

## AGENDA FOR

## HEALTH AND WELLBEING BOARD

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**To: All Members of Health and Wellbeing Board**

**Members:** J Gonda, G. Little, L Jones, B Barlow, K Dolton, Councillor R Walker, Councillor S Briggs, Councillor R Shori, V Hussain, S Taylor, Councillor A Simpson (Chair), S Hashmi, Dr J Schryer, P Walker and D Lythgoe

Dear Member/Colleague

### **Health and Wellbeing Board**

You are invited to attend a meeting of the Health and Wellbeing Board which will be held as follows:-

<b>Date:</b>	Thursday, 21 March 2019
<b>Place:</b>	Meeting Rooms A&B, Bury Town Hall
<b>Time:</b>	6.00 pm
<b>Briefing Facilities:</b>	If Opposition Members and Co-opted Members require briefing on any particular item on the Agenda, the appropriate Director/Senior Officer originating the related report should be contacted.
<b>Notes:</b>	

## **AGENDA**

### **1 APOLOGIES FOR ABSENCE**

### **2 DECLARATIONS OF INTEREST**

Members of the Health and Wellbeing Board are asked to consider whether they have an interest in any of the matters on the Agenda, and if so, to formally declare that interest.

### **3 PUBLIC QUESTION TIME**

Questions are invited from members of the public present at the meeting on any matters for which the Board is responsible.

Approximately 30 minutes will be set aside for Public Question Time, if required.

### **4 MINUTES OF PREVIOUS MEETING** *(Pages 1 - 6)*

Minutes of the meeting held on 12<sup>th</sup> February 2019 are attached.

### **5 MATTERS ARISING** *(Pages 7 - 10)*

- Readmission Rates – Steve Taylor Chief Officer/Managing Director to update

### **6 DRAFT GM SUBSTANCE MISUSE STRATEGY - AN OVERVIEW OF LOCAL NEED** *(Pages 11 - 24)*

Jon Hobday, Public Health Consultant will report at the meeting.

### **7 SIGN OFF - LOCAL TRANSFORMATION PLAN FOR CHILDREN AND YOUNG PEOPLE MENTAL HEALTH AND WELLBEING** *(Pages 25 - 110)*

Michael Hargreaves, Bury Clinical Commissioning Group will report at the meeting. Reports attached.

### **8 JOINT STRATEGIC NEEDS ASSESSMENT ANNUAL UPDATE** *(Pages 111 - 114)*

Jon Hobday, Public Health Consultant will report at the meeting. Report attached.

### **9 BETTER CARE FUND (BCF) AND IMPROVED BETTER CARE FUND (IBCF) UPDATE REPORT** *(Pages 115 - 130)*

Tracy Evans, Project Lead, Bury Council will report at the meeting. Report and presentation attached.

### **10 TOBACCO CONTROL DELIVERY PLAN** *(Pages 131 - 142)*

Lesley Jones, Director of Public Health and Helen Dawson will report at the meeting. Report attached.

**11 PENNINE CARE FUTURE OPERATING MODEL** *(Pages 143 - 148)*

Julie Gonda, Interim Executive Director, Communities and Wellbeing will report at the meeting.

**12 TRANSFORMATION PROGRAMME BOARD UPDATE** *(Pages 149 - 152)*

Dr Jeff Schryer, Chair Bury CCG will report at the meeting. Report attached.

**13 URGENT BUSINESS**

Any other business which by reason of special circumstances the Chair agrees may be considered as a matter of urgency.

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**Minutes of: HEALTH AND WELLBEING BOARD**

**Date of Meeting:** Tuesday 12<sup>th</sup> February 2019

**Present:** Cabinet Member Health and Wellbeing Andrea Simpson (Chair); Councillor Roy Walker, Opposition Member, Health and Wellbeing; Healthwatch Chair, Barbara Barlow; Director of Public Health, Lesley Jones; Interim Executive Director Communities and Wellbeing, Julie Gonda; Chief Officer/Managing Director Bury & Rochdale Care Organisation, Steve Taylor; Chair Bury Clinical Commissioning Group, Dr Jeff Schryer; Executive Director of Children and Young People, Karen Dolton; Representing the voluntary sector Sajid Hashmi; Leader of the Council, Councillor Rishi Shori; Cabinet Member for Children and Families, Councillor Sharon Briggs;

**Also in attendance:**

Maxine Lomax, Head of Safeguarding/ Deputy Director of Nursing  
Dr Cathy Fines, Bury CCG  
Dee Colam, Interim Assistant Director (Adult Social Care Operations)  
Sara Barnes, Deputy Medical Director for Mental Health, Pennine Care NHS Foundation Trust.  
Chris Woodhouse – Improvement Advisor

**Apologies:**

Councillor Rishi Shori, Leader of the Council  
Karen Dolton, Executive Director Children and Young People  
Julie Gonda, Interim Executive Director Communities and Wellbeing  
Dan Lythgoe, Pennine Care NHS Foundation Trust  
Geoff Little, Chief Executive, Bury Council

**Public attendance:** There was one member of the public present.

**HWB.335 DECLARATIONS OF INTEREST**

Councillor A Simpson declared a personal interest in respect of all items to be considered due to her appointment as Lord Peter Smith's assistant at the Greater Manchester Health and Social Care Partnership Board. Councillor Simpson is also employed by the NHS.

**HWB.336 MINUTES OF PREVIOUS MEETING**

Councillor Simpson informed the meeting that following on from the discussion at the last meeting in respect of loneliness, as subsequent meeting of the task and finish loneliness group has taken place and an event has been arranged for Sunday 17<sup>th</sup> March, members of the Board are encouraged to attend.

The Director of Public Health will share with Councillor Walker the GM consultation document in respect of substance misuse services.

### **It was agreed:**

The minutes of the meeting held on the 27<sup>th</sup> November 2019 be approved as a correct record.

### **HWB. 337 PUBLIC QUESTION TIME**

There were no questions from members of the public present at the meeting.

*Further to the published agenda the Chair agreed that the agenda would be rearranged and the Safeguarding Adults and Children's Annual Report would be considered first.*

### **HWB. 338 CHILDREN LOOKED AFTER – CQC SAFEGUARDING REPORT**

Maxine Lomax Head of Safeguarding/ Deputy Director of Nursing and Dr Cathy Fines attended the meeting to present the Children Looked After, CQC Safeguarding Report. The report is intended to brief the committee on the process and outcome of the recent inspection by CQC into the quality of provision and the implementation of the provision for children in need of protection and children who are looked after

The outcome of the inspection was a published 42 page report and 46 recommendations for commissioners and providers across the health economy of Bury.

The key concerns that emerged were from the visits to Fairfield General A&E department and to the two Walk in Centres. There was an immediate request by the CQC, for an action plan to remediate the concerns identified at A&E. This was submitted, as requested by the end of the inspection. PAT have initiated an improvement board to monitor the action plan. Additionally, there were concerns around the sustainability of the Walk in Centres, staff morale and systems and processes to safeguarding children. Pennine Care was made aware of the concerns immediately and the Head of Safeguarding for the CCG was informed. Pennine Care have provided some assurances around the WIC's however, there are a number of recommendations within the report.

Questions were invited from those present and the following issues were raised:

Councillor Briggs raised a number of concerns with regards to the CQC report, in particular, poor leadership, IT problems, the use of fax machines for referrals and staff shortages, as well as delays in referring patients. Responding to these concerns the Head of Safeguarding reported that faxed referrals were only used in two premises (A&E and the walk in centres) this practice has now stopped.

Seven inspectors, visited 14 services over a week long period, there is not the capacity in the system to provide that level of scrutiny and assurance.

Responding to a Member's question, the Head of Safeguarding reported that training is provided regularly, in some service areas where there is a high turnover of staff, ensuring that all staff have had up to date training remains a challenge.

Responding to concerns raised by the Chair with regards to whether there is sufficient workforce capacity to deliver on the CQC recommendations, the Head of Safeguarding reported that following on from the Ofsted inspection additional capacity has been provided by Pennine Acute NHS Trust. The Pennine Care NHS Foundation Trust and the Local Authority has provided some additional funding for the Multi-agency Safeguarding Hub.

The Head of Safeguarding reported that it is the responsibility of the providers to manage and operate the services, when services are commissioned contractual standards will include requirements in respect of safeguarding.

Steve Taylor responding to concerns raised in the CQC report in respect of his organisation reported that as a Trust regular audits are undertaken, the systems have improved at the Trust as a result of the inspection and further improvements will be made as part of the integration and transformation agenda.

Dr Schryer responding to concerns raised in the report, acknowledged that the report highlighted a number of issues for consideration, three months has elapsed since the visit and a number of improvements and recommendations have been undertaken.

With regards to the walk in centres the Head of Safeguarding reported that the recruitment and retention issues as highlighted in the report have been addressed and the workforce has now stabilised.

### **It was agreed:**

The representatives from Bury Clinical Commissioning Group be thanked for their attendance and a further update in respect of the action be considered in 6 months.

### **HWB.339 PENNINE ACUTE A&E TRIAGE ARRANGMENTS AND WINTER PRESSURES UPDATE**

Chief Officer/Managing Director Bury & Rochdale Care Organisation, Steve Taylor attended the meeting to provide members with an update in relation to Pennine Acute NHS Trust's triage arrangements and winter pressures. An accompanying report had been circulated in advance of the meeting, containing information in respect of the following areas:

- A&E attendances by triage category
- A&E attendances time to triage
- A&E attendances
- A&E attendances Arrivals

- FGH Performance against Greater Manchester Performance

The Chief Officer reported that there has been a significant upsurge in the numbers of very urgent patients seen within A&E. Monday 11<sup>th</sup> February 2019 was one of the busiest days on record at FGH A&E with almost 260 patients triaged. The system continues to be under significant pressure, but still manage to maintain patient safety. This issue is not isolated to FGH but the whole system is struggling across Greater Manchester.

Responding to a Member's question, the Chief Officer reported that work has been undertaken to review ambulance attendances and admittances from Nursing homes and to try and support those nursing homes with high levels of 999 calls. The use of the paramedic green car has deflected 87% of activity away from A&E but there still remains high demand in the system.

Responding to a Member's question, the CCG Chair reported that a piece of work has been undertaken to assess what will be the health demand going forward taking into account predicated housing building as a result of the GMSF and other demographic factors.

### **It was agreed:**

The Chief Officer/Managing Director Bury & Rochdale Care Organisation, Steve Taylor be thanked for his attendance.

### **HWB.340 PENNINE ACUTE READMISSION RATE UPDATE**

Chief Officer/Managing Director Bury & Rochdale Care Organisation, Steve Taylor attended the meeting to provide members with an update in relation to the current rates of readmission at Pennine Acute NHS Trust. An accompanying report had been circulated in advance of the meeting, containing information in respect of the following areas:

- Fairfield General Hospital Readmission SPC chart April 2017 – November 2018
- Fairfield General Hospital compared with North Manchester General Hospital and The Royal Oldham Hospital
- Fairfield General Hospital – Breakdown of the reason for re admission (HRG based most recent 12 months)
- Readmission length of stay & bed days

Members discussed if there were any themes emerging from the readmission figures. The Chief Officer reported that comparable data could be provided to the Board.

### **It was agreed:**

The Chief Officer/Managing Director Bury & Rochdale Care Organisation, Steve Taylor be thanked for his attendance and comparable national and regional information will be provided at a future meeting.

### **HWB.341 STATE OF DELAYED TRANSFERS OF CARE IN BURY**



Dee Colam, Interim Assistant Director (Adult Social Care Operations) provided members with a follow up report in respect of the state of delayed transfers of Care in Bury. Delayed Transfers of Care are a national Key Performance Indicator (KPI) for both the NHS and Adult Social Care (ASC). The report included information in respect of delayed transfer of cares in the following areas and measures taken to address the problem:

Mental Health

Acute hospitals

Non-Acute Hospital

Winter Pressures Grant

Members discussed problems with recruitment to the Integrated Discharge Team. The CCG Chair reported that this was becoming increasingly problematic however work is underway across Greater Manchester to address this issue.

Responding to a Member's question, the Interim Assistant Director reported that the discharge to assess beds have been very successful at releasing capacity within the Acute sector. This service is now offered on four sites across the Borough, supported by a range of professionals.

### **It was agreed:**

A further update will be provided to the Board in six months.

### **HWB.342 TRANSFORMATION PROGRAMME BOARD CHAIR'S REPORT**

Dr Jeff Schryer, Chair of Bury CCG's clinical commissioning board presented a report providing an overview of the work undertaken by the Transformation Programme Board. Work undertaken has included:

Transformation Models of Care

Primary features of these new services include:

- New standard operating procedures for MDT and Rapid Response
- More effective use of the current bed base to create capacity in the system
- Understanding the future demand on intermediate care packages and designing the model around this
- Creating a single service for the intermediate tier
- Mutually Binding Agreement
- Estates for Integrated Neighbourhood Teams

### **It was agreed:**

Health and Wellbeing Board is recommended to note the work of the Health and Care Transformation programme Board

### **HWB.343 PENNINE CARE FUTURE OPERATING MODEL**

### **It was agreed:**

That this item will be deferred and considered at the next meeting of the Health and Wellbeing Board.

### **HWB.344 GM POPULATION PLAN UPDATE : Nutrition and Hydration Update**

Lesley Jones, Director of Public Health and Carmel Burke, Nutritionist provided members with a GM population plan update with a focus on Nutrition and Hydration. The presentation provided an overview of

- Raising Awareness on malnutrition risks and dehydration in the 65+ population across Bury
- Working Together with all willing community services across Bury and training their care staff and looking at further opportunities to support those at risk
- Identifying Malnutrition by using the Paperweight Armband ©
- Personalising Care and Support by providing individuals and care staff with "Are you Eating Enough" booklets
- Monitoring and Evaluating the programme when hitting milestones

Members discussed the late HIV diagnosis figures as referenced in the GM population plan update. The Director of Public Health reported that Bury are the best performing Borough in GM. Future plans will include a programme that normalise the treatment of this condition and treated as others that suffer from a Long term condition, this will hopefully include patients being able to receive treatment in the integrated neighbourhood teams.

Councillor Walker raised concerns about the lack of information contained within the GM population health plan with regards to substance misuse services. The Director of public health reported that there is a GM Strategy is being developed to address this area.

