADHD)**

- 3.45 Healthy Young Minds (CAMHS) and Paediatrics, alongside other multi-disciplinary colleagues, reviewed the ADHD pathway in 2016 according to NICE guidance and recommendations by the Strategic Clinical Network. The review highlighted a need to introduce elements such as a single point of access, the Qbtest to support robust diagnosis of ADHD and the introduction of a specialist ADHD Nurse. The Qbtest and a single point of access Administrator were funded through the Local Transformation Fund in 2016 and 2017 respectively and resources were identified within Pennine Care to recruit an ADHD Nurse in 2017. The new multi-agency pathway has been coproduced with parents and young people and was launched in autumn 2017 alongside a programme of training for local professionals and a session for parents. Trafford's ADHD Pathway enables schools and other lead professionals to make direct referrals to the pathway; recognising and capturing the wealth of information they can provide to assist diagnosis.

### **Perinatal**

- 3.46 Referrals of infants (with their parents who may be within the perinatal period) can be made to Healthy Young Minds (CAMHS) up to the child's 3rd birthday to work with the Parent Infant Clinical Psychologist. The Clinical Psychologist works directly with a small number of families and offers consultation and liaison sessions to Health Visitor teams and other professionals discussing reflections and interventions with families where there may be parent, infant or attachment relationship mental health concerns. The role has responsibility for promoting parent infant emotional wellbeing within Trafford working across multi-agency service boundaries, developing initiatives with representatives from adult mental health, midwifery, local authority early help and third sector services, and supporting borough wide parent infant pathway development. The Clinical Psychologist works within the restraints afforded by the limited capacity (0.5WTE) to offer training within primary care emotional 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 (CAMHS) for family partnership work and Early Years services. The role also provides direct clinical supervision to NBAS trained health visitors and Senior Family Support Practitioners in the Early Help Hubs.

- 3.47 Since the start of the service in November 2011, 257 infants have been referred to the service. These numbers are in addition to those supported by the health visiting team. The service typically receives 4-5 referrals a month with a round 38% receiving direct contact as opposed to consultation and liaison. The waiting list is 4-6 weeks as of February 2018.
- 3.48 Part of the maternity pathway for South Manchester includes fast access for women in pregnancy to mental health services, especially for those with a known or suspected mental health problem. Trafford's adult IAPT service also offers a priority service to women within 12 months of childbirth in both assessment and receiving psychological therapy. From January 2016 to January 2017 the service received 151 referrals for women who are within the perinatal period.

## **Safeguarding**

- 3.49 For children and young people who have mental health needs with a safeguarding concern, Healthy Young Minds offers a consultation clinic to allow social workers and others to work in a more organised way around mental health needs. This allows them to develop a plan to ensure that the identified mental health needs of children and young people are being met.
- 3.50 Healthy Young Minds (CAMHS) is a member of the monthly Sexual Exploitation and Missing (SEAM) panel which deals with approximately 50 child sexual exploitation cases per annum. Referrals to SEAM are made through the borough's multi-agency referral assessment team (MARAT). Healthy Young Minds (CAMHS) attend case conferences and child in need meetings and contribute to multi-agency safeguarding plans.
- 3.51 Where young people are, or are at risk of, committing sexual violence, the lead professional working with the young person would arrange a joint strategy meeting with relevant professionals and assign an AIM (Assessment, Intervention and Moving On) trained social worker to carry out an AIM assessment. This may lead to specialist provision being purchased from Barnardo's to work with the young person if required. Healthy Young Minds (CAMHS) are also able to refer to the Adolescent Forensic Psychiatry Team for risk assessment and recommendations where appropriate.

## **Young Offenders**

- 3.52 A link worker from Healthy Young Minds (CAMHS) is based in the Youth Offending Service (YOS) one day a week and provides 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. A fast track referral system is in place for young people under YOS statutory supervision, (5 working days for acute service and 15 working days for other).
- 3.53 The YOS also has its own Mental Health Support Worker 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). In 2017 and previous years the YOS post was a counsellor.
- 3.54 The Healthy Young Minds (CAMHS) link worker and Mental Health Support Worker play an integral part for young people who are transitioning to or from custody. If the young person has built a good relationship with their Mental Health Support Worker before custody, then Trafford

YOS would ensure that this person continues to see the young person during their sentence and up to three months after their order has ended as part of a planned exit strategy. Trafford also use therapeutic custodial environments for those young people requiring additional support whilst in custody.

- 3.55 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 trialled 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 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 on cases under non-statutory YOS supervision (out of court).
- 3.56 Healthy Young Minds (CAMHS) used some of the Improving Access to Psychological Therapies programme (IAPT) budget to extend the volunteer mentor project at YOS. Full details of this are given below.

## **Transition**

- 3.57 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. A board of senior managers are leading on its implementation to ensure it is multi-agency and works effectively across services.
- 3.58 Nationally there is a two year CQUIN (Commissioning through Quality and Innovation) target in place for mental health services for transition for 2017/19 based on the NICE guideline and quality standard for this topic. This will involve reviewing the transition protocol of specialist child and adolescent mental health services, auditing case files to ensure that transition within mental health services is timely and involves all relevant agencies, as well as the family and young person; the establishment of a steering group with membership from children's and adults mental health services, primary care and commissioning and conducting a questionnaire with young people and their families pre and post transition to gain a better understand of the experience of transition. Trafford intends to use this opportunity to strengthen processes between key mental health providers to ensure a seamless and well planned transition for all young people.

## **Early Intervention in Psychosis**

- 3.59 Greater Manchester Mental Health (GMMH) is commissioned by Trafford CCG to provide an early

intervention in psychosis service for 14-65 year olds. The service consists of a multi-disciplinary team including a Team Manager (CPN), two clinical psychologists, three social workers, three Community Psychiatric Nurses, one Occupational therapist care coordinator, one psychiatrist, one Occupational therapist, a full time support and recovery worker, a specialist employment worker and a health & wellbeing practitioner focusing on physical health assessment and interventions.

- 3.60 The service accepts referrals from any source, including self-referrals, carers' referrals and any service in the community including schools. All referrals are assessed using a Positive and Negative Syndrome Scale (PANSS) in addition to a comprehensive assessment. The service is specifically for people with potential psychotic experience. Those not meeting the threshold for the service are referred to Healthy Young Minds (CAMHS), IAPT or 42nd Street as appropriate to their needs. EDIT (Early detection and intervention team) offers CBT for those at risk of developing psychosis to reduce the risk of transition into psychosis.
- 3.61 Young people accessing this service under the age of 18 will also have a Healthy Young Minds (CAMHS) consultant for joint working and any necessary prescriptions. The service has greater scope to work with a child in crisis but sometimes joint assessments with Healthy Young Minds (CAMHS) are required. It has a joint protocol with the Learning Disability service and works together on some cases. It also liaises closely with Early Break regarding young people presenting with substance misuse.
- 3.62 As at the end of February 2018 23 young people under the age of 18 were reported to be on the Trafford Early Intervention caseload and with a further 10 on the Early Detection Intervention Team pathway, giving a total of 33. This number continues to grow.

## Getting Risk Support

### Liaison and Diversion

- 3.63 A new **Integrated Healthcare in Custody and Wider Liaison and Diversion Service** has been jointly commissioned in 2017 by the Office of the Police and Crime Commissioner and NHS England. It is an integrated service model combining two key services that have historically been commissioned separately; police custody health care and Liaison and Diversion. The service will deliver an all-age (adult and youth) service across key points of intervention in the criminal justice system, addressing a wide range of health issues and vulnerabilities. Any young person in Police custody will receive a health assessment which will then follow them to the Court arena. These assessments will inform remand and sentencing decisions and ensure the defendant is managed and supported appropriately through the criminal justice system.
- 3.64 There has been a considerable amount of work done in Trafford to keep young people out of custody. The Pendleton Project was established as a partnership project between the Youth Offending Service and Police to provide Early Help and divert young people away from the Criminal Justice System (CJS). If a young person is arrested for a minor offence, they are taken home and a parent/carer is informed that a referral will be made to Trafford YOS for an assessment to take place rather than taking them to police custody. The YOS then advises the young person if they take part in the assessment and intervention, and are assessed as suitable, the YOS will recommend to the police that the young person is given a community resolution

instead of a caution. Since 2014, this project has resulted in a reduction of young people receiving an out of court disposal who went on to be first time entrants to the Criminal Justice System (100% to 28%) and an increase in those engaging with YOS (27% to 100%).

- 3.65 The number of Section 136 incidents where children and young people are detained in police custody has always been low in Trafford (one reported in 2014, one in 2015 and none since). With changes through the Policing and Crime Act 2017, all children and young people will have to go to a health based place of safety or their own home instead of a police cell. Feedback from the police does suggest that there are an increasing amount of incidents with young people with mental health issues, in particular situations where parents/carers are unable to cope with children who have behavioural or neurodevelopmental issues. The new Police Control Room Mental Health Triage Service in 2018 will assist officers with relevant information to offer support and signposting.
- 3.66 The current process would be for such cases to be taken to A&E (at Wythenshawe Hospital or Manchester Royal Infirmary) for psychiatric assessment and follow up by Healthy Young Minds (CAMHS) or the Greater Manchester CAMHS Out of Hours Service, which can be delayed depending on demand pressures.
- 3.67 As part of the Greater Manchester Crisis Care Pathway work there will be the introduction of a preferred location of safety/inpatient provision, patient transport, building on existing adult services (such as the delivery of a 24/7 telephone hotline for officers to contact a mental health professional in situations where police are trying to deal with a young person with mental health issues), and the expansion of the RAID service (see below for RAID details) to under 16s.
- 3.68 In addition, communication with the police regarding Care Plans to manage challenging behaviour also needs to be improved. Names and addresses will be flagged on the police system, so that if a young person within services is arrested, or found behaving in a criminal manner, then the police would contact the care co-ordinator or follow the agreed care plan.

### **Out of Hours**

- 3.69 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.
- 3.70 There are plans being implemented across Greater Manchester to improve the experience of children and young people in a crisis (see section 6.12). This will include a 24/7 liaison mental health services providing prompt specialist assessment, triage and intervention as appropriate 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.