Responding to a member's question, The Nutritionist reported that over 800 people have been assessed in Bury using the paperweigh armband,

**Councillor Andrea Simpson**  
**Chair**

(Note: The meeting started at 6pm and finished at 8.15pm)

**Bury and Rochdale Care Organisation****Fairfield General Hospital Readmission Rates – 30 Days**

This report contains an overview of readmission rates for Fairfield General Hospital, providing comparisons and analysis on reason for readmissions and LOS.

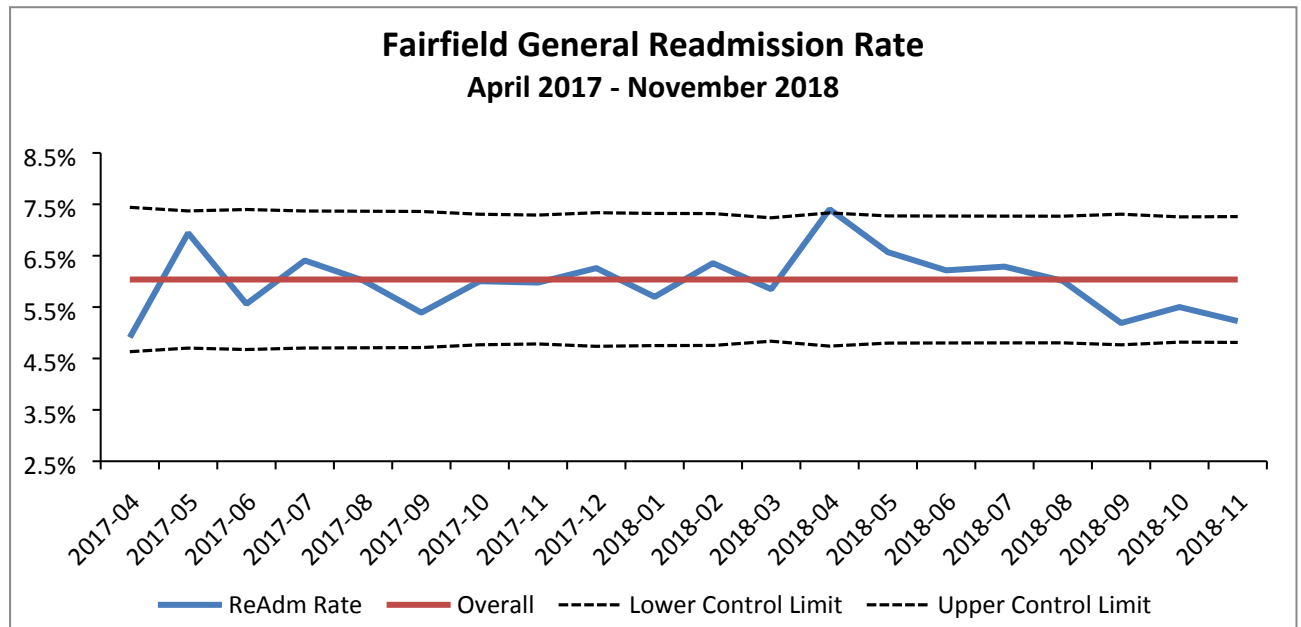
**Contents**

1. Fairfield General Hospital Readmission SPC chart April 2017 – November 2018
2. Fairfield General Hospital compared with North Manchester General Hospital and The Royal Oldham Hospital
3. Fairfield General Hospital – Breakdown of the reason for re admission (HRG based most recent 12 months)
4. Readmission length of stay & bed days
5. Peer Comparison – CHKS (28 Day Readmissions)

**Criteria**

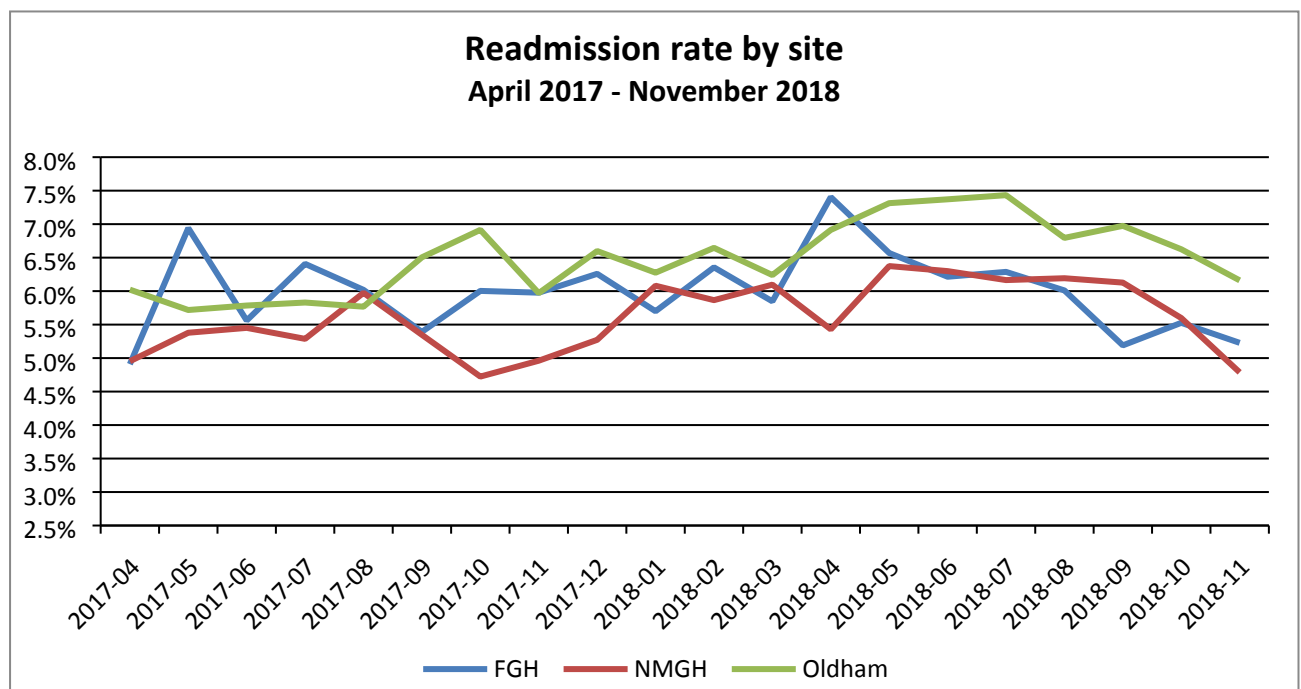
- Re admissions based on discharges and re admissions to same site only
- PBR national methodology

## 1. Fairfield General readmission rates



Re admission rates at Fairfield have remained consistent since April 2017, showing an improvement in performance over recent months with 3 consecutive months below the average.

## 2. Pennine Acute site comparison



Fairfield General Hospital has a similar readmission rate to North Manchester General with Oldham having a consistently higher rate. All sites are showing a reduction in re admission rates over recent months.

### 3. Top 10 HRG groups on readmission (Dec 2017 – November 2018)

HRG	Readmissions	% of Total
Lobar, Atypical or Viral Pneumonia - DZ11	255	10.8%
Chronic Obstructive Pulmonary Disease or Bronchitis - DZ65	124	5.2%
Heart Failure or Shock - EB03	103	4.4%
Non-Malignant Gastrointestinal Tract Disorders - FZ91	92	3.9%
Non-Malignant, Ear, Nose, Mouth, Throat or Neck Disorders - CB02	88	3.7%
Skin Disorders with Interventions - JD07	73	3.1%
Kidney or Urinary Tract Infections - LA04	73	3.1%
Unspecified Chest Pain - EB12	73	3.1%
Sepsis - WJ06	71	3.0%
Muscular, Balance, Cranial or Peripheral Nerve Disorders - AA26	65	2.7%
<b>Top 10 Total</b>	<b>1017</b>	<b>43.0%</b>
Other	1348	57.0%
<b>Total</b>	<b>2365</b>	

#### Key Points:

- 2365 readmissions in 12 month period
- 43% (1017) of the re admissions are made up by the top 10 HRG groups
- The 12 month period contains 149 HRG Groups (362 individual HRG's)

### 4. Readmission length of stay and bed days (Dec 2017 – November 2018)

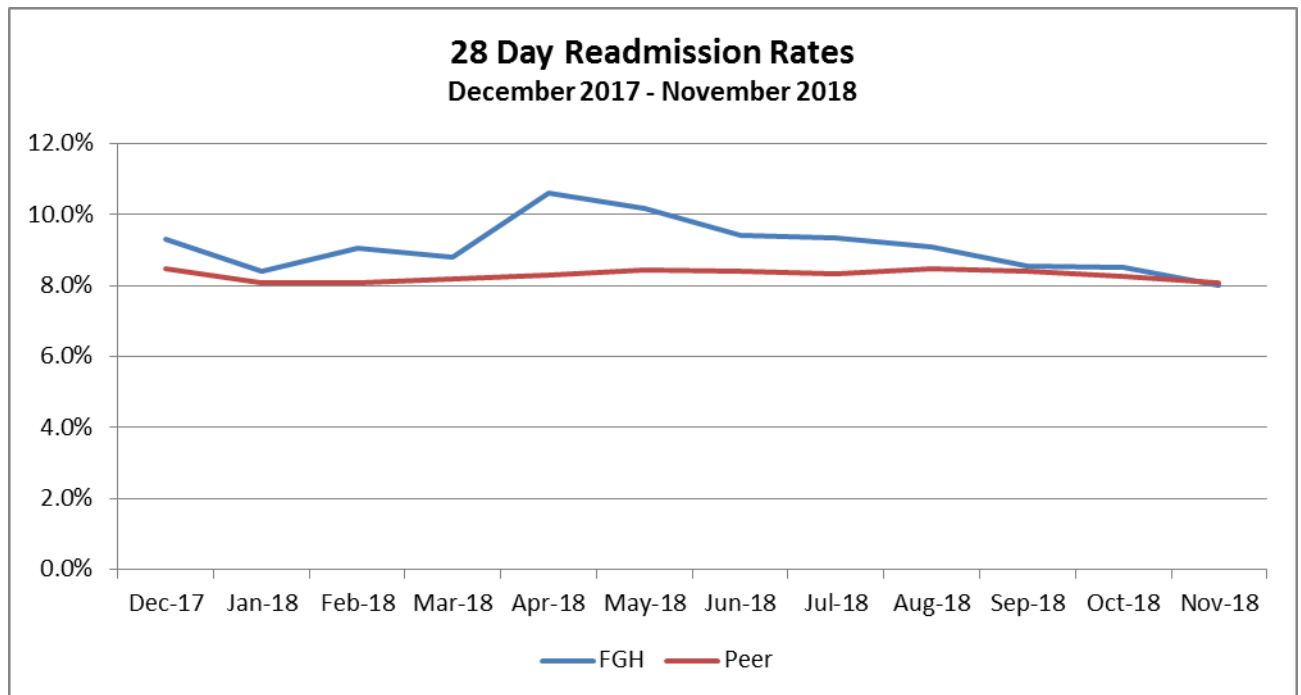
	2017-12	2018-01	2018-02	2018-03	2018-04	2018-05	2018-06	2018-07	2018-08	2018-09	2018-10	2018-11	Total
Readmissions	189	176	197	207	225	219	208	211	202	164	189	178	2365
Bed Days	910	688	788	1078	1237	965	1050	853	1054	730	994	736	11083
Avg. LOS	4.8	3.9	4.0	5.2	5.5	4.4	5.0	4.0	5.2	4.5	5.3	4.2	4.7

#### Key Points:

- 11083 bed days used due to re admission, 924 bed days used on average per month.
- Average LOS of 4.7 days, this equates to approximately 30 beds per month.

**5. Peer Comparison – CHKS (28 Day Readmissions)**

\* Peer all acute trusts



- Fairfield General has shown improvement in 28 day readmission rates over the last 12 months and is now in line with national average.

## Bury Health and Wellbeing Board

Title of the Report	Greater Manchester drug and alcohol strategy update
Date	19th March 2019
Contact Officer	Jon Hobday, Consultant in Public Health
HWB Lead in this area	Lesley Jones, Director of Public Health

**1. Executive Summary**

Is this report for?	Information ✓	Discussion <input type="checkbox"/>	Decision <input type="checkbox"/>
Why is this report being brought to the Board?	To update the Board about the GM drug and alcohol strategy and our local approach.		
Please detail which, if any, of the Joint Health and Wellbeing Strategy priorities the report relates to. (See attached Strategy) <a href="http://www.theburydirectory.co.uk/healthandwellbeingboard">www.theburydirectory.co.uk/healthandwellbeingboard</a>	The reports relates to all priorities, as addressing drugs and alcohol supports health and wellbeing of residents of all ages		
Please detail which, if any, of the Joint Strategic Needs Assessment priorities the report relates to. (See attached JSNA) <a href="http://jsna.theburydirectory.co.uk/kb5/bury/jsna/home.page">http://jsna.theburydirectory.co.uk/kb5/bury/jsna/home.page</a>	As above		
Key Actions for the Health and Wellbeing Board / proposed recommendations for action.	To note the paper and support the ongoing work to address drug and alcohol related issues.		
What requirement is there for internal or external communication around this area?	For stakeholders to support key messages in internal and external communications campaigns.		
Assurance and tracking process – Has the report been considered at any other committee meeting of the Council/meeting of the CCG Board/other stakeholders....please provide details.	No		

## 2. Introduction / Background

When formally published this will be the first ever Greater Manchester drug and alcohol strategy setting out a collective ambition to significantly reduce the risks and harms caused by drugs and alcohol and help make Greater Manchester one of the best places in the world to grow up, get on and grow old.

The Greater Manchester drug and alcohol strategy has been subject to public consultation and co-designed with a wide range of stakeholders to provide a framework for localities and wider partners. It is underpinned by the principles of public service and place based reform which call for person centred approaches, integrated partnership working between services and a focus on collaboration, prevention and intervening early to stop problems escalating.

Drugs and alcohol are everybody's business. Drugs and alcohol impact on the health and wellbeing of our residents, the safety of our communities, and the vibrancy and economic future of our town centres and night time economies. It is everyone's responsibility to make sure we minimise the potential risks and harms they cause.

## 3. key issues for the Board to Consider

We continue to experience long-standing problems with alcohol and the financial cost of alcohol to Greater Manchester is significant. It is estimated that expenditure on alcohol related crime, health, worklessness and social care costs amount to £1.3bn per annum - approaching £500 per resident.

Alcohol places a significant burden on public services, causes health problems such as cancer, liver cirrhosis and heart disease, affects the well-being of families, and is a major contributor to domestic abuse, violent crime and public disorder. We know that the issues caused by alcohol are not simply about people becoming dependent and that too many people may be unaware that they are drinking to harmful levels.

We know that the vast majority of national surveys have shown a long term downward trend in drug and alcohol use amongst adults and young people. We also know that locally our treatment services are more recovery focused than they used to be and that more people are successfully completing treatment, but there is much more to be done.



### Recommendations for action

The Board is asked to note the information in the presentation and support the ongoing regional and local work to address drug and alcohol related issues.

#### 4. Financial and legal implications (if any)

If necessary please seek advice from the Council Monitoring Officer Jayne Hammond ([J.M.Hammond@bury.gov.uk](mailto:J.M.Hammond@bury.gov.uk)) or Section 151 Officer Steve Kenyon ([S.Kenyon@bury.gov.uk](mailto:S.Kenyon@bury.gov.uk)).

There are no known legal implications to this report.

#### 5. Equality/Diversity Implications. Please attach the completed Equality and Analysis Form if required.

Not applicable

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#### CONTACT DETAILS:

<b>Contact Officer:</b>	Jon Hobday, Consultant in Public Health
<b>Telephone number:</b>	0161 253 6879
<b>E-mail address:</b>	<a href="mailto:j.hobday@bury.gov.uk">j.hobday@bury.gov.uk</a>
<b>Date:</b>	7 <sup>th</sup> March 2019

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# Overview of GM Drug and Alcohol Strategy and Bury's local approach

Jon Hobday – Consultant in Public Health

# GM Drug and Alcohol Strategy 2018-2021

- 'To make Greater Manchester a place where everyone can have the best start in life, live well and age well, safe from the harms caused by drugs and alcohol.'

- A place where children, young people and families have the best start in life and future generations grow up protected from the impact of drug and alcohol misuse.
- A place where people who drink alcohol choose to drink responsibly and safely.
- A place where people are empowered to avoid using drugs and alcohol to cope with adversity and the stresses and strains of life.
- A place where our services and communities work together to build resilience and address the harms caused by drugs and alcohol.
- A place where individuals who develop drug and alcohol problems can recover and live fulfilling lives in strong resilient communities.

## 6 key priorities

1. Prevention and early intervention
2. Reducing drug and alcohol related harm
3. Building recovery in communities
4. Reducing drug and alcohol related crime and disorder
5. Managing accessibility and availability to drugs and alcohol
6. Establishing diverse, vibrant and safe night-time economies

# The strategy will be underpinned by the principles of PSR

- **A new relationship** between public services and citizens, communities and businesses that enables shared decision making, democratic accountability and voice, genuine co-production and joint delivery of services. Do with, not to.
- **An asset based approach** that recognises and builds on the strengths of individuals, families and our communities rather than focusing on the deficits.
- **Behaviour change** in our communities that builds independence and supports residents to be in control.
- **A place based approach that redefines services** and places individuals, families, communities at the heart.
- A stronger prioritisation of **wellbeing, prevention and early intervention**.
- An **evidence led** understanding of risk and impact to ensure the right intervention at the right time.
- An approach that supports the development of **new investment and resourcing models**, enabling collaboration with a wide range of organisations.

# How GM will measure the impact?

- A reduction in levels of drug and alcohol related harm
- A reduction in drug and alcohol related offending
- An increase in the number of people in recovery



# Bury Picture - alcohol

- Overall Alcohol-specific mortality is significantly worse in Bury than the England average, and is on an upward trend.
- Alcohol specific admissions for Under 18s continue on a downward trend, most notably among males, although the female population is also on a downward trend. The Bury figures are significantly below the North West average for both subcategories, and slightly lower than the England average.
- Alcohol-related admissions to hospital are significantly better than the England average, showing a downward trend for persons and male, slight increase for females.
- In relation to the admission episodes for mental and behavioural disorders due to use of alcohol condition (Narrow) for persons, males and females, Bury is significantly better than the England average and is on a downward trend.
- Admission episodes for alcoholic liver disease condition (Broad) for females is significantly worse than the England average. However, for persons and males this is not significantly different. All have shown a reduction since the last reporting time period.

## Young People in Bury

- 63% of students in Bury have never drunk alcohol
- 7% said they had drunk alcohol in the previous 7 days
- 2% had drunk alcohol on more than 1 day in the previous 7 days
- 0% drank over the advised weekly limit (14 units) for adults

# Bury picture - drugs

- 23.4% of clients in treatment in Bury are in contact with the criminal justice system
- 40.4% of alcohol/non-opiate users had an unplanned early exit of their treatment which is above the national average.
- For opiate clients the percentages that are in treatment less than two years is above the national average.
- The average time in treatment for clients in Bury is below the national average for both opiate and non-opiate clients.

## Young People

- 16% of pupils are 'fairly sure' or 'certain' their friends take drugs
- 8% of pupils reported that they have taken at least one drug
- 5% responded that they have tried cannabis
- 4% responded that they have taken at least one drug in the last month

## Local service provision position

- Existing service – One Recovery Bury and Early Break
- Currently out to tender for an all age substance misuse service
- New service to start 1<sup>st</sup> September
- New specification reflects local need and is aligned with the GM approach
- Preventative, recovery focused approach – asking for a responsive neighbourhood community focused approach

# Summary

- Drug and Alcohol continues to be a serious public health issue
- The local approach to addressing substance misuse is based on need and aligned with GM strategy
- The new service aims to increase the health and wellbeing of local residents, reduce inequalities and link with the place based public sector reform agendas

## Bury Health and Wellbeing Board

Title of the Report	Children and Young People's Local Transformation Plan for Mental Health and Wellbeing – 2019/20 Refresh
Date	21 March 2019
Contact Officer	Michael Hargreaves, Senior Commissioning Manager
HWB Lead in this area	

**1. Executive Summary**

Is this report for?	Information <input type="checkbox"/>	Discussion <input type="checkbox"/>	Decision <input checked="" type="checkbox"/>
Why is this report being brought to the Board?	The LTP must be approved by local HWBB annually before publication on LA and CCG websites. This has taken place each March since 2016.		
Please detail which, if any, of the Joint Health and Wellbeing Strategy priorities the report relates to. (See attached Strategy) <a href="http://www.theburydirectory.co.uk/healthandwellbeingboard">www.theburydirectory.co.uk/healthandwellbeingboard</a>	Starting Well		
Please detail which, if any, of the Joint Strategic Needs Assessment priorities the report relates to. (See attached JSNA) <a href="http://jsna.theburydirectory.co.uk/kb5/bury/jsna/home.page">http://jsna.theburydirectory.co.uk/kb5/bury/jsna/home.page</a>	Mental Health and Wellbeing		
Key Actions for the Health and Wellbeing Board / proposed recommendations for action.	To approve the refreshed LTP		
What requirement is there for internal or external communication around this area?	The LTP will be published on CCG and LA websites once approved by the HWBB		
Assurance and tracking process – Has the report been considered at any other committee meeting of the Council/meeting of the CCG Board/other stakeholders....please provide details.	The report has been approved by the CCG's Clinical Cabinet and the Locality LTP Implementation Group (with members including, LA Children's Services, Public Health, Pennine Care, CCG manager and clinical lead)		

## 2. Introduction / Background

- 2.1 The Children and Young People's Local Transformation Plan for Mental Health and Wellbeing (LTP) was drafted in response to two key national reports – 'Future in Mind' and 'The 5 Year Forward View for Mental Health'. The plan was initiated in 2014/15 and incorporates priorities from primary prevention through to specialist provision and focuses on improving both children and young people's experience and outcomes.
- 2.2 The plan is a "live" document which is required to be refreshed on an annual basis – in line with recommendations from the GM Future in Mind Commissioner Group and the GM Health and Social Care Partnership. The refreshed plan (2019/20) is to be published on Bury Clinical Commissioning Group's (CCG) website and Bury Council's website before the end of March 2019 and will replace the current version.

### **Local Transformation Plan – March 2019 Refresh**

- 2.3 Given the substantial rewrite of the LTP in March 2017, which was approved by Health and Wellbeing Board in 2017 and 2018, it is recommended from the Bury LTP Implementation Group that the refresh for this year will be a lighter touch with updates for the most part limited to:
- The Action Plan
  - Activity, Resource and Finance
  - Monitoring and Measurement

This approach has been mirrored by the majority of other CCGs in Greater Manchester.

- 2.4 The current published LTP is posted on the CCG website as per requirements and can be accessed via the following link:  
[https://www.buryccg.nhs.uk/download/document\\_library/your-local-nhs/plans\\_policies\\_and\\_reports/children\\_and\\_young\\_peoples\\_transformation\\_plan/CYPMH-LTP-Refresh-March-2018\\_v2.0\\_2.pdf](https://www.buryccg.nhs.uk/download/document_library/your-local-nhs/plans_policies_and_reports/children_and_young_peoples_transformation_plan/CYPMH-LTP-Refresh-March-2018_v2.0_2.pdf)
- 2.5 The draft refreshed LTP for 2019/20 is included within Appendix 1 and once agreed will be posted on the CCG and Bury Councils website.
- 2.6 The Board is directed to the following sections, which have been updated extensively from the current published version:

<b>Chapter</b>	<b>Update</b>	<b>Rationale</b>
<b>Chapter 4</b>	All original contributors were asked to review and update information about their respective services.	To ensure the LTP describes the most accurate summary of current services.
<b>Chapter 5</b>	All activity, resource and finance information to be updated for 2019. This work is currently being concluded with finance support and will be included in the refreshed plan.	To present the performance and outcomes of the service, highlight the impact of LTP investment and give the latest investment plan for future years.
<b>Chapter 6</b>	Section updated for March 2019. Previous year's CQUIN information removed and YTD delivery of the 2017-2019 CQUIN added.	To present latest information.
<b>Chapter 9</b>	Full LTP action plan updated for March 2019. Progress against previous action updated and new priorities added.	To highlight progress and present the plan for 2019/20 and beyond.

*Note – any areas highlighted in red in the draft LTP have yet to be updated for 2019.*

## **Finance**

- 2.7 Commissioning and finance colleagues are currently reviewing the 2018/19 end year position and the proposals against the 2019/20 allocations. The outcome of these discussions may require some further modifications to the proposed LTP refresh. It is planned to conclude the financial planning by the end of March to allow for any further required modifications.

### 3. key issues for the Board to Consider

#### **Key Priorities – 2019/20 and beyond (see Chapter 9 of the draft LTP)**

Within the available resource, during 2019/20 and beyond we plan to:

- Deliver a core service in line with the new GM Service Specification for CYP mental health. Most significantly:
  - Increase the upper age eligibility criteria from 16<sup>th</sup> to 18<sup>th</sup> birthday for new referrals
  - Widen the service offer to include 8am – 8pm weekday working and weekend cover.
- Continue to deliver against the 5 Year Forward View for Mental Health targets for CYP Access, workforce development and community eating disorder waiting times.
- Deliver on ambitions in the NHS Long Term Plan:
  - Continue to increase funding for CYP mental health services both in real terms and as a percentage of total health spend.
  - Develop services and improve access to timely, effective perinatal and parent-infant mental health care for mothers, partners and children.
  - Transform Crisis Care – this workstream is led through the GM H&SCP with links to LTP.
  - Continue to work with partners to ensure mental health support for children and young people will be embedded in schools and colleges – building on the 'Link Worker' service in place since 2016.
- Operationalise the Transition Service, building on the Transition CQUIN for 2017-19. This will significantly improve the experience for CYP and families and support delivery of the GM service specification for CYP mental health and NHS long term plan ambition for transition.
- Commission specialist neurodevelopmental nurse roles to support the ASD and ADHD assessment and care pathways, including delivery against the GM Standards for ADHD.
- Commission a Sensory Integration service to support those CYP, diagnosed with ASD, with more complex sensory needs.



- Continue to engage with and support local delivery of GM led CYPMH workstreams, most notably the Crisis Care Pathway, development of the iThrive Hub, vulnerable groups, GM Mentally Healthy Schools and, the GM Inpatient Mental Health Offer.

### **Associated Risks**

1. Delivery of identified schemes to ensure full and effective use of transformation financial allocations for 2019/20 and beyond. The CCG and LTP Implementation Group will need to work with wider partners to ensure timely delivery of agreed schemes and effective and timely use of the available resource.
2. There is a risk that some of the roles identified for investment may not be straightforward to recruit into. This risk is considered to be moderately low by our core providers but may require alternative planning if recruitment issues materialise.
3. There is a risk that due to resourcing challenges throughout the system some GM workstreams will not progress at the pace originally intended. This is being mitigated to an extent by the employment of a GM CYPMH Commissioning Lead on a full time contract.

## **4. Recommendations for action**

The Board is asked to:

- Acknowledge that the refreshed document is a working draft and remains an iterative process leading up to final publication by the end of March.
- Consider the draft refreshed LTP and provide comment as appropriate.
- As the plan is to be submitted at the end of March (before the April Board meeting) give permission under chair's action for the chair to sign-off the final refreshed plan with executive support from finance and commissioning to agree plan for final publication.
- Note the identified risks.

## **5. Financial and legal implications (if any) If necessary please seek advice from the Council Monitoring**

Officer Jayne Hammond ([J.M.Hammond@bury.gov.uk](mailto:J.M.Hammond@bury.gov.uk)) or Section 151 Officer Steve Kenyon ([S.Kenyon@bury.gov.uk](mailto:S.Kenyon@bury.gov.uk) ).

**6. Equality/Diversity Implications. Please attach the completed Equality and Analysis Form if required.**

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**Date:** 7<sup>th</sup> March 2019

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# **Bury Local Transformation Plan for Children and Young People's Mental Health and Wellbeing 2015-2020 (March 2019 refresh)**

**Version 1.0**

## Bury Local Transformation Plan

<b>Approved by:</b>	NHS Bury Clinical Commissioning Group (CCG) Bury Council Bury Health and Wellbeing Board NHS England
<b>Assured by:</b>	Bury Health and Wellbeing Board NHS England
<b>Date Published:</b>	
<b>Available on:</b>	Bury CCG website Bury Council website Pennine Care/ Bury CAMHS website
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## Version Control

Date	Version	Distributed to	Details
19/02/19	v0.1-0.7	LTP Group	Initial version for comments
06/03/19	v1.0	CCG Clinical Cabinet	Draft version for comments and approval pending sign-off of the final version by the chair.
08/03/19	v1.0	Bury Health and Wellbeing Board	Draft version for comments and approval pending sign-off of the final version by the chair.