### **Rapid Assessment Interface and Discharge (RAID)**



- 3.71 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 either Manchester Foundation Trust Hospital sites or Trafford General Hospital. The service currently provides seven day A&E liaison and aims to reduce patient waiting times and inpatient bed days, support quick discharges and reduce readmissions.
- 3.72 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.
- 3.73 This service will be extended to cover all ages as part of the Greater Manchester Crisis Care Pathway to be funded and implemented by Trafford CCG in 2018. The extended service will be led by CAMHS practitioners and clinically supervised by Consultants from Junction 17 inpatient unit provided by GMMH. The service will be supported by Trafford Health Young Minds (CAMHS) who will provide follow up appointments to children accessing the RAID service. The service is intended to go live in the autumn.

### **Crisis Care Concordat**

- 3.74 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. The Greater Manchester Crisis Care Pathway will establish two safe zones for young people in a crisis as an alternative to hospital admission.

### **Inpatient Services**

- 3.75 Inpatient services are commissioned nationally by NHS England at this time. Trafford children requiring specialist mental health support are assessed by either Manchester Foundation Trust (MFT) or Greater Manchester Mental Health (GMMH) regarding their needs and are admitted to the most suitable service available at that time.
- 3.76 The Greater Manchester Crisis Care Pathway will bring a 72 hour crisis bed that will be managed through Greater Manchester and also an assessment centre to support bed management across inpatient services. It has also been agreed that in the future Greater Manchester CCGs will manage Greater Manchester inpatient beds in future to ensure that Greater Manchester children and young people are prioritised and prevent admissions outside of our sub-region.
- 3.77 A detailed case protocol was designed by a group of multi-disciplinary professionals in Trafford to support the discharge of children and young people from inpatient and welfare secure placements. This supports good case co-ordination with joint commissioning processes in place to ensure that follow-on placements are identified and resourced to meet need.

## **Improving Access to Psychological Therapies (IAPT)**

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

IAPT Principle	Progress to date
<b>Participation</b>	<ul style="list-style-type: none"> <li>• Continuation of participation group Because Our Opinion Matters groups (BOOM) to design and enhance service delivery and development.</li> <li>• Introduction of young people onto recruitment and selection panels.</li> <li>• Young People involvement in decoration of treatment rooms and waiting area including designing art work and other improvements.</li> <li>• Trafford Youth Cabinet and Children in Care Council involvement in the future.</li> </ul>
<b>Accessibility</b>	<ul style="list-style-type: none"> <li>• Ongoing work with colleagues and stakeholders to improve liaison and consultation with Healthy Young Minds (CAMHS) and develop joint care pathways e.g. self-harm, to work with the Early Help offer and programme.</li> <li>• Ongoing work with other commissioned services to support smoother referral processes.</li> <li>• Completed a Self-Assessment Skills and Audit Tool (SASAT) 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.</li> <li>• 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.</li> <li>• Mobile working and added flexibility into Healthy Young Minds (CAMHS) staff contracts to enable a more flexible model of service.</li> <li>• Introduction of choice as part of CAPA in 2016/17.</li> <li>• 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.</li> <li>• 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).</li> <li>• 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.</li> </ul>

	<ul style="list-style-type: none"> <li>• Offer of appointments at weekends and more accessible times in 2017.</li> </ul>
<p><b>Evidence based practice</b></p>	<ul style="list-style-type: none"> <li>• One team member has completed the CBT postgraduate diploma which provided accredited training in best practice interventions and outcome measurements.</li> <li>• Two of the three senior family support practitioners have successfully completed the IAPT Post Graduate Diploma in the parenting pathway to deliver evidence based interventions to a high standard.</li> <li>• Two counselling staff from 42nd Street trained in the IAPT course Counselling for Depression.</li> <li>• Five staff completed the enhanced practitioner programme (including staff from CAMHS, health and LA) to deliver low level CBT.</li> <li>• Three staff from wider agencies are to be trained in Enhanced Evidence Based Practice in 2018.</li> <li>• Children and Young People's Well-Being Practitioner post established to work with young people and families with low level mood and anxiety issues within Early Help Services. Second post planned for 2019/20.</li> <li>• Establishment of CYP IAPT Clinical Lead post to ensure effective planning regarding workforce skills, training needs and supervision capacity.</li> </ul>
<p><b>Routine use of outcome monitoring (ROM)</b></p>	<ul style="list-style-type: none"> <li>• Introduced routine outcome measurement to practice. In 2016/17 ROMs have started to be used in 100% of choice appointments.</li> <li>• CHI ESQ are used routinely within Healthy Young Minds (CAMHS) with a six monthly directorate wide audit process.</li> <li>• PARIS, an electronic note recording system, supported by ICAN system to capture ROMs will be implemented in 2018.</li> </ul>

## Summary

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

## 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 which has been raised with Pennine as an area of concern since the service review in 2015//16 and escalated through the relevant contracting processes. Following a detailed options appraisal exercise that was undertaken by Pennine Care it has been decided that Trafford will utilise the PARIS (patient care record system) as per the other areas in Greater Manchester served by the Trust to capture and flow data to the Mental Health Single Data Set (MHSDS). The service will undertake training on the system during March 2018 with the intention that data will begin to flow before April 2018 when the system goes live.
- 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).

### Activity & Key Performance Indicators

- 4.4 In 2016/17, Healthy Young Minds (CAMHS) received 1,593 referrals, an increase of 17% on 2015/16, which in turn was an increase of 8% on 2014/15. The percentage of referrals that were accepted in 2016/17 was 85%, which is an improvement on 81% in 2015/16. Not all referrals priority types were recorded in 2016/17, but of those that were, 80% were routine, 18% were urgent and 2% were emergencies.

Year	Referrals Received	Percentage of referrals accepted
14/15	1268	73%
15/16	1366	81%
16/17	1593	85%

- 4.5 The gender split of referrals was analysed in 2015/16 and was 60% female and 40% male. The age breakdown of children and young people seen in this same period is presented in the table below. The service has been unable to provide any profile information for 16/17 due to the limitations of its data system and capacity to support the manual gathering of this information.

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%

- 4.6 With the onset of Trafford's new data system in 2018/19, we can look to see if there has been any variation in these figures.
- 4.7 In 2016/17 8% of children and young people did not attend (DNA) appointments, compared with 7.4% in 2015/16. 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. Between April and December 2017, the most common services were 42nd Street, Trafford Psychological Services, Paediatrics, Just Psychology and the Early Help Hubs. Healthy Young Minds had a low level of service cancellations in 2016/17 (2.3%), which was similar to the rate in 2015/16 (2.1%)

### First appointments and follow ups

- 4.8 Data is available on the number of first appointments provided by Healthy Young Minds (CAMHS) in 2017, however follow up data will not be available until PARIS is implemented in 2018.

Year	First Appointments <sup>39</sup>
15/16 (April – Sep)	174
16/17 (April – Sep)	239
17/18 (April – Sep)	247
17/18 (Oct – Dec)	177

- 4.9 The data show a slight increase in 2017/18 compared with 2016/17 figures (3%) and both 2016/17 and 2017/18 showed an estimated 40% increase compared to first appointments offered in 2015/16.
- 4.10 The active caseload for Healthy Young Minds (CAMHS) as at end of March 2017 was 1312.

### Waiting times

- 4.11 The waiting time starts at the point a referral is received by Healthy Young Minds (CAMHS). From 2016, all referrals are screened on the day they are received by the Healthy Young Minds (CAMHS) duty clinician. Urgent cases receive immediate follow up and assessment and any routine cases are sent a 'Choose & Book' letter and a questionnaire. If families do not respond then they will be contacted again after two weeks and then again after a further three weeks.
- 4.12 As of December 2017, there were 20 young people who have been referred into the service but have yet to call the 'choose and book' line for an appointment. For those families that have contacted the line, there were 30 young people waiting to be allocated a 'Choice' appointment. 80% were waiting between 4-8 weeks and 20% 0-4 weeks.

	0-9 weeks	10-17 weeks	18+ weeks	TOTAL
Choice	95	28	15	138
Choose & Book	33	4	4	41

<sup>39</sup> Taken from HYM data

<b>TOTAL</b>	128	32	19	179
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4.13 Following the Choice Appointment some young people go on to receive a therapeutic intervention from the service. As of December 2017, there were 114 young people waiting for an intervention.

4.14 To address initial long waiting times in 2015/16, two posts were funded through the LTP to offer capacity to reduce the backlog. The service has also implemented a weekly monitoring group to provide continual monitoring of referrals and waiting lists for Choice and Partnership to ensure that risk is managed.

### Key Performance Indicators (KPIs)

4.15 From April to December 2017, and in all previous years since the Local Transformation Plan was developed, 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 (22 young people).
- Contact with Healthy Young Minds (CAMHS) worker is within seven days for urgent referrals/self-harm follow-ups (88 young people).
- All referrals of Looked after Children scoring 18 points or more on SDQ are dealt with appropriately by a Healthy Young Minds (CAMHS) worker.

### Workforce information

4.16 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.

### Clinical and service accountability

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

Band	16/17 WTE	17/18 WTE
Consultants	2.9	2.7
Band 8D	0.8	0
Band 8C	1.8	1.0
Band 8B	1.6	2.4
Band 8A Op Manager	1	1
Band 8A Psychology / FT Therapy	1.9	1.3
Band 7 Team Leader	1	1
Band 7 Clinical	3.9	7
Band 6	5.5	5.5*
Band 4	3	3.5
Band 3 Admin	4	4
Band 2 Admin	0.6	2.6
<b>Total</b>	<b>28</b>	<b>32</b>

\*2.6WTE are commissioned directly through virtual schools and individual schools

4.18 Utilising LTP funds in 2015/16 and 2016/17, 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 safeguarding and the Stronger Families Team. The Safeguarding/Stronger Families post has become a consultation post and will continue to be funded until 2020/21 and in 2017/18 a Children and Young People's Wellbeing Practitioner was introduced.