## Other Professional Stakeholder Groups Consulted

Date	Stakeholder Group
Ongoing	Greater Manchester Future in Mind group partners
Feb 2019	Current services outlined in the plan
06/03/2019	Bury CCG Clinical Cabinet
21/03/2019	Health and Wellbeing Board

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## Executive Summary

This document describes Bury's five year strategy for transforming the system of support and service provision for children and young people's emotional and mental health. It gives the background, drivers and rationale for change.

The document details the breadth of current service provision – from the core Children and Young People's Mental Health Service to services provided via primary care, within education settings and the community, voluntary and faith sector.

**Section 5** describes the activity, resource and financial information which underpins the plan and reflects the impact made to date, **Section 7** describes our vision for the future, **Section 8** summarises engagement and partnership working and **Section 9** gives the full detail of the plan – with priorities described at a Greater Manchester or locality level and aligned to the chapters within Future in Mind (see Introduction below).

### Our Priorities for 2019/20 and Beyond

We will continue to prioritise delivery against the national mandates for CCGs set out in the NHS Operational Planning and Contracting Guidance and ambitions set out in the NHS Long-term Plan:

- To increase access to high quality mental health services for an additional 70,000 children and young people per year. As such local transformation plans need to deliver expanding access to CYP services by 7% in real terms in each of 2017/18 and 2018/19 (to meet 34% of local need in 2019/20).
- To deliver community eating disorder teams for children and young people to meet access and waiting time standards.
- To deliver all age crisis and mental health liaison services.
- To increase spending on children's mental health and wellbeing services.

In 2019/20 and beyond we will focus on a core provision that goes beyond 16 years, with the development of a transition service. Initially targeted at those patients aged 15 to 18, the service will develop strong links with education, employment, housing, police, community, voluntary and other sectors to ensure the best possible experience for those CYP moving on from Healthy Young Minds or at other key points of transition.

The transition service will allow us to address, amongst other things, issues such as hospital admissions due to substance misuse in 15-24 year olds being significantly higher in Bury when compared to national rates. This, along with the enhanced Bereavement and Loss service and increased capacity within the link worker function provides a substantially improved offer from our core CYP mental health service.

The existing Link Worker offer for schools and any professional working with children and young people has been enhanced with the recruitment of a third practitioner to the team. A key new offer for the Link Worker service from 2018/19 and 2019/20 will be BEST - Behavioural & Emotional Skills Training. The BEST group has been developed to help those CYP that experience high levels of distress and intense emotion that lead to urges to harm themselves.

January 2018 saw the beginning of the phased implementation of a Greater Manchester Crisis Care Pathway for children and young people, that will involve the recruitment of 4 crisis resolution and home intervention teams, additional short stay beds and two safe zone areas to be used as an alternative to hospital admission for children and young people who present in mental health crisis. This will be a four year development programme supported by a 7 day per week access offer provided by specialist children and young people mental health services (CAMHS). Along with the 9 other GM CCGs, we will via CCG LTP funding enhance staffing within our specialist children and young people mental health services.

From January 2018 we began working collaboratively with our Local Authorities and the 10 GM CCGs to plan the development and implementation of a comprehensive perinatal and parent infant mental health service, which will ensure timely access to appropriate and effective for families experiencing mental health problems.

More widely, our commissioned services have now embedded and utilised the Experience of Service Questionnaire (ESQ) as one of the core Routine Outcomes Measures (ROM) that evaluates CYP and their carer's satisfaction with services. The findings of this are being used to improve services and delivery. The ESQ comes in three versions: the parent/carers, the child version for children aged 9 - 11 and the young person version for children aged 12 - 18. The application of this ROM has been embedded within the CYPMH outcomes framework and will be reported from 2018/19.

A pan GM Community CAMHS Service Specification has been implemented for 2018/19 across all community providers. The purpose of the single specification is to specify the core provision of Specialist Community Child and Adolescent Mental Health Services (CAMHS) from



all GM Providers. It describes the role, function and responsibilities of the service. Implementing Greater Manchester's agreement to move away from a CAMHS traditional tiered model of delivery to a more flexible responsive model, applying the THRIVE model of care. This will see investment under the CCGs LTP directed to enhance community CAMHS provision enabling the service to deliver Monday to Fri 8am – 8pm with flexible weekend cover by 2021.

DRAFT

## 1.0 Introduction

- 1.1 The Children and Young People's Local Transformation Plan (LTP) is a five-year strategic plan to deliver whole system change to children and young people's emotional and mental health support and service provision in Bury. The plan was initiated in 2014/15 and incorporates priorities from primary prevention through to specialist provision and focuses on improving both children and young people's experience and outcomes. The plan is a "live" document and will be refreshed on an annual basis. The plan will be published on Bury Clinical Commissioning Group's (CCG) website and Bury Council's (BC) website.
- 1.2 The Local Transformation Plan was developed in response to the report of the Children and Young People's Mental Health taskforce, Future in Mind, which establishes a clear and powerful consensus about how to make it easier for children and young people to access high quality mental health care when they need it. This includes involving children and young people in the transformational change, working closely with the NHS, public health, voluntary and community sector, local authority children's services, education and youth justice sectors to:
  - build resilience, promote good mental health and wellbeing, and to focus on prevention and early intervention;
  - develop a system built around the needs of children, young people and their families;
  - improve access so that children and young people have easy access to the right support from the right service at the right time as close to home as possible;
  - deliver a clear joined up approach;
  - sustain a culture of continual evidence-based service improvement delivered by a workforce with the right mix of skills, competencies and experience;
  - improve transparency and accountability across the whole system, including resource allocation and ensuring collaborative decision making.
- 1.3 The announcements of extra funding to transform mental health services contained within the autumn statement (December 2014) and Budget (March 2015) were designed to help areas build capacity and capability across the system so that, by 2020, they can make measurable progress towards closing the health and wellbeing gap and securing sustainable outcomes for children and young people's mental health.

## 2.0 Greater Manchester Strategic Mental Health Context

- 2.1 Children and Young People's mental health forms an integral part of the Greater Manchester (GM) wide Health and Social Care early implementation priorities. Devolution provides Greater Manchester with the opportunity to take advantage of its unique position and collectively respond to the challenges outlined within Future in Mind and in doing so make a step change in the provision of services for Children and Young People in Greater Manchester.
- 2.2 As part of devolution, Greater Manchester made a clear commitment to develop the current provision of mental health services, working towards parity of esteem. This includes taking collaborative action in making full use of the targeted Children and Young People's mental health investment in localities, clusters and across Greater Manchester; supporting activity linked to refreshed Local Transformation Plans (LTPs) devised to deliver the ambition set out in Future in Mind. This guidance emphasises the need for joined-up commissioning and provision. To support this system alignment, a Greater Manchester Future In Minds Delivery Group has been instigated as a consortium of all 12 x Greater Manchester Clinical Commissioning Groups (and will include 10 Local Authorities), with representation from the Strategic Clinical Network, NHS England Specialised Commissioning and Public Health. The group is currently in its infancy and will develop over time to include wider partners, including Children and Young People and their families/ carers.
- 2.3 There have been a number of Greater Manchester plans produced that will provide an umbrella for Bury's work on children and young people's mental health, via our Local Transformation Plan, and form part of Greater Manchester's Strategic Transformation Plan. Greater Manchester has developed a Mental Health and Well-being Strategy that is now moving into implementation phase. The strategy restores the balance of services that are available, whilst increasing community based services and early intervention and reducing the need for higher level interventions. It will deliver efficiencies through a reduction of high cost, intensive, interventions and use of beds.

The Greater Manchester strategy focuses on:

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

- 2.4 As well as this, the Greater Manchester Combined Authority is producing a Children's and Young People's Mental Health Implementation Plan. This sets out the actions that will take place across GM to support improvement in children's mental health in a number of areas, including:
- Maternity Mental Health Provision;
  - Schools Promotion and Educational Programmes;
  - Integrated Health for Youth Offending Services;
  - Mental Health Provision for Those in Transition;
  - Mental Health for Carers;
  - Community Engagement and Provision.
- 2.5 Greater Manchester is also working on a strategy for integrated children's and young people's health and mental health commissioning. This will set Greater Manchester wide common standards of provision, and consistent target outcomes for all commissioners that promote early intervention and preventative action and reduce the variation across Greater Manchester boroughs.
- 2.6 In September 2015, at the Bury Clinical Commissioning Group Annual General Meeting, it was announced that, as part of Greater Manchester devolution, health and social care will be commissioned through pooled funding arrangements between the Local Council and the Clinical Commissioning Group, from April 2016. This has been a key enabler of the Local Transformation Plan as it has encouraged collaborative working and streamlined services and support around the needs of the population. Services will be commissioned on the basis of priority needs and not around organisations. It should also make delivery for providers easier as there will be one set of jointly agreed outcomes data and contract monitoring.

### 3.0 Bury Context

- 3.1 Bury's estimated resident population in 2017 was 189,600. This is an increase in 800 people from the 2016 estimate. Compared to the population distribution in England, Bury has more under 15s<sup>1</sup>. By 2025, the under 15s population in Bury will increase by 2.5% to 37,100; under 25s are expected to increase by 0.2% to 59,398. This means around 31% of Bury's population will be under 25<sup>2</sup>.
- 3.2 Compared to the rest of England, Bury is ranked around the middle for deprivation at Local Authority and Clinical Commissioning Group level. Of

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<sup>1</sup> Bury population statistics, The Bury JSNA, Bury Council website  
[https://www.theburyjsna.co.uk/kb5/bury/jsna/service.page?id=NM36yP\\_mUd8](https://www.theburyjsna.co.uk/kb5/bury/jsna/service.page?id=NM36yP_mUd8)

<sup>2</sup> Bury Local Transformation Plan 15/16

the 120 Lower Layer Super Output Areas in Bury, 12 are within the most deprived 10% in the country. These are mostly found near the town centre, and in the Radcliffe and Besses areas<sup>3</sup>.

- 3.3 After white British, the next largest ethnic group in Bury is Asian (7.1%). There is also a growing polish population within the borough.
- 3.4 Educational results in Bury are slightly lower or similar (depending on the key stage) when compared to the England average. In addition, as with other areas looked after children in Bury experience lower attainment levels than the wider population. Education has an impact on employment and wider wellbeing issues throughout life and is therefore seen as key in ensuring that CYP have the best start in life.
- 3.5 From information provided by Bury's Public Health team in 2019 we know:

#### CYP mental health disorders

- The estimated prevalence of mental health, emotional and conduct disorders in 5-16 year olds are slightly less than regionally and England (although not statistically significant);
- Estimates suggest we have just over 2500 16-24 year olds with an eating disorder and just over 2700 individuals with ADHD in Bury;
- Estimates suggest we have 785 individuals requiring tier 3 CAMHS support and 35 requiring tier 4 CAMHS support

#### CYP mental health related admissions

- Bury has a similar rate of child admissions for mental health in 0-17 year olds compared to both national and regional levels (81.5 per 100,000 in Bury vs 89.8 per 100,000 in England), this rate has decreased annually since 2014/2015;
- Hospital admissions due to substance misuse in 15-24 year olds is similar in Bury when compared to national rates (89.6 per 100,000 vs 89.8 per 100,000), this has reduced slightly over the last 3 years;
- Hospital admissions due to self-harm (in 10-24 year olds) is similar in Bury (444.7 per 100,000) to both England (407.1 per 100,000) and regional levels (474.0 per 100,000);

#### Proportion of CYP in risk groups

Areas where we are performing less well than the national figures include:

- Rate of children in care (77 per 100,000 vs 64 per 100,000)
- Number of children in need for more than 2 years (34.8 per 100,000 vs 30.6 per 100,000);

<sup>3</sup> [https://search3.openobjects.com/mediamanager/bury/jsna/files/imd\\_2015\\_briefing.pdf](https://search3.openobjects.com/mediamanager/bury/jsna/files/imd_2015_briefing.pdf)

#### Education risk factors for mental health issues in CYP

Areas where we perform worse than the national figures:

- Bury has a slightly higher number of children who are identified as SEN
- Bury has a significantly higher proportion of pupils who are identified as having LD
- Bury has slightly higher levels of 16-17 year olds not in education, employment or training

- 3.6 The mental health needs of Children and young people in Bury are reviewed as part of an ongoing process. The results from a recent comprehensive children and young people survey are due to be published in April 2019. Once this data is published, the document will be updated and plans refreshed accordingly.

## 4.0 Bury's Current Service Offer

Below is a summary of the current provision in Bury:

- 4.1 A [resource directory](#) is available on the Healthy Young Minds (Bury's CAMHS service) website outlining the local resources available in the community that the wider Children and Young People's workforce can access when considering support for emotional health and wellbeing. The website also offers a wide range of approved web based resources including the Department of Health (DoH) sponsored site [minded.com](http://minded.com) offering advice, guidance and intervention for less complex, lower level presentations that universal service providers and families themselves can access.
- 4.2 The Bury directory is a one-stop information point, for the public and professionals, that offers a wide range of services including advice, support, activities, and available services including those to support emotional health and wellbeing. [www.theburydirectory.co.uk](http://www.theburydirectory.co.uk)
- 4.3 Pennine Care HYM has a website for Children and Young People that covers mental health issues called With U in Mind. <http://www.withuinmind.nhs.uk/>
- 4.4 Table of services (the services listed within the former 'tiered' model of support. However as we move to implement the iThrive Framework in Bury and throughout GM, services will be considered according to Thrive identified need groupings – Coping, Getting Help, Getting More Help and Getting Risk Support. The relevant group is shown in the first column.