New Posts – Role	Band	FTE
Safeguarding/Stronger Families Post	7	1
Transformational Lead Post	8b	0.17
Mental Health Practitioner	6	1.8
ASD Senior Practitioner	8a	0.2
PWP post	5	1

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

Eating Disorder Posts –Role	Band	FTE
Operational Manager	8a	0.17
Clinical Lead	8a	0.33
Consultant Psychiatrist		0.17
Senior MHP	7	0.2
Family Therapist (0.17)	7	0
Dietician	7	0.17
MHP	6	0.53
Clinical Support Worker	4	0.33
Administrator	4	0.33
<b>TOTAL FTE</b>		<b>2.23</b>

4.20 The Eating Disorders post will rise to 2.4FTE once the final post is recruited to in 2018.

4.21 Finally, the increase in funding for 42nd Street provision means that we now have an additional 2.4 FTE mental health practitioners providing support in Trafford. This is in addition the 2.0 FTE posts that were already provided. Just Psychology is also providing 1.4 FTE through the 5-12 year old service. There are also three Senior Family Support Worker Practitioners providing evidence based practice at tier 2.

4.22 This gives an ongoing Trafford CAMHS tier 2 and 3 workforce of 45. Across these new investments, it is anticipated that an additional 701 children and young people will receive support each year.



## Inpatient Bed usage

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

	2013/14		2014/15		2015/16		2017	
	No.	OBD	No.	OBD	No.	OBD	No.	OBD
Eating Disorders			1	146	5	587	1	81
Children's	4	200	4	747	14	1407	18	839
Acute Admissions	7	197	14	1065				
Mother & Baby	8	417	2	18				
<b>TOTAL</b>	<b>19</b>	<b>814</b>	<b>21</b>	<b>1976</b>	<b>19</b>	<b>1994</b>	<b>19</b>	<b>920</b>

4.24 Trafford has been 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.

4.25 This data has not been consistently reported across the time period of our Local Transformation Plan; however data will improve in future as Greater Manchester begins to manage its own beds and set standard performance requirements. It is clear that there has been a peak in inpatient admissions and bed occupancy between 2014 and 2016 which hopefully has been curbed and begun a downward trend due to new investments in children and young people's mental health.

4.26 The split between male and female for admissions is 29:71 respectively. Trafford's admission numbers stand at 29.90 per 100,000 of the population. This is the second lowest of the 10 Greater Manchester boroughs. Our distance from home to ward figure is third lowest at 8.57 miles on average.

## Finance

4.27 NHS England Specialist Commissioners spent a total of £1.16m on inpatient provision for Trafford patients in 2016/17. This has been calculated using the national estimated costs of £61,000 per inpatient admission. The actual figures from providers from 2015/16 and 2014/15 show a relatively consistent spend with the current year, following a large increase in expenditure from 2013/14.

	2013/14 (£)	2014/15 (£)	2015/16 (£)	2017 (£)
Eating Disorders		85,410	366,875	61,000
Children's	107,000	399,645	769,629	109,800
Acute Admissions	124,701	674,145		
Mother and baby	219,759	9,486		
Total (£)	451,460	1,168,686	1,136,504	1,159,000

## Healthy Young Minds (CAMHS) spend

4.28 In 2014/15 Trafford CCG and Trafford Council (including Public Health Grant Funding) collectively

spent £1.75m (£1.36m and £390k respectively) for the provision of Healthy Young Minds (CAMHS), through Pennine Care NHS Foundation Trust. This funding remained relatively similar in 2015/16 and saw an increase from Trafford CCG from 2015/16 onwards through Local Transformation monies to £2.09m.

4.29 A further £241k was paid by the Council to Pennine Care NHS Foundation Trust to help towards the delivery of the Borough's specialist programmes including Healthy Young Minds (CAMHS) input to the Children in Care team. A further £115k was funded by Trafford CCG for Senior Family Support Practitioners to provide evidence based parenting interventions on the early help pathway, which has remained the same across all three years. Additional money has been invested through transformation monies to purchase a Community Eating Disorders Service, Educational Psychology capacity for the ASD pathway within the Complex Needs Team and support to complex families through a consultation post. The full range of additional investment has been detailed below.

4.30 Together, a total of **£2.11m** was spent on specialist mental health support for the 0-18 Trafford registered population in 2014/15, which increased to **£2.44m** in 2016/17.

### NHS funded/part funded mental health support

4.31 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, however does not include the funding of children's placements which will be looked at in the future refresh. Encouragingly, the data shows an increase of 22% in the combined spend of the CCG and local authority in 2016/17 compared to the 2014/15 baseline. This is against a backdrop of savings within the local authority investment. It includes all joint funded projects and additional investment in 'Getting Advice' and 'Getting Help' services to address the need for early intervention and prevention services in the borough in accordance with the THRIVE model and estimated lower level need. Further detail is provided below.

2014/15	Organisation			Total
	LA joint funded	CCG	NHSE	
Thriving & Getting Advice (Early Help)	-	-	-	-
Getting Help Services (42 <sup>nd</sup> )	28,000	57,000	-	85,000
Getting More Help Services (HYM)*	389,826	1,365,523	-	1,755,349
Evidence Based Programmes and sub-teams*	241,000	115,000	-	356,000
Inpatient Services	-	-	1,168,686	1,168,686
<b>Total</b>	<b>658,826</b>	<b>1,537,523</b>	<b>1,168,686</b>	<b>3,365,035</b>

\* Excludes CQUIN, management and overhead costs

2015/16	Organisation			Total
	LA joint funded	CCG	NHSE	
Thriving & Getting Advice (Early Help)	-	57,500	-	57,500

Getting Help Services (42 <sup>nd</sup> Street)	28,000	57,000	-	<b>85,000</b>
Getting More Help Services (HYM)*	261,621	1,390,496	-	<b>1,652,117</b>
Evidence Based Programmes and sub-teams*	241,000	115,000	-	<b>356,000</b>
LTP non-service investment	-	7,572		<b>7,572</b>
Inpatient Services	-	-	1,136,504	<b>1,136,504</b>
<b>Total</b>	<b>530,621</b>	<b>1,627,568</b>	<b>1,136,504</b>	<b>3,331,693</b>

\* Excludes CQUIN, management and overhead costs

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

\* Excludes CQUIN, management and overhead costs

\*\* Estimate based on average between 2017 and 2015/16

4.32 The additional investment made by Trafford CCG from 2015/16 through the Local Transformation Fund and the 2016/17 non-recurrent GM fund\* is detailed below.

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

4.33 Additionally, there are a variety of services and contracts as detailed in Section 3 which contribute both directly and indirectly to the comprehensive mental health offer for children and young people. Whilst we are able to include costings for all jointly funded services between the Local

Authority and Trafford CCG (42<sup>nd</sup> Street, Early Help, HYM), we have not included services solely funded through the Local Authority i.e. coaching/mentoring or portions of wider services that support emotional wellbeing. There is also spend across a wide range of universal and targeted services that could be included as part of our local investment. Trafford is working with colleagues across Greater Manchester to agree a standardised approach to measuring the full investment.

4.34 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.

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

### Summary

- The current data collection system does not give a detailed understanding of current activity of Health Young Minds. Following a detailed appraisal, it has been decided that Trafford will utilise the PARIS (patient care record system), which will go live in April 2018.
- In 2016/17 Healthy Young Minds received 1,593 referrals, which is an increase of 17% on the previous year. The percentage of referrals that were accepted in 2016/17 was 85%, which is an improvement on 81% in 2015/16. The majority of referrals came from 11-15 year olds.
- To address long waiting times in Healthy Young Minds, two posts were funded as part of the transformation plan. The service has also implemented a weekly monitoring group to provide continuing monitoring of referrals and waiting lists.
- In 2017, Healthy Young Minds achieved 100% compliance each month in all of its Key Performance Indicators. This includes contact with a Healthy Young Minds worker within the same day for emergency self-harm referrals.
- Between 2016/17 and 2017/18 the whole time equivalent (WTE) of staff working in core Healthy Young Minds has risen from 28 to 32. Added to this are the staff working at the Community Eating Disorder service and other new posts funded by the Local Transformation Plan.
- A total of £2.14m was spent on specialist mental health support for the 0-18 Trafford registered population in 2014/15, which increased to £2.24m in 2016/17. Total spending on mental health services was just short of £3.9m in 2016/17.

# 5. Stakeholder Engagement

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

## Review of Emotional Health and Well-being services

5.2 In 2013, as part of the Review of Emotional Health and Well-being services for children and young people in Trafford, children and young people<sup>40</sup> 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.

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

## CQUIN (Commission for Quality & Innovation)

5.4 Also in 2013, children, young people and their families were involved in a Pennine Care NHS Foundation Trust CQUIN 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 a family activity day, consultation with Trafford Youth Council and feedback from users on current service literature and communication.

5.5 The outcome of this work was a new information leaflet designed by children and young people from the Youth Cabinet and a video 'Welcome to CAMHS'. The appointment letter was also changed as a result with links to information resources to use whilst waiting for a service. Early transformation money in Trafford was used to develop a user friendly, interactive and informative website for Healthy Young Minds (CAMHS). 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.

5.6 The CQUIN for 2017/19 is on transition and involves case files audits and a pre and post transition

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<sup>40</sup> 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.

questionnaire for young people and their families. It is expected that this will bring feedback for a range of organisations that will improve the experience of transition in Trafford.

## CAMHS Transformation Review

5.7 During 2015/16, a full review took place of Trafford CAMHS, which has played a significant role in the development of our Local Transformation Plan. The review was led by the Children, Family and Wellbeing All Age Commissioning Team in partnership with Trafford Clinical Commissioning Group (CCG) and Pennine Care NHS Foundation Trust.

5.8 The review was undertaken by a multi-agency steering group and supporting task and finish groups which included service user and professional representation across education, health, social care, housing and the voluntary sector. The review included two stakeholder workshops, surveys and direct meetings with individuals, professionals and service user groups. It also incorporated service feedback from Healthy Young Minds (CAMHS) from satisfaction questionnaires, service user groups and individual interviews.