Service	Description	Provider
Universal Services (Tier 1)– Commissioned by Bury CCG and Bury Local Authority (LA)		
GP's, Health Visitors, School Nurses, Midwives, Teachers, Youth Workers <b>Thrive Quadrant - Coping</b>	Early Intervention General advice and treatment for less severe problems Mental Health promotion Referral to specialist services	Bury GP's across the Borough. Health Visitors, school nurses, midwives, provided by Pennine Care. Education
Community CAMHS (Tier 2)– Commissioned by LA		
CAMHS Social Care Outreach (Child in Need and Safeguarding Team) <b>Thrive Quadrant – Getting Help</b>	Dedicated mental health team comprising 2.0 WTE social care staff providing assessment, intervention and consultation to those C&YP subject to a High Level CIN or Child Protection plan. Social worker needed to access the service	LA provision based within Children's services at Higher Lane, Whitefield, jointly managed by Healthy Young Minds Operational Manager

Integrated Youth Support Service <b>Thrive Quadrant - Coping</b>	Youth Service Young Carers SAFE Project	IYSS
Targeted Provision (Tier 2) - Commissioned by LA		
Early Break <b>Thrive Quadrant - Getting More Help</b>	Children's SMS service up to 18 years Abstinence programmes, education and psychosocial support	Early Break
Educational Psychology Service <b>Thrive Quadrant - Getting Help</b>	Offering information, advice, training and support for schools working with pupils with social, emotional and mental health needs	Primary PRU – The Ark
Additional Needs Team <b>Thrive Quadrant - Getting Help</b>	Offering information, advice, training and support for schools working with pupils with social, emotional and mental health needs	Primary PRU – The Ark
Behaviour Outreach Team <b>Thrive Quadrant - Getting More Help</b>		Primary PRU – The Ark
Pupil Referral Units <b>Thrive Quadrant - Getting More Help</b>		Spring Lane School
Community CAMHS (Tier 2)– Commissioned by CCG		
Children's IAPT (Improving Access to psychological therapies) <b>Thrive Quadrant - Getting Help</b>	Service for young people aged between 14 and twenty five with a diverse range of conditions from anxiety to low level mental illness, young people between 14 to 16 with severe mental illness are stepped back in HYM service. Holistic Therapies offer Holistic therapies to promote emotional health outcomes (a 12 week programme)	Streetwise @ Early Break  <b>NB: This service operates under the umbrella of core Healthy Young Minds.</b>
Post Diagnostic Support <b>Thrive Quadrant - Getting Help</b>	Information, advice training and support for parents of children with special educational needs and post diagnostic support for parents/carers of young people with ASD or ADHD.	First Point Family Support  <b>NB: This service operates under the umbrella of core Healthy Young Minds.</b>
Core CAMHS (Tier 2/3) – Commissioned by LA		
CAMHS Social Care Outreach CYPIC team (children and young people in care) <b>Thrive Quadrant - Getting More Help</b>	Dedicated mental health team comprising 2.0 WTE 'LAC' staff providing assessment, therapeutic interventions, consultation and training to C&YP, carers, adoptive parents and social care staff and 1.0 WTE clinical psychologist	LA and PCFT providers based at Higher lane, Whitefield.



Core CAMHS (Tier 3)– Commissioned by CCG		
Core Healthy Young Minds team <b>Thrive Quadrant – Getting Help and Getting More Help</b>	Multidisciplinary Team providing specialist assessments and a range of evidenced based interventions for C&YP (age 5-18) with moderate to severe mental health needs. Also providing consultation, advice and training to other agencies. <a href="#">Link workers with a school offer and partner agencies</a>	Pennine Care NHS Foundation Trust
Enhanced CAMHS (Tier 3/ 3.5)– Commissioned by CCG and LA		
Home Treatment Team  <b>Thrive Quadrant – Getting More Help</b>	Complements Crisis Care Pathway by providing a period of more intense home treatment to prevent admission and/or reduce length of stay.	Pennine Care NHS Foundation Trust
Inpatient and specialised services (Tier 4) - Commissioned by NHS England		
Hope Unit <b>Thrive Quadrant – Getting Risk Support</b>	Inpatient unit for short term acute assessment and treatment for 13 to 18 year olds in Bury	Pennine care NHS Foundation Trust
Horizon Unit <b>Thrive Quadrant – Getting Risk Support</b>	Inpatient unit for significant complex mental illness or disorder where longer term care is required for 13-18 year olds in Bury	Pennine care NHS Foundation Trust
Specialist Services (Tier 4) – commissioned by NHS England		
F CAMHSThrive <b>Quadrant – Getting Risk Support</b>	Forensic Adolescent Consultation and Assessment service	Greater Manchester West NHS Foundation Trust

## Core Service

### Healthy Young Minds (formerly CAMHS)

- 4.5 Bury Child and Adolescent Mental Health Services (now named Healthy Young Minds) offer specialist services to children and young people who are experiencing mental health difficulties. The service is delivered by Pennine Care NHS Foundation Trust. Healthy Young Minds (HYM) helps children and young people up to the age of 16 years (and up to 18 years for neurodevelopment) and provides assessment and intervention and support to their families/ carers. There are plans to extend the core offer up to 18 – following addition of the Transition Service. Some of the problems that Healthy Young Minds help with include:

- Anxiety;
- Depression;
- Eating disorders;

- Psychosis – they jointly diagnose with the Early Intervention Team from age 14 years;
- Post-Traumatic Stress Disorder (PTSD);
- Self-harm;
- Neurodevelopment (ASD/ ADHD);
- More complex psychological difficulties
- Emotional Dysregulation

Bury Healthy Young Minds also provides consultation, advice and training to other agencies and accept referrals from a wide range of professionals. The team is multi-disciplinary, which means clinicians come from a range of clinical and professional backgrounds. This may include psychiatrists, nurses, Healthy Young Minds practitioners and psychologists, social workers, amongst others.

The Healthy Young Minds Service in Bury was redesigned back in 2013/ 14. This redesign merged the Children and Young People's Improving Access to Psychological Therapies (IAPT) and Tier 3 CAMHS services. Healthy Young Minds operates a multi-disciplinary Single Point of Entry (SPoE) approach for 5 to 16 year olds presenting with emotional wellbeing and mental health needs. In addition there are two other joint SPoE arrangements for the neurodevelopmental pathway with Pennine Acute Hospitals NHS Trust pediatric services, and for the CAMHS to Adult Mental Health Services (AMHS) pathway.

Referral into Healthy Young Minds is via a referral form which is completed by an appropriate professional. There is also a consultation model in place which offers advice and guidance, with potential referral into the service.

There are no specific exclusion criteria within Bury in respect of who can and cannot refer into the service. Main referrers into the service are GPs and other health related professionals, school staff, Special Educational Needs Coordinators (SENCOs), educational psychologists, social care, Early Help team, additional needs team, pediatrics, accident and emergency (A&E), and third sector in relation to stepped care framework and some self-referrals from parents.

Bury Healthy Young Minds is moving away from a stepped care framework as per the diagram below, and moving towards the iThrive model. This concept offers some key principles around consultation and liaison, brief intervention and clear pathways for sentinel conditions (i.e. ASD, ADHD and long term conditions), which are flexible enough to be tailored to and meet the needs of different families, communities and neighborhoods.

## CAMHS stepped care



Figure 1: CAMHS Stepped Care Model

### THRIVE model



Figure 2: iThrive Model – Depicting ‘quadrants’ of need and provision

- 4.6 Healthy Young Minds provides an immediate response to assessments in Bury where a child or young person presents to A&E as suicidal or presents with an episode of acute psychosis. For those presenting without suicide ideation, Healthy Young Minds follows up within 24 hours or offers an urgent appointment within 7 days.
- 4.7 The home treatment service will offer an extended home based period of care to minimise the risk of admission or readmission to an inpatient setting.
- 4.8 Fairfield Hospital in Bury accommodates the Hope and Horizon Units which are part of Healthy Young Minds inpatient facilities. The Hope Unit is an acute unit which provides short term crisis intervention to young people aged 13 to 18 years, whose mental health needs cannot be managed in community. The typical length of stay on the Hope Unit is 4-6 week.
- 4.9 The SPoE approach to screening and triaging has led to referrals no longer being rejected by Healthy Young Minds. Since the implementation of the Local Transformation Plan in 2015 they are either accepted, if appropriate, or are signposted and re-directed to other services across Bury. Since introducing the SPoE, the Healthy Young Minds team actively promotes resilience and self-help through joint assessment with other professionals and supporting them with the family.
- 4.10 Bury Council have a fully operational Multi Agency Safeguarding Hub (MASH) and also an effective Early Help Team (EHT)

## **General Services**

### **Forensic Adolescent Consultation and Treatment Service (FCAMHS)**

- 4.11 FCAMHS NW is a new service commissioned by NHS England. We are a community service that provides outreach across the north west of England. We work with agencies to ensure best practice in managing complex needs and high-risk forensic behaviours across a variety of secure and community settings. We aim to oversee transition to, and discharge from, all forms of secure services. We aim to work collaboratively with other agencies by offering:
- Risk management advice
  - Liaison
  - Specialist assessment
  - Complex case formulation
  - Intervention
  - Joint working
  - Supervised practice

- Training and supervision
- Clinical consultation
- Case formulation
- Specialist interventions

#### **North East Sector (NES) Community Based Eating Disorders Service for CYP**

- 4.12 Prior to the mobilisation of the Local Transformation Plan, services for eating disorders were provided in a fragmented way across the north east sector. However, as a result of Local Transformation Plan monies, there is now a dedicated eating disorders service across the north east sector which focusses on prevention and early intervention, whole system, integrated and multi-agency working and is outcomes focussed. The service went live on 4<sup>th</sup> July 2016 and is progressing with a number of direct referrals and an increasing number of referrals for enhanced urgent home treatment, thus avoiding medical and Tier 4 admissions. The service is delivered through a hub and spoke model as well as within young people's homes where appropriate. There was a phased implementation when the service began, as recruitment was ongoing. However, the service is now a fully up and running and is a NICE compliant service. In October 2017, the service formally opened its new Bury town centre premises on Tenterden Street. The service has continued to meet all mandated targets and supports CYP up to age 18.

#### **Integrated Youth Support Service**

- 4.13 The Integrated Youth Support Service consists of Connexions Bury, the Youth Service, Young Carers and the SAFE Project.

#### **Connexions Bury**

- 4.14 Connexions is an information, advice, guidance and support service for all 13-19 year olds in the Bury area. The service is available up to age 24 for young people with special education needs and disabilities (SEND). Connexions provide a range of services designed to help young people to maximize their potential and achieve their goals. These services include:

- Universal information, advice, guidance and support on education, employment, training, careers and personal issues e.g. health, housing, benefits etc.;
- Targeted support for the most vulnerable e.g. young offenders, teenage parents, Special Education Needs and

Disabilities, those not in education, employment or training (NEET), young carers, children and young people in care/ care leavers etc.

The Connexions Service is provided by professionally qualified Personal Advisers (PAs) working in 3 Knowsley Place, schools, colleges, training provider premises and local partner agency and voluntary sector bases. There are currently 14.7 Full Time Equivalent Personal Advisors employed by Connexions with 13.2 Full Time Equivalents split equally between the universal and targeted parts of the service and 1.5 Full Time Equivalents identified for Special Education Needs and Disabilities work.

The targeted support services highlighted are delivered by a Transition Team. These services cover targeted transition work, duty cover and support for Not in Education Employment or Training (NEET) young people up to their 20th birthday. Targeted transition work begins in schools during Year 11 for those at risk of not participating in post 16 learning. Enhanced support is provided for this cohort until December to ensure post 16 participation is sustained and risk of 'drop out' reduced.

#### Youth Service (to be updated)

- 4.15 Bury Youth Service works with targeted young people at **Tier 2** in a variety of settings, including: schools, Pupil Referral Units, Streetwise and youth settings. They work with groups including: Care leavers, Young Carers, LGBTQ, Special Education Needs and Disabilities (SEND) and Child Sexual Exploitation. The Youth Service also offers a mentoring service, working one to one with young people.

The work that the Youth Service is involved in aims to build the resilience, self-esteem and emotional intelligence of young people, improving their mental health and wellbeing and making the transition into adulthood a more positive process. Staffing consists of: 1 x Manager, 4 FTE, Youth Workers and 1 x Outdoor Instructor.

In 2015/16 there were 308 participants in youth work activities. The Youth Service will continue to deliver programmes of work alongside partners to improve the mental health and wellbeing of children and young people. New projects starting in January 2017 include a Young Carers Group at Parrenthorn, resilience project in Park House and a Care Leavers Drop in.

#### Young Carers (to be updated)

- 4.16 Bury Young Carers service provides statutory assessment and support to young people who have a caring responsibility within the home. This is

delivered from the New Kershaw Community Centre or at the homes of young people.

Following the assessment, an action plan is agreed which informs the level of service required, this includes: one to one support for young people, support for parents, group activities and 'residential' delivered by the Youth Service.

The service is staffed by 1.25 Full Time Equivalents (FTEs). In 2015/16 there were 70 referrals to the service and 58 of these were accepted. The service is currently meeting the statutory requirement of assessment for those children and young people who are referred into the service. However, the service is aware that there are an unknown number of young people who have not been identified or identified themselves as having caring responsibilities.

The number of referrals decreased in 2016/17 with 36 referrals from April 2016 to end January 2017. 30 of these referrals were accepted, the remaining 6 did not want to engage with young carers. The reason for the decrease was because staff were training so assessing young carers took longer. There was also less time to engage with schools, with most referrals coming from social care. We expect that as we move into 2017/18 the engagement with schools will increase again and referrals will increase as a result.

### Early Break

#### 4.17 Early Break

Early Break is a Charity that works with children, young people and families. Historically, Early Break offered advice, information and support to young people and families to help reduce the risks associated with drug and alcohol use. Since 2010, Early Break have expanded their offer to children, young people and families incorporating emotional health and wellbeing support. In 2018, Early Break merged organisations with Streetwise young persons' service to create Streetwise @ Early Break offering emotional health and wellbeing support to young people in the borough. Early Break is rooted in person-centred theory which is reflected in our values, practice and relationships.

#### 4.18 Early Break- Advocacy Service

The Advocacy service works with young people to gain a greater understanding of their needs and identify the support the young person may require in relation to their substance use. Together, the worker and young person will look at goals the young person wants to achieve. This process is known as care planning and will normally cover a whole range of areas such as substance use, physical health, emotional health,



sexual health, family, education, finance and employment. Advocacy workers offer one-to-one support, education and advice and offer harm reduction interventions. Young people have access to a doctor, holistic therapies and access to sexual health services. Any young person referred to Early Break for substance misuse issues will be responded to within 24 hours. Advocacy Workers work with young people to gain a greater understanding of their needs and identify the support the young person may require. Early Break is a person-centred organisation which means the young person is always at the centre of the decision making process.

#### 4.19 **Streetwise @ Early Break**

Streetwise offer a combination of one-to-one support and group work to support the social and emotional wellbeing of young people aged between 14 and 25 in Bury. Using a variety of evidenced-based approaches, Streetwise aim to provide young people with the opportunities and tool-kits to enable them to develop their physical, emotional and social skills. Young people have access to person-centred counselling, short-term IAPT interventions, cognitive behaviour approaches, dialectical behaviour approaches, solution-focussed therapy and group work. Overall, Streetwise offer approximately 4000 face-to-face support sessions to over 450 Bury young people per year. Streetwise also provide volunteering and peer-support opportunities for those with lived-experiences of emotional health difficulties.

Streetwise @ Early Break is a commissioned service providing short-term interventions to young people experiencing low-moderate emotional health needs through the Single Point of Access referral system into Healthy Young Minds. The project supports young people aged between 14 and 18 by providing short-term talking therapies, peer-led group work, self-care and psycho-education.

Young people are asked to complete various evidenced-based outcome measures, including CORE-YP, strengths and difficulties questionnaires, child anxiety and depression scales and the 'Are you keeping well?' wheel. Young people are asked to self-assess their progress in each functional area (out of 5) since engaging in EHWP support. The table below demonstrates the impact in functional areas of 89 young people who completed their treatment in 2018.

#### 4.20 **Bereavement and Loss Service**

Young people do not always get a chance to explore their feelings around loss. This can include other recognised forms of loss such as divorce, a parent/carer in prison, hospital or the armed forces, parents



with complex mental or physical health, or substance use. Our specialist counsellors work holistically with young people to improve their long-term mental health and wellbeing. The counselling also has a preventative element as they prepare young people to be more resilient moving forward in life, offering coping mechanisms around the loss they have suffered.

#### 4.21 **Shared Space- a peer-support scheme**

Shared Space is a peer-support project, part-funded via the LTP, in which young people share skills, experiences and meet others by coming together regularly and playing an active and meaningful role in service delivery in Bury. Shared Space is a co-produced project between young people and professionals, which nurtures an inclusive environment enabling everybody to learn from one another. Young people undertake peer-support training, and support their peers in a group environment; understanding the role of a peer- supporter, identifying their personal strengths, developing their listening and communication skills and learning how to use personal lived experiences to support the recovery of a peer. Outcomes have been positive with all of the young people engaging with the scheme having enhanced their wellbeing since being engaged with the project. All young people also reported that they have influenced a peer, friend or family member in awareness of their general wellbeing.

In 2018, the Shared Space project offered 12 weekly sessions focusing the following areas:

- Friendship
- Self-Care Skills
- CQuin Consultation (transition) with Dr. Skellon (Healthy Young Minds)
- Exam Stress and Revision
- Sexual Health
- Substance Misuse (Early Break)
- Socialising- What's the problem?
- Communicating irl (in real life)

#### **Home-Start Bury**

- 4.22 Home-Start Bury is a voluntary organisation that recruits and trains volunteers who then support families with at least one child under the age of 5, that are experiencing difficulties in their lives. They now have 45

active volunteers and now 5 paid members of staff. Home-Start Bury works under the guidance of Home-Start UK who provides training, quality assurance standards, legal and human resource support. In 14/15 the service supported 67 families and 167 children. In 15/16 the service supported 76 families and 183 children, an increase from 14/15. In 2017/18, 94 families were supported. This year on year increase led to capacity challenges and to alleviate some of this funding was sought externally to employ a Rapid Support worker to work directly for 12 weeks with the families in most need before placing a volunteer for longer term support. This helps to stabilise some families experiencing mental health issues and prevent crisis.

The families that are supported by Home-Start Bury are affected by any number of factors, including: mental health issues, lack of confidence, post-natal depression, disability, bereavement, social isolation, physical illness, poor parenting skills, coping with the demands of multiple young children and also an increasing number of families affected by substantial poverty and debt. The service offered is delivered in families' own homes, via volunteers and through a support package tailored to each family; often this can be small, cost effective interventions which prevent deterioration into family members requiring statutory social care and health services.

Although Home-Start Bury does not specifically work within the remit of children and young people's mental health issues, it is recognised that the state of parent carer emotional wellbeing can have a detrimental impact on the child's development. This can, if not addressed, shape a child's future and widen the gap.

Home-Start Bury works with many families who have mental health needs. Sometimes recognised mental health conditions are highlighted at the time of the referral and at other times they do not become apparent until Home-Start support has begun and the trusting relationship with the volunteer has been established. In the last 12 months Home-Start has seen a rise in referrals from health professionals for reasons which include: compulsive obsessive disorders, psychiatric problems, depression, agoraphobia, mental health problems including post-natal depression, isolation, end of life as well as physical disabilities and chronic illness.

The aim of the service is to empower families to take control of their lives and give them encouragement to seek out the best solutions at a pace that suits them and gives them the right support at the right time.

Home-Start works in an inclusive way, providing support from volunteers who have experienced similar issues. On average over 35% of our volunteer workforce have experience of both the CYPMH service and adult mental health services. This helps to reduce the stigma associated with mental health and the services there to help.

### First Point Family Support Services

- 4.23 Through the Local Transformation Plan, First Point Family Support Services (*Formally Bury Parents Forum*) offer personalised individual support to families in a unique person centred way. Their personable approach and extensive local knowledge of what is available ensures the families they support make better informed choices about their children and their own well-being and support. Empowering families and upskilling them to be confident and knowledgeable ensures they take control and make positive choices.

Their individual support to parents/ families is through individual case management tailored to each family's individual circumstances and needs. It includes brokering additional support that they may otherwise be unaware of or may be having difficulty accessing.

They are commissioned by Children's Services in Bury Local Authority (Social Care) to support families who have children with additional needs or disabilities. They hold a caseload of families, providing them with guidance, advice and practical support, whilst also empowering families to upscale their own skills set and knowledge. They do this in various ways and on average they undertake eleven interventions per family

They also currently hold contracts with the School Nursing team offering one to one direct support to the families.

They are also commissioned by Healthy Young Minds through Bury NHS Clinical Commissioning Group to carry out post diagnostic work for parents who have children/ young people newly diagnosed with Autism or Attention Deficit Hyperactivity Disorder. They access a 5 week training programme and also receive individual one to one support.

### Early Years and Early Help (to be updated)

- 4.24 The Early Years' Team support the provision of the Bury Directory for children and their families, ensuring information about childcare, services and activities are accurate and up to date.

Support, advice and training is offered to early years providers regarding the Early Years Foundation Stage, including welfare requirements, safeguarding, and supporting children with additional needs and

disabilities.

There are 5 Children Centre Hubs across the borough, three have linked spokes offering a broad range of services to families with children under the age of five, both in terms of activities, courses and centre based sessions and an Outreach Service

## Services Focussing on Prevention

### Health visitors/ school nurses/Infant feeding Co-ordinator

- 4.25 Health Visitors and School Nurses are public health nurses who lead and co-ordinate local delivery of the Healthy Child Programme, which has a focus on delivering health improvement and public health interventions to children aged 0-19 and their families.

Health Visiting and School Nursing services work in collaboration with wider health and social care partners, work with families, individuals and the wider community to deliver the research based Healthy Child Programme and improve health and wellbeing outcomes for children aged 0-19 years, based on a proportionate universalism approach to reduce health inequalities.

Health visitors take the lead for those children aged 0-4 years and school nurses take the lead for those aged 5-19 years, with effective smooth transition of care upon school entry inextricably linking the services.

The four tier model of provision is detailed below, showing work undertaken at community, universal, universal plus and universal partnership plus tiers:



## **Services Focussing on Early Intervention/ Emerging Mental Health Problems**

### **Counselling**

- 4.26 It is difficult to obtain a full picture of current school counselling services across Bury. This is because there is no standardisation or mandated requirements in this area for schools. Schools often commission their own services through private arrangements. However, as a result of the Local Transformation Plan funding, links have now been made with schools through Healthy Young Minds link workers, which were recruited in 2016/17, and through other services, such as Educational Psychology. At a local level the Local Transformation Plan Steering Group continues to work together throughout 2017/18 to further develop services to Children and Young People in schools. Bury Council support this agenda with an Emotional Health and Wellbeing Officer who works in schools in the area.

### **Educational Psychology**

- 4.27 The Educational Psychology service in Bury advise parents, schools and the Authority on children's Special Educational Needs through consultation, identification and assessment. The team work closely with the SEN Team and the Child Development Centre at Fairfield Hospital. In addition the service also provides intervention training and project work. The service is available Monday to Friday 9am to 5pm.

## **Services Focussing on Existing Mental Health Problems and Crisis Care**

### **S136 Suites**

- 4.28 In Bury the S136 suite is located at Fairfield hospital. Any child or young person picked up by the police, who require an s136 suite will be taken to that unit. Any s136 presentations are handled through the mental health and liaison and diversion services.

### **Crisis Care Concordat**

- 4.29 Bury are signed up to the Greater Manchester Crisis Care Concordat. The Mental Health Crisis Care Concordat is a national agreement between services and agencies involved in the care and support of people in crisis. It sets out how organisations will work together better to make sure that people get the help they need when they are having a mental health crisis.

The local Bury Crisis Concordat Action Plan is being taken forward by the Bury Mental Health Multi-Disciplinary Group. It covers the following themes:

- Commissioning to allow earlier intervention and responsive crisis intervention;
- Access to support before crisis point – 16 to 18 year olds with eating disorders are seen and assessed by Rapid Assessment Interface and Discharge team (RAID). NICE guidance says they should be seen by specialist services and we are working on this through our refreshed Local Transformation Plan.<sup>4</sup> Also, in the refresh of our 2017/18 Local Transformation Plan, Bury are committed to significantly enhancing our offer by increasing the age of our Healthy Young Minds services to beyond 16 years. We will also improve the interfaces with services such as street triage and others outlined in the Bury Crisis Care Concordat Action Plan;
- Urgent and emergency access to crisis care - Healthy Young Minds referrals are triaged daily and are assessed for risk and allocated on an urgent, priority routine basis. There is a protocol in place with the local A&E department to respond to children who present during the day in crisis. Children and young people who are admitted in crisis or following acts of deliberate self-harm (DSH) are offered a 7 day follow up. Healthy Young Minds support children and young people known to the service prior to discharge to support discharge planning. Out of hours there is access to on call Healthy Young Minds managers, including psychiatry up to the age of 16. Where a young person presents at any out of area hospital they will typically be assessed by the local CAMHS team and followed up by Bury services.
- The Healthy Young Minds service works with the wider children's workforce, especially primary care to enable them to provide early intervention/ support by educating staff on the roles and functions of CAMHS and offering clinical support. The Rapid Assessment Interface and Discharge (RAID) team has been trained to work with children and young people and Healthy Young Minds and they have developed a shared interface to move this work forward. One to two workers are required to work with and across teams to ensure the current gap in transition is closed, whilst we work up our transition team. This is included in our Local Transformation Plan workforce development for 2017/18;
- Quality of treatment and care when in crisis – there is currently no children's 136 suite in Bury and we recognize this as a gap, this is being moved forward under the Bury Crisis Care

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<sup>4</sup> Bury Mental Health Crisis care Concordat Action Plan v0.11, 23/11/16

Concordat Action Plan;

- Local benchmarking has highlighted the need to look at the Early Help offer in respect of Emotional Mental Health and Wellbeing. There is noted evidence that there are service and training/ development needs in the current workforce. Partner agencies are promoting a local response to highlighted gaps, as noted in the Bury Crisis Care Concordat Action Plan;
- Recovery and staying well and preventing further crisis.

### **Self-harm and suicide prevention**

- 4.30 In June 2015, a local multi-agency guidance was produced “Self-Harm and Suicide in Children and Young People.” This guidance describes Bury’s response to presentations of self-harm.

The Children’s Safeguarding Board have commissioned a number of courses around lower level self-harm (3 courses) and resilience (2 courses). The courses were funded by the Children’s Trust and have approx. 25 places. Moving into 2017/ 18 we intend to work closely with the Children’s Safeguarding Board to ensure no overlap in training courses and to ensure any commissioned training is complimentary.

**Cathy to add update on recent Serious Case Reviews**

### Inpatient care

- 4.31 In-patient care is provided as a last resort when there is no suitable alternative service that will meet the young person's particular needs, and it is appropriate to admit as an in-patient due to acuity. Work is ongoing with all partners to explore alternatives to admission, including home based treatment, therapeutic foster care or care homes.

Work will continue to develop Tier 3.5 services, in order to lessen the need for out of area placements and support people remaining near their families and existing carers in as many cases as possible. Home based treatment will continue to be considered as an alternative to admission through the In-Reach, Outreach team.

### Transition

- 4.32 The HYM team, along with partners, is currently working through an interface meeting to ensure these CYP are triaged to the most appropriate service for support.

Transition is a key priority for Bury via the LTP and we are working to increase capacity in this area. In 2017/18, a Transition Manager was appointed and a key responsibility of the role was to develop a proposal for a full transition team, including a transition pathway, governance processes and a staffing model. This service will become operational during the early part of 2019/20 and will enable Healthy Young Minds to provide a service to Children and Young People, which is flexible around age boundaries, in which transition is based on individual circumstances rather than absolute age, with joint working and shared practice between services to promote continuity of care, as per the recommendation from Future in Mind.

This initial implementation will concentrate on Phase 1 where the service will support 3 cohorts of CYP:

- Existing 15-18 year olds that are currently seen within Healthy Young Minds who will be transitioning into adult services;
- For those young people that require direct referral to adult mental health services (AMHS), Healthy young minds will offer support in a consultation and support capacity – to help engender a more age appropriate approach by understanding the challenges young people face.
- 15 years plus who do not require transitioning into adult services but will require an intervention that can be completed prior to 18th birthday or shortly after. Support in liaising with 3rd sector and voluntary organisations for follow up or step down where appropriate.

The service will be available for young people who have a GP in the



borough of Bury and who present with Emotional Behavioural and Dysregulated (EBD) symptoms. The pathway will be delivered through the development of a dedicated Transition service co-located with Bury's core HYM's team staffed by a range of multi-disciplinary professionals.

The service will deliver interventions utilising existing estates within the community but we envisage an environment being created for and by young people. The team will be co-located with core HYM team at Fairfield Hospital and sessions will be delivered at Humphrey House, Living Well Centre, Colleges and Local Authority venues within the borough.

Costings have been included to work with young people to design an interior in existing PCFT venues and the team will work to identify any additional venues from which to deliver sessions

The core hours of the service is Monday to Friday within a Psychosocial model delivering against a DBT/CBT pathway.

Pennine Care will continue to work with Commissioners on the evaluation of the Transition Service and scoping opportunities to extend the age range beyond 18 – phase 2.

Crucially, the Transition Service will also enable new patient referrals up to 18<sup>th</sup> birthday (from the current limit of 16<sup>th</sup> birthday) in line with the new GM Service Specification for CYP Mental Health.

### Improving access to psychological therapies (IAPT)

- 4.33 The Children and Young People's Improving Access to Psychological Therapies programme (CYP IAPT) is a service transformation programme delivered by NHS England that aims to improve existing Child and Adolescent Mental Health Services (CAMHS) working in the community.