5.9 The main findings of the review were:

- Staff within CAMHS were recognised for their attitude, experience, skills and dedication. Children and young people who received a service rated it highly.
- Waiting times were a significant issue for both initial appointments and receiving treatment signifying a need to redesign processes and staff resources. However, for urgent and emergency cases, a timely and appropriate response was given despite increases in numbers of referrals and complexity of cases.
- Need for dedicated consultation time for CAMHS experts to support universal staff. This also needs to be supported 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 CAMHS and wider stakeholders.
- Need for extending CYP IAPT principles to other services.
- The relationship should be improved between CAMHS and voluntary sector providers with increased signposting to local community services.
- Gaps in information about 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 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 Children in Care, specifically around staffing, time spent with children and young people, 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.

5.10 A series of recommendations stemmed from the review which formed the foundation of Trafford's Local Transformation Plan (see Section 6) and the underpinning project plan for implementation. The recommendations have also been incorporated into the transformation of the Trafford Healthy Young Minds (CAMHS) Service to support the implementation of the THRIVE model (as described in Section 3) led by Pennine Care NHS Foundation Trust. This new service model will enable a more integrated multi-disciplinary approach to supporting children and young people's mental health and includes a new core pathway based on the Choice and Partnership Approach (CAPA) as well as new multiagency care pathways for specific groups of vulnerable young people. A full implementation plan is in place for the transformation of this service which is continually monitored by commissioners.

## Service engagement

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

## Local Transformation Plan Engagement

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

You Said	We Did
<b>Prevention</b>	
<b>There should be more services to</b>	<ul style="list-style-type: none"> <li>• Increased funding to 42nd Street so they can offer support to more young people.</li> </ul>

<b>help young people at an early stage</b>	<ul style="list-style-type: none"> <li>We have bought a new service to provide support to young people aged 5-12 years and their families through group sessions looking at coping with stress and promoting emotional wellbeing.</li> </ul>
<b>It is difficult to get information and know what services are out there</b>	<ul style="list-style-type: none"> <li>A new website has been developed at <a href="http://www.healthyyoungmindspennine.nhs.uk">www.healthyyoungmindspennine.nhs.uk</a> that provides information for children, young people, parents, carers and professionals.</li> <li>Trafford's directory has been updated with a specific mental health page <u>Service Directory: Young People's Mental Health &amp; Wellbeing.</u></li> <li>Trafford Youth Cabinet has helped us to design a flyer for young people explaining the main services that are out there for mental health</li> </ul>
<b>More drop in centres and support from anonymous sources.</b>	<ul style="list-style-type: none"> <li>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.</li> <li>We have brought Kooth into Trafford, which is a confidential, online, anonymous counselling service open 365 days a year up to 10pm for young people aged 11 to 18 years.</li> </ul>
<b>Access</b>	
<b>Waiting times are too long for mental health services.</b>	<ul style="list-style-type: none"> <li>Healthy Young Minds (CAMHS) have adopted a new way of working called CAPA (Choice &amp; Partnership Approach) to enable children and young people to get support quicker.</li> <li>The service has recruited new staff, restructured current staff to increase capacity, introduced more group sessions and put new systems in place.</li> </ul>
<b>Healthy Young Minds needs multi-agency rapid screening processes to reduce inappropriate referrals and re-referrals.</b>	<ul style="list-style-type: none"> <li>The implementation of CAPA (Choice and Partnership Approach) will ensure that children and young people receive appropriate support at an initial stage to reduce re-referrals.</li> <li>A daily screening process for Healthy Young Minds (CAMHS) is supporting professionals to refer appropriately.</li> <li>New multi-agency pathways will promote wider support at earlier stages and support appropriate referrals. Inappropriate referrals have dropped to 14%.</li> </ul>
<b>The CAMHS building should be more friendly</b>	<ul style="list-style-type: none"> <li>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.</li> </ul>
<b>Central point of access for all</b>	<ul style="list-style-type: none"> <li>Discussions have taken place with Healthy Young Minds (CAMHS), 42<sup>nd</sup> Street, Early Help Hubs and Just Psychology to establish a single point of access.</li> </ul>
<b>Appointments offered at evenings and weekends.</b>	<ul style="list-style-type: none"> <li>Healthy Young Minds (CAMHS) changed processes and staffing so that appointments will be able to be offered more flexibly.</li> <li>A new eating disorders service has been commissioned with intended appointments at evenings and weekends.</li> </ul>
<b>There is currently no phone line for advice</b>	<ul style="list-style-type: none"> <li>Healthy Young Minds (CAMHS) will be offering consultation and advice to professionals. This will give specific contact details and availability to discuss concerns around children and young people.</li> </ul>
<b>Transitions between services needs to improve</b>	<ul style="list-style-type: none"> <li>A new transition protocol written and a specific national target around transition has brought together all mental health services to see what can be improved.</li> <li>There is currently a group of senior staff looking at how to improve the transition from children to adult services- this is a big priority for Trafford.</li> </ul>
<b>Trafford has no home treatment or services to prevent admission and step down from hospital.</b>	<ul style="list-style-type: none"> <li>This is currently offered through our Community Eating Disorders Service.</li> <li>It will be offered to all young people as part of the new Greater Manchester Crisis Transformation.</li> </ul>



<p><b>Implement the THRIVE model of support so that there is a multi-agency approach</b></p>	<ul style="list-style-type: none"> <li>• Awareness raising has taken place with stakeholders on the THRIVE model and this will continue.</li> <li>• New pathways will be written with a multi-disciplinary approach according to the THRIVE model.</li> <li>• GM funding has been secured to introduce an i-THRIVE hub to ensure the THRIVE model is implemented across Greater Manchester.</li> </ul>
<p><b>Vulnerable Groups</b></p>	
<p><b>Better services for young people with an eating disorder</b></p>	<ul style="list-style-type: none"> <li>• A new community eating disorders service was commissioned in Trafford in 2016 offering home treatment, group sessions, one to one support and support for parents and carers.</li> </ul>
<p><b>Healthy Young Minds needs to ensure it has sufficient ability to deal with increasingly complex cases.</b></p>	<ul style="list-style-type: none"> <li>• Funding was spent on additional educational psychology services to help diagnose those with neurodevelopmental disorders quicker.</li> <li>• CAPA will ensure that specialist skills are focused on more complex cases.</li> </ul>
<p><b>Develop clear and accessible pathways supported by criteria that people can understand.</b></p>	<ul style="list-style-type: none"> <li>• All of Healthy Young Minds (CAMHS)'s pathways are currently being reviewed.</li> <li>• The multi-agency ADHD pathway has been launched and the Autism pathway and Mood and Emotional Disorders Pathways are currently under review.</li> </ul>
<p><b>Improved crisis and out of hours care.</b></p>	<ul style="list-style-type: none"> <li>• A large project is taking place across Greater Manchester to ensure that the right support is available for children or young people in an emergency. This means that support will be available, wherever you are, no matter what time of day or night it is, within two hours. It will also mean that there will be more crisis cafes, resource libraries, drop ins, one stop shops, telephone advice and online support.</li> </ul>
<p><b>More support or specialist support for those children who are in care or adopted</b></p>	<ul style="list-style-type: none"> <li>• Trafford has scoped out what support is available and determined the costs if a service were to be offered up to age 25.</li> <li>• Healthy Young Minds (CAMHS) have been invited to attend placement funding panel to support decision making around most appropriate placements to meet the mental health needs of children and young people.</li> <li>• Work is happening at a GM level to develop a consistent offer for children in care across Greater Manchester.</li> </ul>
<p><b>Need to develop multi-agency coordinated support for children and young people with complex needs who may not fit the criteria for certain services.</b></p>	<ul style="list-style-type: none"> <li>• 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.</li> <li>• A meeting has been held with CAN, Healthy Young Minds (CAMHS) and commissioning to understand some of the issues.</li> <li>• Respite has been offered to support these young people via social care.</li> </ul>
<p><b>Accountability</b></p>	
<p><b>The data on Healthy Young Minds currently being collected is insufficient.</b></p>	<ul style="list-style-type: none"> <li>• Healthy Young Minds (CAMHS) will be implementing a new electronic data collection system (PARIS) in April 2018 which will give better data. In the interim a system called Sharepoint has been used to ensure waiting times and access data is captured.</li> </ul>
<p><b>Lack of clarity between Healthy Young Minds(CAMHS) and GPs when GPs are asked to take over</b></p>	<ul style="list-style-type: none"> <li>• 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.</li> <li>• There are online resources to support GPs.</li> <li>• A Trafford GP with an interest in children and young people's mental</li> </ul>

<b>routine prescribing of medication</b>	health has been employed by the CCG to support commissioning and to help Healthy Young Minds and GP's across the borough to work better together.
<b>Workforce</b>	
<b>Professionals who work with children need more training on mental and emotional health issues.</b>	<ul style="list-style-type: none"> <li>• In 2017, a number of training sessions were held for professionals around key areas such as anger management, self-harm, eating disorders and anxiety. Further training is planned this year.</li> <li>• There is also free online training on mental health which has been promoted out to schools and will be promoted to other professionals shortly (<a href="http://www.minded.org.uk">www.minded.org.uk</a>).</li> <li>• Young people wanted training for school staff and a conference was held in October 2017 around mental health, featuring a workshop on gender issues as requested by young people.</li> <li>• Education have funded Education Psychology to help support schools with social and emotional mental health</li> </ul>
<b>Training is important to increase the awareness of CAMHS and what it can and can't provide.</b>	<ul style="list-style-type: none"> <li>• Healthy Young Minds (CAMHS) has arranged talks with GPs, schools and other organisations.</li> <li>• New pathways are being developed to clarify what support Healthy Young Minds and other agencies will provide for different conditions and situations.</li> </ul>
<b>Services should work better together</b>	<ul style="list-style-type: none"> <li>• 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.</li> <li>• A number of groups established to implement Trafford's Transformation Plan have resulted in better working across agencies.</li> </ul>
<b>Workforce strategy needed for Healthy Young Minds</b>	<ul style="list-style-type: none"> <li>• Healthy Young Minds (CAMHS) have established a workforce strategy including a skills gap analysis, future planning for the workforce and training and development.</li> <li>• A GM workforce strategy has been drafted and will be localised to cover the full mental health workforce.</li> </ul>

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

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

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

- Stakeholder consultation has been positive, especially with children and young people.
- Over three quarters of respondents praised the changes that have taken place since the

implementation of the LTP.