The programme does not create standalone services, but works to embed a set of principles into existing services providing mental health care to children and young people.

The programme began in 2011 with a target to work with CAMHS that cover 60% of the 0-19 population by March 2015. This target was exceeded, achieving 68%. NHS England is now working to achieve 100% coverage by 2018.

Via the Local Transformation Plan we will ensure services are working within the CYP IAPT programme, leading to more staff being trained by 2020/21, as stipulated in the Five Year Forward View for Mental Health. In 2017/18 we are identifying which services could be IAPT trained and.

### Children and Young People Wellbeing Practitioners

- 4.34 In 2016/17, the NW Collaborative IAPT Team were invited to submit expressions of interest to access a Health Education England pilot to establish low intensity practitioners within mental health services for children and young people (e.g. providing support about Cognitive Behaviour Therapy for anxiety and depression and parental support).


The practitioners will be recruited in 2 cohorts, with the 1<sup>st</sup> cohort having begun training in April 2017. It is proposed that the practitioners will be based in an early help preventative setting, e.g. in third sector provision, with close links to Healthy Young Minds.

Pennine Care has led on a bid through the IAPT Partnership for 30 posts across the North West, to be hosted by participating boroughs. The posts are funded in Year 1 by NHS England and that this enables schools to assess impact before making funding decisions. The post fits well with other developments in schools, especially around early help and schools groupings,

From 2018/19, there is 1 CYPWP already working successfully at Streetwise, and 1 in training. We also have plans for a trainee to commence the school specific CYPWP course.

## 5.0 Activity, Resource and Finance

5.1 The following table displays the Bury CCG CYP mental health and wellbeing performance and quality dashboard. The dashboard will develop over the duration of the LTP period and has been designed to give an 'at-a-glance' overview of current service provision. Figures have been coloured red or green versus target, where a target exists.

<b>Maternity &amp; Children's Workstream: CYP</b> <b>December 2018</b> 																		
Description	Must do	Monitored Org	F	Period	Period target / Direction of good perf.	Period actual performance 2018/19												
						Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD
Eating Disorders: new routine cases	✗	PCFT	M	Dec-18		1	1	0	0	0	1	1	1	2				7
Eating Disorders (routine): seen 4 week	✓	PCFT	M	Dec-18	95%	100.0%	100.0%	No Cases	100.0%	No Cases	100.0%	100.0%	100.0%	100.0%				100.0%
Eating Disorders (routine): seen 4 week (NHS Digital)	✓	CCG	Q	Q3 18-19	95%	-	-	100.0%	-	-	75.0%	-	-	100.0%				
Eating Disorders: new urgent cases	✗	PCFT	M	Dec-18		0	0	0	0	0	0	1	0	1				no cases
Eating Disorders (urgent): seen in 1 week	✓	PCFT	M	Dec-18	95%	No Cases	No Cases	No Cases	No Cases	No Cases	No Cases	1	No Cases	1				1
Eating Disorders (urgent): seen in 1 week (NHS Digital)	✓	CCG	Q	Q3 18-19	95%	-	-	No Cases	-	-	No Cases	-	-	100.0%				
% of those in treatment initiated goal based outcomes (GBO) within 10 working days at start of any intervention/treatment for ED	✗	PCFT	Q	Q3 18-19	>=25%	-	-	44.7%	-	-	45.0%	-	-	35.4%	-	-		-
% of those that show positive distance travelled to their GBO for ED	✗	PCFT	Q	Q3 18-19	TBC	-	-	39.3%	-	-	78.0%	-	-	83.3%	-	-		
% of those that show achievement of their GBO	✗	PCFT	Q		TBC	-	-	N/A	-	-	N/A	-	-	N/A	-	-		
CYP access rate (MHSDS Provisional)	✓	PCFT	M	Nov-18	32%	4.77%	4.00%	2.71%	3.48%	2.32%	1.81%	2.58%	1.93%					23.60%
CYP access rate (MHSDS Published)	✓	CCG	Q	Q2 18-19	32% (8.0%)	-	-	11.5%	-	-	7.61%	-	-		-	-		19.09%
HYM: 12 weeks (first contact)	✗	PCFT	M	Dec-18	95%	100.0%	100.0%	97.5%	100.0%	100.0%	100.0%	100.0%	96.8%	98.2%				99.2%
HYM: 18 weeks (commenced treatment)	✗	PCFT	M	Dec-18	98%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	98.4%	98.2%				99.7%
HYM: Referrals accepted	✗	PCFT	M	Dec-18		60	45	34	57	34	37	69	37	45				
HYM: Referrals Rejected	✗	PCFT	M	Dec-18		1	0	1	5	2	0	0	0	2				
HYM: Contact DNA rate	✗	PCFT	M	Dec-18		7.32%	8.59%	10.02%	7.05%	9.30%	9.83%	6.89%	5.82%	10.79%				8.60%
HYM: Contact CAN rate (By provider)	✗	PCFT	M	Dec-18		0.29%	0.78%	1.31%	1.70%	0.67%	0.98%	1.70%	0.57%	1.01%				1.00%
HYM: Contact CAN rate (By Patient)	✗	PCFT	M	Dec-18		3.81%	2.66%	4.14%	2.22%	3.10%	1.69%	1.91%	1.05%	0.51%				2.22%
% of those in treatment initiated goal based outcomes (GBO) within 10 working days at start of any intervention/treatment for HYM	✓	PCFT	Q	Q3 18-19	>=25%	-	-	23.4%	-	-	25.4%	-	-	24.9%	-	-		-
% of those that show positive distance travelled to their GBO for HYM	✓	PCFT	Q	Q3 18-19	-	-	-	67.3%	-	-	64.9%	-	-	63.0%	-	-		-
Under 19 RAID referrals (Bury Patients)	✗		M	Jan-19		6	12	9	5	7	5	8	9	6	5			72
Under 19 MH A&E attendances	✗		M	Nov-18		56	41	54	46	40	49	56	44					392

This section provides a summary of current activity, service resource and funding in respect of Healthy Young Minds (CAMHS). Where possible, national published data is used for monitoring purposes, though local indicative performance data is also used as this tends to be more timely, particularly for measures that are reported on a quarterly basis.

### Access (Improving access to NHS funded mental health services)

- 5.2 The objective set out in 'Implementing the Five Year Forward View for Mental Health' is that at least 35% of children and young people (CYP) with a diagnosable mental health condition receive treatment from an NHS funded community mental health service by 2020-21. The table below sets out the indicative trajectory for increased access along with Bury CCG's performance against this.

Objective	At least 35% CYP with diagnosable mental health condition receiving treatment from NHS funded community mental health service				
Year	16/17	17/18	18/19	19/20	20/21
Target	28%	30%	32%	34%	35%
Actual	22.4% <sup>a</sup>	29.4%	32.2% <sup>b</sup>	-	-

<sup>a</sup>Locally reported data indicates that Bury's baseline was **22.4%** for the 2016 calendar year.

<sup>b</sup>Latest published figures from the Mental Health Services Data Set (MHSDS) combined with local indicative data indicates a projected outturn of 32.2% for 2018-19.

As the underlying prevalence figure has remained static for the years included above, this demonstrates a year on year increase in the number of CYP accessing the service. The underlying prevalence will increase during 2019-20 to reflect the increasing number of CYP thought to have a diagnosable mental health condition. Once the new prevalence is known, the CCG will monitor CYP access against both targets.

Activity delivered by third sector organisations is currently not included within the CCG's access figures though this will be rectified in 2019-20. This, together with the implementation of the Healthy Young Minds Transition Service will ensure that we achieve and even surpass the access target through to 2020-21.

### Healthy Young Minds - Outcomes

- 5.3 Local outcomes measures are currently reported and are shown in the table below. The CCG is engaged with a work programme to redevelop outcomes measures and these are due to become operational from April 2019:

Outcomes Measure	Target	Q1 18/19	Q2 18/19	Q3 18/19	Q4 18/19
% of those in treatment initiated goal based outcomes (GBO) within 10 working days at start of any intervention/treatment	>25%	23.4%	25.4%	24.9%	-
% of those that show positive distance travelled to their GBO	TBC	67.3%	64.9%	63.0%	-

### Healthy Young Minds - Referrals

- 5.4 There has been an average of 36 new referrals per month to the service in 2018-19 (to December). This compares to an average of 28 per month in the previous year, as shown below:

Year	Apr l	Ma y	Jun e	Jul y	Au g	Se p	Oc t	No v	De c	Ja n	Fe b	Ma r
2017-18	12	15	16	24	15	22	27	36	44	44	43	42
2018-19	61	45	35	62	36	37	69	37	47	-	-	-

### Healthy Young Minds - Waiting Times & Activity

- 5.5 Improvement seen in waiting times (to first appointment and to treatment commencing) during 2017-18 has been sustained through 2019-20 with achievement noted in each month.

Did Not Attend (DNA) rates, however, have generally been higher in 2018-19 than the previous year and have exceeded the locally agreed target of <5%.

Although cancellation rates (by provider) have exceeded the <1% target in some months, performance generally has improved in 2018-19 with the highest rate noted to date to be 1.7% and this compares to a high of 4.6% in the previous year.

A summary of 2018-19 performance for the above items is included below:

Healthy Young Minds – Waiting Times and Activity 2018-19 (Apr - Dec)										
Measure	Target	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Waiting Time to 1 <sup>st</sup> contact	95%	100%	100%	97.5%	100%	100%	100%	100%	96.8%	100%
Waiting Time to Treatment	98%	100%	100%	100%	100%	100%	100%	100%	98.4%	100%
DNA Rate	<5%	7.3%	8.6%	10.0%	7.1%	9.3%	9.8%	6.9%	5.8%	10.8%
Cancellation Rate (by provider)	<1%	0.3%	0.8%	1.3%	1.7%	0.7%	1.0%	1.7%	0.6%	1.0%

### Community Eating Disorders Service – Referrals

- 5.6 Data collection started for this service in 2016 though referral numbers to the service remain very low. For example, in 2017-18 there was a total of 8 CYP seen by the service (7 routine and 1 urgent). To the end of Quarter 3 2018-19 there have been 10 cases seen, one of which has been an urgent referral.

The target is for urgent cases to be seen within one week of referral with the time frame for routine cases being four weeks. Eventually, data will be routinely captured via the MHSDS though until data quality issues mean that the primary collection method is currently via the Strategic Data Collection Service (SDCS). Output from this is then published on a quarterly basis.

Eating Disorders Access: 2018-19					
Measure	Target	Q1	Q2	Q3	Q4
Routine Cases (<4 weeks)	95%	100%	75%	100%	-
Urgent Cases (<1 week)	95%	No cases	No cases	100%	-

### Community Eating Disorders (CED) Service – Outcomes

- 5.7 Local data shows continued positive performance for Goal Based Outcomes (GBO) being initiated within 10 days of treatment start for those CYP accessing the CED Service. There has also been progressive improvement in the proportion of those showing positive progress to achieving their GBO.

Outcomes Measure	Target	Q1 18/19	Q2 18/19	Q3 18/19	Q4 18/19
% of those in treatment initiated goal based outcomes (GBO) within 10 working days at start of any intervention/treatment	>25%	44.7%	45.0%	35.4%	-
% of those that show positive distance travelled to their GBO	TBC	39.3%	78.0%	83.3%	-

### Outcomes – Other LTP funded Emotional Wellbeing Services

- 5.8 **Mindfulness and Alternative Therapies (Provider – Early Break)**

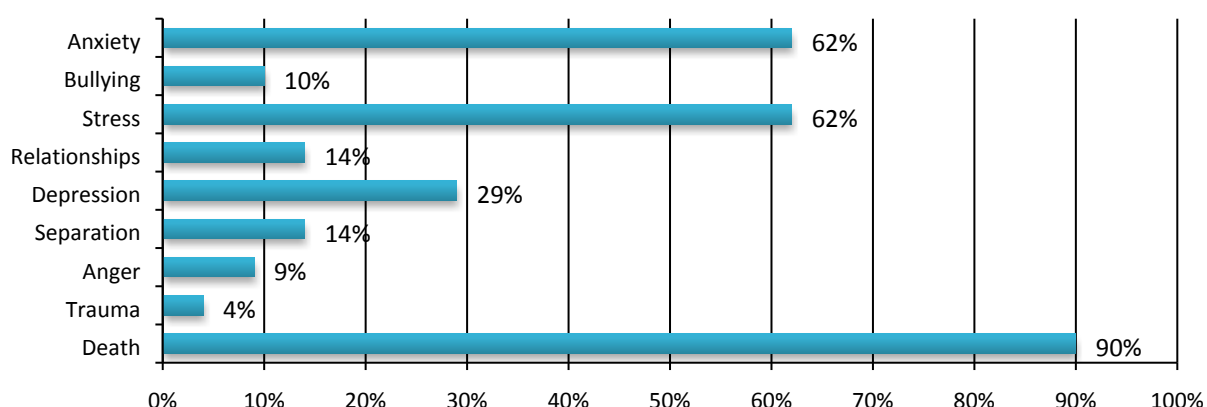
Early Break offers Mindfulness sessions. Mindfulness is the human ability to be fully present, aware of where we are and what we are doing, and not overly reactive or overwhelmed by what is going on around us. Mindfulness can help children and young people improve their ability to pay attention, to calm down when they are upset and to make better decisions. Of those young people who completed treatment in 2018:

- 83% said Mindfulness helped them deal with their feelings
- 100% said Mindfulness reduced their stress
- 100% said Mindfulness helped them feel more relaxed

## Bereavement and Loss Service

All the clients that completed their course of counselling completed an evaluation form:

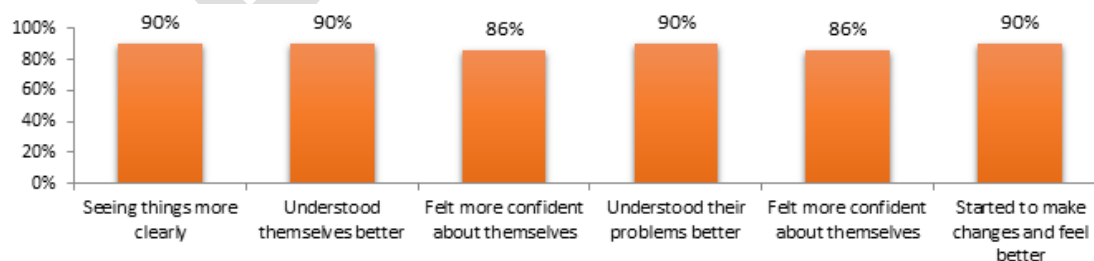
### Issues reported:



### Session Feedback:

Sessions Easy to get to	Counselling room comfortable	Got appointment quickly enough
100% ✓	100% ✓	80% ✓

### Changes experienced during counselling:



### Young person feedback:

- *'Thank you for helping me over the past 10 sessions, you have opened my eyes to a lot of things I wouldn't have understood 10 weeks ago.'*



- *'Love the sessions made me more confident and discover who I really am, Thank you.'*
- *'I would like there to be family counselling. I feel like I was a plain birthday cake but now I feel like a fully decorated one! I love how I can do this on my own now!'*
- *'It was helpful with counselling and now I'm a happy person thank you for your help.'*

### **Parenting Support (Provider – First Point Family Support) To be updated**

#### **5.9 Summary – October 2017 to January 2018:**

- 100 families supported with 405 contacts
- Of 25 families surveyed following completion of the interventions, all but 2 found the course useful with 16 reporting 8, 9 or 10 with 10 being extremely useful.
- 19 families reported 'more confidence' in meeting their child's needs and of these, 6 reported 'much more confident'.
- 23 of 25 families would recommend the service to friends.