- Long waiting times for Healthy Young Minds (CAMHS) are still a major concern.
- Professionals lack confidence in mental health. Training for those working with children and young people and access to advice and consultation from specialist services are key.
- Early intervention and prevention need to be key areas of focus and investment in this area has been welcomed.
- More support is needed through schools, especially for primary aged children.
- Anonymous support was consistently requested by secondary school aged pupils.
- Children, young people, families and professionals all felt that it was difficult to access information and find out about available support services, although they felt that developments in online support were positive.
- Parents/carers felt they needed advice on ways to deal with the diagnosis given to their child.
- Improvements are needed around flexibility and access to services, with a clear focus on improving out of hours services.
- The new Community Eating Disorders Service is welcomed by stakeholders.
- Transitions between services need to improve.
- Stakeholders would like to see drop-in services for children and young people, a central hub of services and more resources for specialist services.

## Training

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

- 88% of respondents in the 2015 and 2016 surveys expressed a desire for further training. The most popular areas of training requested related to anxiety, anger management, bereavement, eating disorders, and self-harm. This led to the commissioning of a number of courses in 2017 attended by 178 professionals.
- 80% of respondents in 2015/16 wanted more information on the support that is available through Healthy Young Minds (CAMHS) and other support services leading to a wide range of communication and marketing activity which is continuing.
- A half day workshop and e-learning were the two most popular ways in which respondents wanted training to be delivered.
- Audits and surveys in 2017 indicated that there is a need to run a programme of mental health awareness courses for universal professionals.
- For professionals who have greater contact with children and young people with mental health issues, there is a need for training at an advanced level incorporating low level interventions that can be delivered safely and effectively.
- Audits have shown that there is a significant need for specialist services to be able to offer

consultation and advice to wider professionals around mental health.

- Participants in the 2017 audit showed strong assets in counselling, family work, coaching/mentoring, behaviour therapy and CBT.
- Audits in 2017 showed similar training needs to previous years with additional topics such as autism, ADHD, depression, addictive behaviours, sleep and obsessive-compulsive disorders. GPs specifically showed a lack of knowledge in infant mental health and attachment.

## Summary

- Stakeholder engagement has always been a key part of Trafford's mental health and wellbeing services for children and young people.
- During 2015/16 a full review of Trafford CAMHS took place, which played a significant role in the development of this Local Transformation Plan. Various issues were highlighted, including long waiting times, a need for a workforce strategy, and for early intervention to be given more of an emphasis.
- Healthy Young Minds gathers patient feedback through a number of measures, including Friends & Family questionnaires, an annual in depth survey, patient interviews and a service user group.
- Annual 'You Said, We Did' surveys have been held to gain the views of children and other stakeholders on the investment and programmes of work that have taken place within the Local Transformation Plan since the first version was published in 2015. Over three quarters of respondents praised the changes that have taken place since the implementation of the LTP. Key themes for further improvement included: waiting times, support for professionals/schools and parents/carers, transition, drop in facility.
- Further activities were put in place to obtain the views of stakeholders, including a number of school conferences which highlighted a lack of anonymous support and a need for additional support for primary aged children.
- Mental health training for professionals working with children and young people has continued to be a key priority. Surveys have been carried out asking for views around training for the wider workforce. 88% of respondents in the 2015 and 2016 surveys expressed a desire for further training. The most popular areas of training requested were anxiety, anger management, bereavement, eating disorders and self-harm.

## 6. Local Transformation Plan

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

### Promoting resilience, prevention and early intervention

- 6.3 Trafford's Local Transformation Plan has focussed on a number of areas around prevention and early intervention. From 2015/16 the emphasis has been on schools, parenting, early help provision, self-care, promotion and perinatal support. Trafford CCG and Council have invested in a number of early help projects (see Chapter 3), reviewed and enhanced Trafford's Early Help Panels and parenting offer and invested in online and self-help information. From 2018-21, we plan to continue work across all these areas, including a focus on schools and perinatal mental health.

6.4 Nationally the Children and Young People’s Mental Health Green Paper ‘Transforming Children and Young People’s Mental Health Provision’ proposes that every school and college will identify and train a Designated Senior Lead for Mental Health with funded training available for all schools from 2019-2025. The Green Paper proposes mental health teams work across clusters of schools in a fifth of the country by 2022/23 to support children and young people with mild to moderate mental health issues. Across Greater Manchester some early steps are being taken towards this agenda with training for pupils and staff starting in 2018. The GM programme will also bring a number of other developments from 2018-21 including mental health champions, a GM approved provider framework, a GM quality assurance framework for commissioning and settings related development cluster groups across local authority boundaries.

6.5 There is a GM project establishing a consistent minimum perinatal mental health offer across GM; this includes a specialist community perinatal mental health team, clinical leads for perinatal mental health within IAPT services and faster access time for perinatal women accessing IAPT (50% will start regular treatment within 6 weeks). Trafford’s work on redeveloping our perinatal pathway and establishing a Starting Strong Pathway for families with additional needs will place us in a good position to contribute to the GM developments.

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

Priority Area	Identified Gaps	Major Tasks	Complete
Perinatal	Need to increase access to evidence based perinatal MH treatment	a) Purchase and roll out of resources for perinatal pathway around attachment	✓
		b) Train increased number of Health Visitors in NBAS and NBOS	✓
		c) Clinical supervision offered to NBAS trained Health Visitors	✓
	Importance of addressing parent-child attachment using evidence based tools to prevent future CYP mental health issues	d) Reshape perinatal pathway to fit NICE standards	
		e) Develop Starting Strong Pathway for families with additional vulnerabilities giving additional Health Visitor contacts	✓
		f) Young parents support groups enhanced with named teenage pregnancy midwife	✓
	Enhancement needed to perinatal pathway	g) Establish new perinatal provision within Homestart	
		h) Establish Early Attachment Hub	
		i) Establish GM perinatal specialist community mental health team	
Schools	Schools require access to specialist advice and consultation	a) Establish baseline of support in Trafford schools	✓
		b) Education investment in Feel Good Schools Programme by Educational Psychology Service	✓
	Training gaps for school staff in mental health	c) Guidance for schools on graduated approach to social, emotional and mental health needs	✓
		d) Provide support to enhance Mental Health Schools Network	✓
	Variability in mental health support offered through schools	e) HYM to employ schools link worker	
		f) Framework for schools in commissioning	

	Need for whole school approach to mental health	MH support g) GM schools training programme established h) Develop cohesive offer across Trafford for school support	
<b>Promotion</b>	Children, young people, families and professionals do not consistently know about the mental health support on offer  Need to support self-care and promotion of good mental health and wellbeing	a) Mapping and establishment of mental health section on Trafford Services Directory b) Coproduce leaflet on MH for young people c) Developed Healthy Young Minds website, self-help resources and young people approved applications d) All children and young people to receive self-help information whilst on HYM waiting list	✓ ✓ ✓ ✓
<b>Prevention</b>	Improvements needed in early help provision and parenting support	a) Review parenting support offer b) Supervision from Parent Infant Clinical Psychologist to Senior Family Support Practitioners c) Recruit and train Children and Young People's Wellbeing Practitioner d) Review and development of Early Help Panel e) Secured a range of early help projects in Trafford f) GM public awareness and anti-stigma campaign g) Peer support projects established for low level MH concerns h) Recruit and train second Children and Young People's Wellbeing Practitioner	✓ ✓ ✓ ✓ ✓

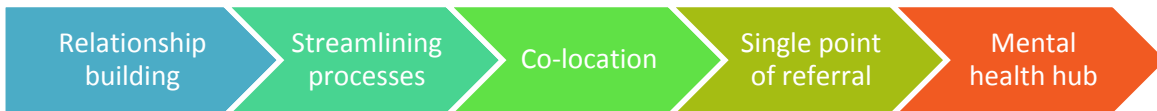
## Improving Access to Effective Support

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

6.7 In response, Healthy Young Minds (CAMHS) has developed services significantly since Trafford's first Local Transformation Plan with the adoption of a Choice and Partnership Model (see Chapter 3), a restructure to increase capacity and redress the balance between psychologists and mental health practitioners, the enhancement of its group offer and the continuing development of Trafford's consultation model with a post established offering advice and consultation to teams dealing with complex families and safeguarding concerns.

6.8 Trafford CCG has also commissioned a co-ordination centre which will manage referral and discharge processes for residents moving around the health and social care system. There is potential in the future for referrals to children and young people's mental health services across the THRIVE model to be managed through the service. In the interim, discussions have begun in scoping out a single point of access for Healthy Young Minds, 42nd Street and other mental health services to improve the experience of children and young people accessing services. This will be a

phased approach as follows:



6.9 The first step has begun in 2017, which is about developing trusting relationships between the main sources of mental health support (Kooth, Healthy Young Minds (CAMHS), Just Psychology, 42nd Street and the Early Help Hubs). All parties have met and Healthy Young Minds (CAMHS) now sits on the early help panel to assist with directing referrals more effectively. This work will continue in 2018 so that all services have an in-depth knowledge of each other's offer. The second phase looks at processes between the main organisations and developing direct referral protocols, sharing assessments and other methods to become a more streamlined offer. The third stage will look at sharing space between the main services and has begun with the Children and Young People's Wellbeing Practitioner being based in the Early Help Hub and will continue as the space at Talkshop is developed to offer space to wider partners. Finally, work will take place to determine the vision and feasibility of a single point of referral (through Trafford Co-ordination Centre or independently) and a full mental health hub for Trafford.

<b>2015-21 Objective:</b> Trafford will seek to ensure that children and young people have the best possible access to services through the 'THRIVE model'			
<b>Priority Area</b>	<b>Identified Gaps</b>	<b>Major Tasks</b>	<b>Complete</b>
<b>Waiting Times</b>	Long waiting times for specialist mental health services. Not meeting access and waiting times standards.	a) Resources secured to stabilise HYM waiting lists to support new models	✓
		b) Restructured HYM to give greater capacity and redress balance between psychologists and mental health practitioners	✓
		c) Investment in early help services to reduce pressures on HYM	✓
		d) Daily screening introduced in to HYM	✓
		e) Specialist support moved to front end of HYM service	✓
		f) Review of HYM systems and implementation of recommendations to increase throughput	✓
		g) Adoption of Choice and Partnership model of service with HYM	✓
		h) Implement waiting times standards for early intervention in psychosis	✓
<b>Access</b>	Move away from tiered system of mental health support to a THRIVE model  Improved access to mental health services  Develop collaborative care pathways across agencies	a) Establishment of Trafford's Co-ordination Centre to manage referrals and discharge processes across health and social care	✓
		b) Mental health pathways to be incorporated into Trafford Co-ordination Centre	
		c) HYM adopting standard GP referral form through Trafford Co-ordination Centre	✓
		d) Develop HYM pathways via THRIVE model of care with support of i-THRIVE hub	



		<ul style="list-style-type: none"> <li>e) Adoption of pan GM HYM service specification with agreed access and waiting times</li> <li>f) HYM to develop service to Monday to Friday 8am – 8pm with flexible weekend cover</li> <li>g) HYM to establish processes to accept self-referrals</li> <li>h) Develop consistent GM thresholds and criteria for support and treatment with clarity of step up and step down processes</li> <li>i) Establishment of single point of access for mental health support services</li> <li>j) I-THRIVE model developed across all services</li> </ul>	
<b>Consultation</b>	<p>Multi-disciplinary professionals require consultation and advice from a named contact within specialist mental health services</p> <p>Embed mental health expertise in areas of likely unidentified mental health problems</p>	<ul style="list-style-type: none"> <li>a) Consultation post established for teams dealing with complex families and safeguarding concerns</li> <li>b) Establishment of consultation posts for schools, GPs and transition</li> <li>c) Develop identified mental health leads in GP surgeries and schools</li> </ul>	✓
<b>Transition</b>	<p>Children and young people's experience of transition is varied</p>	<ul style="list-style-type: none"> <li>a) New multi-agency transition protocol established</li> <li>b) Implementation of protocol led by senior managers</li> <li>c) CQUIN established for HYM transition</li> <li>d) GM to commission tier 4 beds to improve timely exit from inpatient care</li> <li>e) Develop in-reach/out-reach model for HYM and step down care</li> <li>f) Develop GM approach to transition to adult mental health services</li> </ul>	<p>✓</p> <p>✓</p>

## Care for the most vulnerable

6.10 Trafford's mental health services for children includes a range of specialist pathways, delivered through multi-disciplinary teams, in order to appropriately provide for the borough's vulnerable population. This includes the Children in Care Team, Complex Needs Team, and resources to Trafford's Youth Offending Service to undertake assessment and intervention with young people and offer consultations for staff (see Chapter 3). This structure will be continually reviewed to ensure that there is the ability and flexibility to deliver a consistent psychologically informed approach for children and young people with complex needs and their families. This support has been enhanced in 2017 through the introduction of Care, Education and Treatment Reviews for children and young people with learning disabilities and/or autism who are at risk of admission to hospital or secure accommodation.

6.11 The main priorities for Trafford have been reviewing our Neuro-developmental pathways to reduce waiting times and improve communication with families and other stakeholders. These pathways have looked to harness the expertise and valuable information within schools to assist with

diagnosis and introduce a programme of training to give confidence to schools to act as the lead professional. We have also invested in additional capacity and streamlined processes to impact waiting times.

6.12 A large scale project began implementation in January 2018 in relation to crisis care for children and young people across Greater Manchester using resources from the Greater Manchester Transformation Fund. This work intends to deliver a sustainable Greater Manchester wide integrated mental health crisis prevention, assessment and support pathway involving substantial system wide redesign. It will bring a REACH IN model that enables bespoke, responsive and flexible provision for those in a crisis and better care to intervene sooner and provide after care support to stop a crisis from reoccurring. It establishes two safe zones for young people in a crisis as an alternative to hospital admission, four crisis resolution and home intervention teams, appropriate 72 hour crisis beds and all age RAID (Rapid Assessment Interface Discharge) teams within hospital Accident and Emergency Departments. These services will lead to 24/7 community based support in a crisis. This will be a four year development programme supported by a seven day per week access offer provided by community CAMHS.



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

Priority Area	Identified Gaps	Major Tasks	Complete
Crisis Care	<p>Poor access to out of hours support in a crisis</p> <p>Some children and young people admitted to hospital beds unnecessarily as no other alternative</p> <p>Gap in home treatment</p> <p>Need more flexible and responsive model of crisis care</p>	<p>a) Funding secured for GM crisis care transformation</p> <p>b) All Age RAID established in A&amp;E departments</p> <p>c) Two safe zones established</p> <p>d) GM to manage GM inpatient beds via the GM inpatient mental health providers alliance</p> <p>e) 72 hour crisis beds and inpatient assessment centre established</p> <p>f) 24:7 specialist on call rota established</p> <p>g) Rapid response teams in place offering assertive outreach in home environment</p>	✓

		h) Review policy for schools dealing with trauma e.g. suicide	
<b>Neuro-development</b>	Long waiting times for diagnosis for ADHD and Autism	a) Development and launch of new ADHD pathway	✓
	Limited post diagnostic support in place	b) ADHD training and communications plan carried out for stakeholders	✓
	Improved communication to parents and stakeholders needed	c) Introduction of QB-testing to aid diagnosis	✓
	Skills gaps in staff working with CYP with autism spectrum disorder	d) Recruit ADHD Nurse post	✓
		e) Recruit administrator to coordinate pathway	✓
		f) Enhanced post diagnostic support established for ADHD	✓
		g) Increased capacity for Autism diagnostic pathway	✓
		h) Commissioned post-diagnostic support for high functioning autism	✓
		i) Development and launch of new Autism pathway aligned with cross-Pennine work	
		j) Enhanced post diagnostic support for Autism	
	k) Autism training and communications plan carried out for stakeholders.		
<b>Complex Cases</b>	Management of complex cases on a multi-disciplinary basis needs strengthening to ensure a consistent standard of care and prevent hospital admissions	a) Care, education and treatment review process established	✓
		b) Develop dynamic risk register for CYP	✓
		c) Explore use of personal health budgets for long term MH issues	
		d) Social care to extend respite offer to complex cases	✓
		e) Explore extension of HYM to 25 for Complex Needs	✓
<b>Children in Care</b>	Continued area of need due to high levels of mental health issues in children in care and rising numbers	a) Review evidence based interventions	✓
		b) Developed keeping Families Together model to support vulnerable children on the edge of care	✓
		c) Review care pathway	
		d) Establish GM position on responsible commissioner issues for LAC and consistent mental health offer	
		e) Capacity required for skills group sessions for CIC	
		f) Explore expansion of HYM to 25 for CIC	
<b>Young Offenders</b>	Continued area of need due to high levels of mental health issues in young offenders	a) Review Counsellor role in Youth Offending Team	✓
		b) Establish supervision from HYM to mental health practitioner	✓
		c) Review care pathway	
		d) GM consistent offer in place for young offenders	
		e) GM protocols for MH assessments for young offenders	
<b>Eating Disorders</b>	No specialist community service or step down from hospital to prevent future admissions. Not meeting	a) Establish hub and spoke model to offer an evidence based service across Trafford, Stockport and Tameside	✓

	access and waiting times standards.	b) Establish intensive home treatment service	✓
	Gap in peer support	c) Establish peer support for families and young people	✓
	Gap in home treatment	d) Develop eating disorder support across a wider age range	
		e) Develop text messaging service	
		f) Improve access via evening and weekend opening	
		g) Establish clear clinical pathway for eating disorders	✓
		h) Delivery of family based treatment following training	

## Accountability and Transparency

6.13 In Trafford children's community health services are currently commissioned by the local authority on behalf of Trafford CCG under a Section 75 agreement. In 2018, the CCG and Council will merge structures to improve patient experience through joint commissioning across the two organisations. This follows Trafford's integration of front line health and social care teams into single teams based on a locality model.

6.14 The Health and Well-being Board oversees this Transformational Plan, as do the respective CCG and Local Authority Senior Management Teams. Much effort was made to involve stakeholders and service users in the development of Trafford initial Local Transformation Plan and we have continued to communicate wider elements of the Transformation Plan in subsequent years, giving opportunities to shape our priorities with the support of communications and engagement expertise. We are also in regular contact with our Greater Manchester CCG colleagues and the Strategic Clinical Network, particularly through the Greater Manchester Future in Mind group to ensure the offer is consistent and opportunities to improve the mental health offer across Greater Manchester are embraced.

6.15 Pennine Care NHS Foundation Trust, our CAMHS provider, will be investing in a new platform (PARIS) for the gathering and reporting of critical data during 2018. PARIS is used consistently by other mental health providers across Greater Manchester. Until the new system goes live, data from Healthy Young Minds (CAMHS) will be provided through the SharePoint system. The new system will:

- allow for improved data to be gathered on children and young people with mental health needs to inform commissioning
- enable tracking of access and waiting times across pathways
- collect data on key indicators, patient experience and patient outcomes
- provide practitioners with an electronic case records system.
- support the management of children and young people who need medication.

**2015-21 Objective:** Trafford has clear lines of accountability and an increased understanding of data in order to shape the future changes to mental health services

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

## Developing the Workforce

6.16 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. Trafford is looking to provide mental health awareness training for frontline professionals throughout the course of this Transformation Plan; this will be supported by the Government's Green Paper which aspires to rolling out mental health awareness training to every primary and secondary school in England and to a million members of the public to tackle stigma.

6.17 This ambitious programme of training will need to be informed 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 Greater Manchester workforce strategy. We anticipate that this will help to address difficulties with

recruitment, retention and sustainability within the limited mental health workforce and provide greater flexibility of staff deployment across provider organisations. It will also look at how we provide a comprehensive training programme across agencies that is proactive in providing a basic understanding around mental health and neurological development, but also reactive in providing additional support and information around key issues and 'hot topics' so that professionals feel able to offer appropriate support to the families they are working with and understand when to refer them to specialist services. We will develop a Trafford version of the GM plan as it develops in 2018/19.

6.18 The Greater Manchester Transformation Fund is also investing in an i-THRIVE hub to ensure that the THRIVE model is integrated throughout Greater Manchester and provides the focus for workforce development. This will look at the development of pathways, the promotion of shared learning and system-wide effective responses to Adverse Childhood Experiences (ACEs). Trafford recognises that experiencing trauma, abuse and adversity has a substantial impact on life outcomes and the importance of asking children and young people about them sensitively in routine practice cannot be underestimated. Early work has taken place with school nurses and schools to introduce the concept of ACEs and start to change culture and practice. A conference for schools in October 2017 included national speakers discussing ACEs with school strategic leads and community health and social care professionals. This looked at how to develop a whole school approach to developing resilience and relationships. Trafford's Public Health Team are leading on developing an implementation plan to be considered by the Health and Wellbeing Board on the rollout of learning from ACEs in Trafford and associated changes in practice. Health and social care services in Trafford currently perform comprehensive assessments of all young people including sensitive enquiry regarding neglect, violence, abuse and child sexual exploitation to identify any safeguarding issues and ensuring that the young person receives the most appropriate care for their needs.

**2015-21 Objective:** The Trafford workforce will have sufficient resources and skills to improve children and young people's emotional health and wellbeing and make a real and lasting difference to the their lives.

Priority Area	Identified Gaps	Major Tasks	Complete
Workforce Development	Need for CAMHS workforce to grow according to GM and national expectations	a) Self-Assessed Skills Audit completed for HYM and workforce strategy developed	✓
	Need for a comprehensive workforce strategy	b) Workforce skills audit c) Repeat Self-Assessed Skills Audit for HYM d) Early Years Workforce Strategy and training programme developed e) GM Workforce strategy developed f) Local information inserted in Workforce Strategy	✓  ✓
Mental Health Training	Address skills gaps in staff working with CYP with learning disabilities, autism spectrum disorder and with those in inpatient settings		
	Professionals report a lack of confidence in supporting children and young people's mental	a) Professional training survey completed b) Programme of mental health training run on self-harm, eating disorders, anxiety and anger management	✓ ✓

	<p>health</p> <p>Address skills gaps in staff working with CYP with mental health issues, CYP with learning disabilities, autistic spectrum disorders and those in inpatient settings</p> <p>Lack of use of digital technology</p>	<ul style="list-style-type: none"> <li>c) Promotion of MIND-Ed modules to Trafford professionals</li> <li>d) Schools conference held with workshops on key topics (bereavement, parental mental health, transgender and body image)</li> <li>e) GM list of approved external training providers for mental health</li> <li>f) GM web based training resources established</li> <li>g) Explore establishment and audit of mandatory mental health awareness across agencies</li> <li>h) I-THRIVE training and development hub established</li> <li>i) Papyrus suicide prevention training implemented</li> <li>j) Advanced Eating Disorders training course</li> <li>k) Training on anxiety and depression implemented to support Mood and Emotional Disorder Pathway</li> <li>l) Promote training on trauma offered through GM resilience hub</li> <li>m) Crisis Care Training in place offering training in Adverse Childhood Experiences, REACH and more informed trauma sensitive interventions</li> <li>n) Training on autistic spectrum disorder designed and held to support pathway launch</li> <li>o) Establishment and promotion of local training link worker in HYM</li> <li>p) Peer networks and action learning sets implemented across GM</li> </ul>	<p>✓</p> <p>✓</p>
<p>IAPT</p>	<p>Need increased CYP IAPT therapists and supervisors aligned with GM and national targets</p> <p>CYP IAPT is not currently extended across all agencies</p> <p>Address skills gap across full range of evidence based therapies</p>	<ul style="list-style-type: none"> <li>a) CCG to secure finance for IAPT training once national funding ceases</li> <li>b) Continued programme of training in accordance with gaps identified in workforce audits</li> <li>c) Full implementation of CYP IAPT across partners agencies working with CYP mental health</li> <li>d) CYP IAPT clinical lead recruited</li> <li>e) Community Eating Disorders team completed CYP IAPT National ED training</li> </ul>	<p>✓</p> <p>✓</p>

### LTP funded activity

6.19 Since the beginning of 2016 when Trafford CCG received its Local Transformation Plan allocation, we have been working at pace to implement the transformational activity described above. A significant amount of activity has taken place across universal, targeted and specialist services led by commissioning in partnership with a wide range of stakeholders through the Transformation Implementation Group and task and finish groups (detailed below) to ensure investments are addressing the real needs of the borough. Investment in the main has been spent on enhancing service capacity to meet increasing demand in 'Getting Help' provision 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. Planned investment for 2018/19 of this transformation plan is detailed as follows:

Principle	Activity	Planned Local Transformation Fund Investment
		18/19
<b>Prevention and Early Intervention</b>	Early Help Projects	149,987
<b>Improving Access to Effective Support</b>	Specialist capacity	274,746
	Perinatal Pathway	104,758
<b>Caring for the Most Vulnerable</b>	Eating Disorders	144,000
	GM Projects (Inc. Crisis Liaison)	50,000
	Neurodevelopmental (Inc. sensory)	119,258
<b>Accountability and Transparency</b>	Business Intelligence Data Post	8,000
<b>Workforce Development</b>	CYP IAPT training*	67,125
	<b>TOTAL</b>	<b>917,874</b>

\*not including course fees

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

## Measuring Outcomes

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

- Reducing inappropriate referrals to CAMHS from 27% in 2014/15 to 14.5% in 2016/17. The figure for the first six months of 2017/18 is 10%.
- 88.9% of school nurses feel confident to work with CYP presenting with mild/moderate self-harm.
- 90% of children and young people on our early help pilot had increased knowledge of help available and increased willingness to develop coping mechanisms. 100% had improved emotional wellbeing and could identify a person to speak to when they need support.
- 93% of service user/professionals satisfied with new Healthy Young Minds website.
- 100% of young people with an eating disorder in 2016/17 were assessed and treated within 4 weeks. 100% of urgent referrals were seen within a week. For the first nine months of 2017/18 the figures were 100% and 66% respectively.
- A bonding DVD and leaflet was given in 98% of births in 2016/17.
- 42% of parents attending the baby and me group in 2016/17 reported increased bonding.



- 55.7% of families received a New Born Observation Screening by health visitors in 2016/17.
- 100% of young people with comorbid complex presentations receive a care plan.
- 120% more assessments and offers of treatment to young people by 42nd street in 2016/17 due to increased investment. 63% of these saw 'reliable recovery' or 'reliable change' after completing therapy.
- There was a 7.16 WTE increase in mental health posts in 2016/17 due to local transformation fund investment.
- We estimate that 29% of CYP with a diagnosable mental health condition were treated in a NHS-funded community service in 2016/17.

6.22 For 2017-2021 Trafford is aspiring to meet the trajectories below for mental health service outcomes. These are a combination of nationally expected standards through the Implementing the Five Year Forward View for Mental Health and local priorities.

Area	Outcome	2015/16 Baseline	2016/17 Achieved	2017/18 Target	2018/19 Target	2019/20 Target	2020/21 Target
Eating Disorders	Percentage of CYP (routine cases) that start treatment within 4 weeks of referral	0%	100%	100%	100%	100%	100%
Eating Disorders	Percentage of CYP with ED (urgent cases) that start treatment within 1 week of referral	0%	100%	100%	100%	100%	100%
CYP Treated	Percentage of CYP with diagnosable MH condition treated in NHS-funded community MH service	24% (estimate)	29% (estimate)	30%	32%	34%	35%
Waiting Times	Reduction in waiting times for an initial appointment to Healthy Young Minds (CAMHS)	13 weeks	11 weeks	10 weeks	8 weeks	7 weeks	6 weeks
Early Intervention in Psychosis	Percentage of people aged 14-65 treated within two weeks of referral	n/a	50%	50%	53%	56%	60%
Early Intervention in Psychosis	Specialist EIP provision in line with NICE recommendations	n/a	Baseline self-assessment complete	All services graded at level 2	25% services graded at level 3	50% of services graded at level 3	60% of services graded at level 3
Referrals	Reduction in inappropriate referrals to Healthy Young Minds (CAMHS)	19%	14.7%	12%	9.5%	7%	5%

Workforce Five Year Forward Target	Increased number of clinical posts across Thrive model in age 5-18 service	n/a	42.68	44.3	46.5	48.7	50.88
Workforce Royal College Psychiatry Target	Increased number of local HYM clinical posts 0-18 to meet RCP recommendations	24.14	30.33	30.8	37.96	40.76	43.2

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

Indicator	Previous		Latest		Change
Health related quality of life for people with a long term mental health condition	2015/16 result	<b>0.536</b>	Jan 17- Mar 17	<b>0.573</b>	↑
Emergency readmissions to mental health services within 30 days of a mental health inpatient discharge	Oct 13 - Sep 14 Result	<b>10.30%</b>	Oct 14 - Sep 15 Result	<b>8.40%</b>	↓
Excess under 75 mortality rate in adults with serious mental illness	2013/14 result	<b>404.7</b>	2014/15 result	<b>480.3</b>	↑
Proportion of people who feel supported to manage their conditions	July 15-Mar 16	<b>64.9%</b>	Jan 17- Mar 17	<b>65.2%</b>	↑
Percentage of referrals to Improving Access to Psychological Therapies (IAPT) services which indicated a reliable recovery following completion of treatment	2014/15	<b>51.2%</b>	Jan 15- Dec 15	<b>52.6%</b>	↑

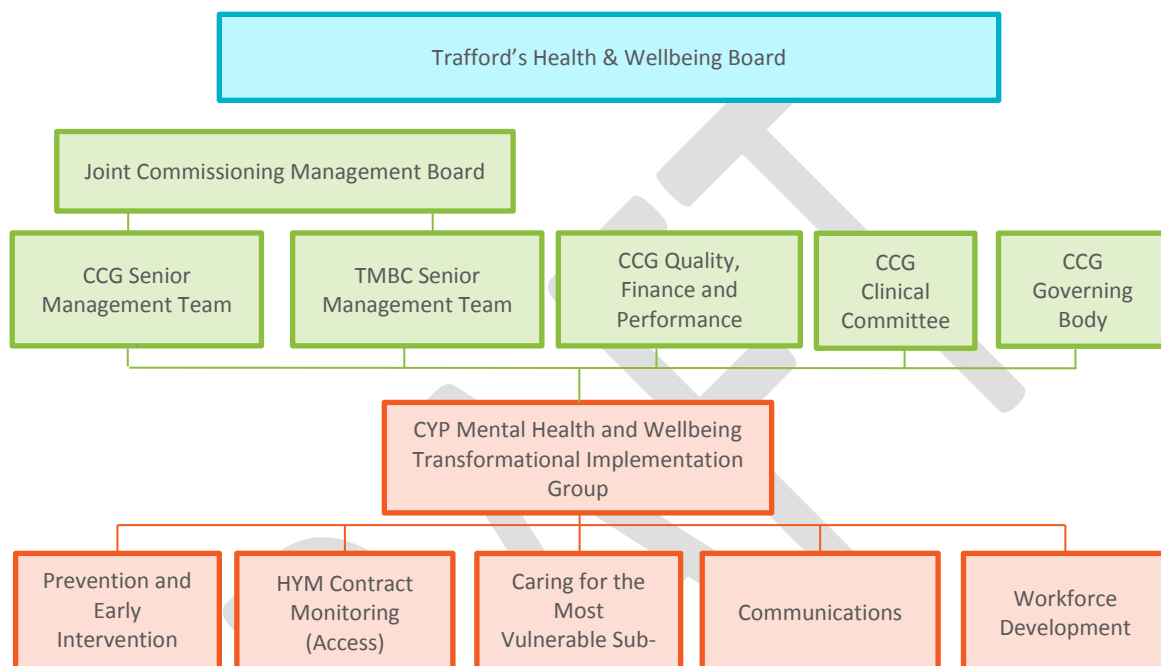
## Governance

6.24 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.

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

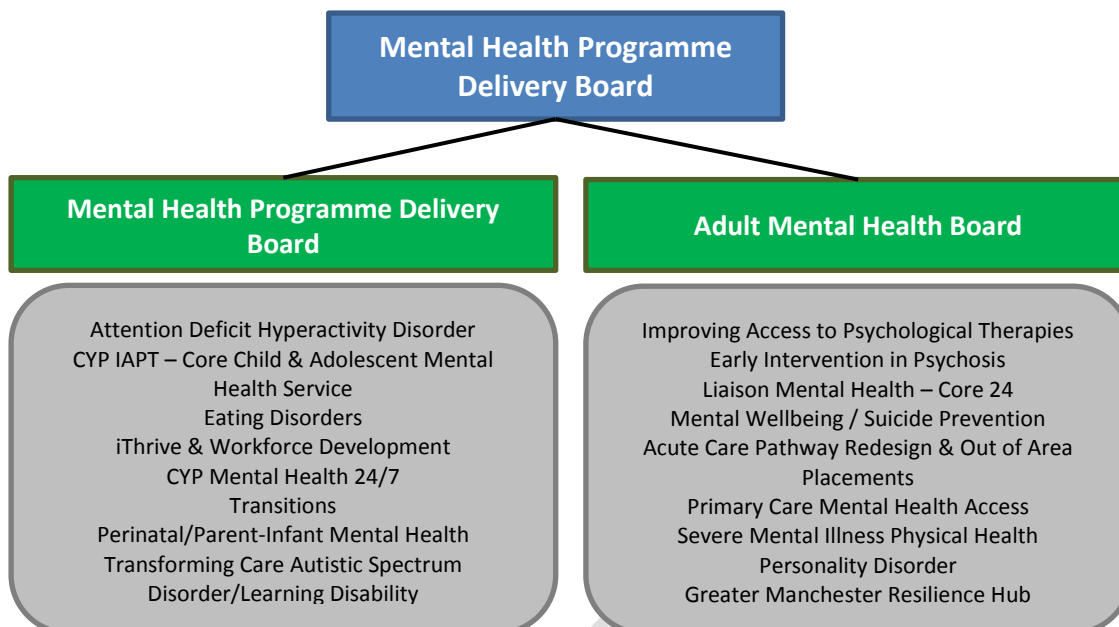
6.26 The implementation of the Local Transformation Plan is overseen by the CYP Mental Health and Wellbeing Transformation Implementation Group (TIG), with separate task and finish groups that feed into it. These groups are identified according to priorities and may change over time, however the core topics 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 task and finish group 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.

6.27 The TIG reports to both Trafford CCG and TMBC Senior Management Teams which come together at the Joint Commissioning Management Board. Any associated investment or use of funding is agreed by the CCG Quality, Finance and Performance Group and/or Governing Body (depending on financial value). Any clinical issues, such as changes to services or pathways are agreed via the CCG Clinical Committee. All reporting streams come together at the Health and Wellbeing Board which oversees the strategic elements of all plans and services for Trafford CCG and Council.



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

6.29 In terms of GM work, the Greater Manchester Children's and Maternity Commission Consortium and Greater Manchester Health and Social Care Devolution Children and Young People's Mental Health Board are tasked with looking at key areas of mental health and emotional 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 Delivery Group, which reports to these bodies and provides oversight of the GM whole system transformation programme on behalf of the GM Health and Social Care Partnership.



## Key Risks

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

- Challenges around accessing additional transformation funding due to our challenging local financial position
- The significant transformation required within Trafford's Healthy Young Minds (CAMHS) service and associated HR processes which have brought delays
- A lack of a comprehensive data recording system within Healthy Young Minds (CAMHS) making intelligent commissioning difficult
- A reducing early help workforce compounded by a shrinking market of specialist posts
- Recruitment difficulties due to a limited pool of specialist staff
- The ability and confidence of wider professionals to support young people with low level interventions.

6.31 It is important to Trafford that we consider the sustainability of this local transformation plan post 2021. It is anticipated that some funding from Greater Manchester transformation will be recurrent to ensure programmes of work are able to continue and Trafford CCG will continue to invest in local core services for children and young people's mental health. Our main strategy linked to the i-THRIVE model is around developing wider services and ensuring that the transformation of specialist services supports wider services to have greater competence and confidence in supporting children and young people's emotional health and wellbeing. In addition to this, Trafford is committed to supporting self-help and promoting resilience as the basis for mental health support that is more sustainable in the longer term.

## Summary

- In order to implement the new THRIVE model, a number of key priorities have been identified that align with NHS England's 'Future In Mind': 1) Promoting Resilience, Prevention and Early Intervention, 2) Improving Access to Effective Support, 3) Caring for the Most Vulnerable, 4) Accountability & Transparency, 5) Shaping the Workforce.
- Promoting Resilience, Prevention and Early Intervention: This area has focussed on schools, parenting, early help provision, self-care and perinatal support. Changes included offering self-help information to those on the Healthy Young Minds waiting list, extra resources for the perinatal pathway, supervision from the Parent Infant Clinical Psychologist to Senior Family Support Practitioners and investment in early help.
- Improving Access to Effective Support: In order to improve access and reduce waiting times within Healthy Young Minds, Trafford has adopted a Choice and Partnership Model, had a service restructure, and enhanced its group offer. Other changes in this area have included the establishment of a consultation post for teams supporting mental health in complex families and safeguarding concerns and a revised transition protocol.
- Care For The Most Vulnerable: Trafford's most vulnerable children are supported by a range of services, including the Children in Care Team, Complex Needs Team and the Youth Offending Service. Changes in this area include the launch of a new ADHD pathway, increased capacity for the Autism diagnostic pathway and the creation of a Community Eating Disorders Service.
- Accountability & Transparency: The Health & Wellbeing Board oversees this Transformational Plan, as do CCG and Local Authority Senior Management Teams. Changes in this area include improved data recording systems for Healthy Young Minds, regular surveys of stakeholders, the development of a contracts database for all mental health services and commitment to invest in data analyst to improve data flow.
- Developing the Workforce: This section focuses on training up the workforce supporting children and young people around issues relating to mental health and wellbeing. Changes in this area include the promotion of Mind-Ed and a programme of mental health training on self-harm, eating disorders, anxiety and anger management.
- Significant resources have been invested by Trafford CCG to enable this programme of transformation and the CCG has committed to a minimum of £500k recurrently across the CYP and perinatal mental health agendas.
- A range of outcomes have been set up in order to monitor the success of the changes set out in the Local Transformation Plan. Improvements can already be seen in a range of areas such as inappropriate referrals to Healthy Young Minds going from 27% in 14/15 to 14.7% in 16/17.
- Trafford's Local Transformation Plan is a live document which has been developed with the support of a wide range of stakeholders. It is important to have the contribution and commitment of everybody to deliver this ambitious programme of change.

# Jargon buster

- **ADHD:** Attention Deficit Hyperactivity Disorder
- **Adverse Childhood Experiences:** 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
- **CAMHS:** Children's and Adolescent Mental Health Service
- **CBT:** Cognitive Behavioural Therapy
- **CCG:** Clinical Commissioning Group.
- **CHI-ESQ:** Child Experience of Service Questionnaires
- **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 (LSOA's):** LSOA's are geographic areas. They were designed to improve the reporting of small area statistics.
- **LTP:** Local Transformation Plan
- **Me2:** Specialist therapeutic foster carers
- **MST:** Multi-Systemic 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



**TRAFFORD**  
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