For the next year of the grant agreement the services will consider further engagement with families to gauge longer term impact of the service.

### **Core Children and Young People's Mental Health Workforce information**

- 5.10 In 14/15 the number of clinical CYPMH staff (pre Local Transformation Plan) was 14.5. The 16/17 figure for CYPMH staff was 17. To support the implementation of the Local Transformation Plan, two link workers were recruited to the CYPMH team and are currently working closely with local schools to strengthen links, widen knowledge and improve access to their services.

In 2017/18, a further link worker was recruited alongside a Transition Manager as well as other non-LTP funded changes, bringing the current total clinical staff to 19.8. By March 2019, this had increased to 20.6 with the addition of a part-time wellbeing practitioner and from 2019/20, this figure will increase further with the implementation of the full Transition



Service and Specialist Neurodevelopmental Nurse Roles (see Section 9).

As at March 2019, the current numbers of staff and skill mix in the Healthy Young Minds team is shown below:

- 3 x administration staff and 1 receptionist
- 5 x Band 7 senior practitioners
- 1 x Band 8A Operational Manager
- 1 x Band 8A Clinical Psychologist
- 1.8 x Consultant Psychiatrists
- 0.1 x Consultant Psychologist
- 7 x Band 6 practitioners
- 1.8 x Band 5 CYP Emotional Wellbeing Practitioner
- 1 x Band 4 CYPWP trainee
- 1.9 x Band 4 Practitioner

5.11 In addition, a number of staff have been recruited to the new North east Sector Eating Disorders Service. The staffing establishment as of 1st November 2016 for Bury was 1.59 Whole Time Equivalents. An additional admin member of staff was recruited in August 16, as well as a clinical post. The staffing levels (from Nov 2016) for Bury are shown below

Job Title	Banding	Bury
Operational Manager	8a	0.17
Clinical Lead	8a	0.24
Consultant Psychiatrist		0.13
Senior MHP	7	0.15
Family Therapist	7	0
Dietician	7	0.03
MHP	6	0.27
Clinical Support Worker	4	0.33
Administrator	4	0.27

<b>TOTAL WTE</b>	<b>1.59</b>
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5.12 We will work with Greater Manchester Health and Social Care partnership's workforce development team to develop a Greater Manchester strategy for the whole of children and young people's emotional wellbeing and mental health workforce. Discussions are currently at an early stage, but it is recognised that a Greater Manchester strategic approach is required to develop the workforce that

Future in Mind transformation requires. We will do further work to engage with the Local Workforce Action Board (LWAB) to identify future requirements.

Greater Manchester has been successful in negotiating to become an IThrive hub and in partnership with the Strategic Clinical Network, other Clinical Commissioning Groups and other leads, will develop workforce reforms that reflect this new model.

Greater Manchester is also promoting the MindEd e-learning platform as a training resource for the whole workforce. The core components, which will be deemed mandatory, will be agreed at a Greater Manchester level.

### Inpatient bed usage

- 5.13 Data provided by specialist commissioners from NHS England regarding inpatient bed occupancy for 2015/16 and 2017/18 is provided below:

	CAMHS Admissions - Greater Manchester – All NW Units					
Bury CCG	CAMHS Acute		Eating Disorder		Paediatric Intensive Care Unit	
	Number	Occupied Bed Days	Number	Occupied Bed Days	Number	Occupied Bed Days
2015/16 *	22	1555	-	-	-	-
2017/18 *	13	1517	1	60	-	-

\*2016/17 data unavailable from NHS England

## Finance

- 5.14 In subsequent years local transformation funds have also been made available nationally for both Children's and Young People's MH services (CYP) and Eating Disorders (ED) commencing in 2015/16. Given the priority and focus on these services, these allocations have been further increased and are included within the NHSE national allocations up to 2021 and detailed within the Mental Health Five Year Forward View (5YFV) planning document. Recent planning guidance from NHS England for 2019/20 and beyond continues to recognise the importance of developing and investing in services to improve the mental health of children and young people and the CCG is committed to delivering this mandate.
- 5.15 The Local Transformation Plan was published in November 2015 for Bury CCG with an annual transformation spend of £389k. Spend against this amount included: Community Eating Disorder Service, Link working with schools and wider system, local workforce development training, and voluntary sector grant agreements for local 3<sup>rd</sup> sector organisations, which supplemented the baseline spend for the core Healthy Young Minds service. Investment in these services has continued based on decisions taken by the CCG's LTP Implementation Group which includes a range of health, social care and third sector members.
- 5.16 For the current year, the CCG is currently forecasting an underspend on its CYP schemes relating particularly to the establishment of a transition team which looks to extend the service offer to children up to 18 years and which has proven challenging to establish. This remains a priority for the Group and will require further review to ensure that the specification is fit for purpose and meets the needs of our users. The plan also includes the development of a sensory integration service for children with ASADHD which is currently funded via the Individual Funding Request (IFR) budget. As previously reported it is planned to transfer this funding to CYP to establish a fully commissioned service with a specification designed to meet GM and associated standards so that the service offered to children will be improved. This has again been challenging to mobilise with our preferred provider although the CCG remains confident that this service will commence during 2019/20.
- 5.17 Due to slippage on these major schemes, the CCG and the Implementation Group has decided to make some non-recurrent investments in other areas which will improve the offer to Bury's children and young people including including additional investment with Early Break to provide additional clinics and reduce waiting times for mindfulness and alternative therapies; additional courses, advice and training for families with children diagnosed with ASC and ADHD, and

the introduction of a sleep service in conjunction with NHSE that aims to reduce the reliance of children on medication.

5.18 As detailed in the 5YFV, the level of resources can be seen in the following table:

	2017/18 £000	2018/19 £000
<b>Sources of Funds</b>		
<b>CYP allocation</b>		
ED	110	110
CYP MH	<u>510</u>	<u>619</u>
<b>Total allocation - at CCG level</b>	<b>620</b>	<b>729</b>
<b>National or GM funds for CYP transformation</b>		
Perinatal Mental Health	55	146
Workforce development (HEE)	138	80
Workforce development (other)	66	44
Specialist IP/outreach	40	15
Vulnerable groups	87	91
Other programmes	<u>15</u>	<u>7</u>
<b>Total other</b>	<b>401</b>	<b>383</b>

Some of the notified allocations are to be held at either national or local GM level and clarification needs to be obtained as to how the CCG will be able to access these resources.

## Summary of Bury's Local Transformation Plan Investment for 2018/19 and beyond

Mental Health - CYP Investment Programme				
		2017/18	2018/19	2019/20
GM/Local	Proposals	£000	£000	£000
	<b>FIM theme 1: Resilience, Prevention &amp; Early Intervention</b>			
Local	Link Working and continuation of hub working and single point of access	121	143	143
	<b>FIM Theme 2: Improving Access to Effective Support</b>			
Local	Transition Team (Enabling increased eligibility for core HYM Service to age 18)	32	143.5	287
Local	Community Eating Disorder services - PCFT contract	110	110	110
Local	Enhanced Bereavement Service	5	10	10
Local	ADHD/ASD nurse roles - working across PAHT/PCFT single service	-	50	100
Local	Post Diagnostic Support Service - ASD/ADHD Care Pathways	37	37	37
Local	Autistic spectrum / ADHD Sensory Integration Service	-	25	50
	<b>FIM Theme 4: Accountability and Transparency</b>			
Local	Communications and Engagement (including room/refreshment bookings)	5	0	0
Local	Business Intelligence Analysis (Contribution to 'pan-PCFT' role)	-	7	7
	<b>FIM Theme 5: Developing the Workforce</b>			
Local	CYP IAPT - Supervision	-	0	0
Local	CYP IAPT - Therapists (Note - 1 practitioner on programme from January 2018)	11.2	0	30
Local	CYP IAPT – Enhanced Evidence Based Practice (EEBP)	-	5	5
Local	Training and Development	-	5	5
Local	Emotional Wellbeing Practitioners - Potential Investment for 18/19	-	40	40
	<b>Other</b>			
Local	Voluntary sector grants - Early Break and First Point Family Support	75	59.5	0
Local	Voluntary sector grants - Homestart	22.3	0	0
Local	Voluntary sector grants – Streetwise2000	7.5	10	10
GM	FIM programme management costs	6	-	-
GM	All Age RAID	-	49.5	-

### Explanatory Notes

1. The 2017/18 column shows actual expenditure.
2. All figures in blue are indicative only and are subject to change following approval of proposed investments, finalisation of business cases and, in the case of CYP IAPT, are subject to training places being allocated.
3. Investments showing as zero indicates that no investment is agreed *currently* but this is subject to change as the plan develops.
4. "-" represents no investment completed or planned.
5. Autistic spectrum Disorder/ADHD Sensory Integration Service - Total full-year investment for the service is expected to be approximately £90,000, to be partly funded through the LTP allocation and partly through reallocation of current spend on sensory assessment services through Individual Funding Requests.
6. Transition team - It is expected that this service will become fully operational mid-year following finalisation of business case and conclusion of recruitment to roles.
7. Indicative figures are shown for 2019/20 although the plan will be continually reviewed during 2018/19.

## 6.0 Bury Commissioning for Quality and Innovation (CQUIN)

### 2017/18 and 2018/19 CQUIN

6.1 The CQUIN for 2017/18 and 2018/19 aims to incentivise improvements to the experience and outcomes for young people as they transition out of Children and Young People's Mental Health Services. There are three components of the CQUIN:

1. a case note audit in order to assess the extent of Joint-Agency Transition Planning;
2. a survey of young people's transition experiences ahead of the point of transition (Pre-Transition / Discharge Readiness);
3. a survey of young people's transition experiences after the point of transition (Post-Transition Experience).

This CQUIN follows from published NICE guidelines on children and young people's transition, which recommends:

- ensuring transition support;
- ensuring health and social care service managers in children and young people's and adults' services should work together in an integrated way to ensure a smooth and gradual transition for young people;
- Involving young people and their carers in service design.

Ensuring that service managers, in both adults' and children and young people's services, across health, social care and education proactively identify and plan for young people in their locality with transition support needs will incentivise providers to collaborate in order to improve transition planning between sending and receiving services, drawing together disparate elements of the care pathway, and to involve young people and (where appropriate) their families/carers in the process in order to improve young people's transition.

In delivering this CQUIN, PCFT has established steering groups within each locality. The steering groups, with membership from CYP and adult mental health as well as partners, are responsible for leading the delivery of the scheme. Q1 saw completion of a case note audit, development of a patient and family survey and drafting an improvement action plan based on audit results. Q2 and Q3 saw the steering groups begin to meet and consider specific actions to address identified gaps. For Q4, commissioners are expecting an updated case note audit, discharge questionnaires, post-transition 'receiving provider' questionnaires and a joint report from sending and receiving providers into progress made to date. For Bury, the results of the CQUIN will continually inform the development of the new Transition Service – helping to ensure effective provision from the outset.

## **7.0 Bury Response to Children and Young People's Mental Health and Wellbeing Transformation – Our Vision**

### **Local level**

7.1 At the introduction of Local Transformation Plans, the transformation of services and support in Bury for children and young people's mental health and wellbeing was based on the following principles:

- Children and young people and their families are central and services and support will be wrapped around their individual needs in line with the Thrive framework, rather than by 'tiers' of service;
- There will be an emphasis on prevention and early intervention and further development of universal services;
- Children and young people will be supported to self-care and will be empowered to manage their own conditions, fostering an ethos of enablement.

7.2 The plan was expected to be achieved through:

- Personalised, person-centered planning with children and young people and their families;
- Collaborative commissioning arrangements;
- Greater commissioning from third sector organisations who can support prevention and early intervention;
- Development of link worker roles between schools, GPs and core CYPMH;
- Enhancing and building capacity in both general and specialist services to ensure time access to appropriate professional support.
- Continuous development of the workforce;
- Creation of a Bury Transition Team;

Information to be included:

**Public Service Reform**

**Early Help Transformation**

## 8.0 Engagement, Partnerships and Multi-Agency Working

### Local Engagement

- 8.1 Since the publication of Future in Mind, consultation began with CYP and their families to ensure that what they wanted for the future of local services fitted the national vision. The results showed that people wanted easily accessible services and support, as close to home as possible. It also informed commissioners that young peoples' preference was for face to face support rather than online services.
- 8.2 Engagement was carried out with parents, who told us that they wanted:
- Involvement in developing services;
  - Good outcomes for their children;
  - Services to be more joined up;
  - Improved access;
  - Early advice and strategies.
- 8.3 A stakeholder workshop was held on the 28<sup>th</sup> February 2019, which brought together close to 100 professionals from CYP settings to consider Early Help transformation and local implementation of iThrive. Findings from the event have yet to be formally reported but early feedback suggests it was very positively received and has provided a huge amount of feedback around current service provision, barriers and views on what can be changed to enable improved outcomes.
- 8.4 An engagement event targeted around Special Educational Needs and Disabilities was held in May 2018. The event was run by Bury2gether, a local parent/carer forum and allowed stakeholders to come together and hear from parents of CYP with SEND. The outputs of this event have informed commissioner decision to review the community paediatrics service and review neurodevelopmental pathways.
- 8.5 On 3<sup>rd</sup> July 2018, young people from across Bury came together to meet with local decision makers and contribute to future change at the annual Bury Circles of Influence conference. 62 young people, aged from 13 to 18 years attended along with 21 adult decision makers, including senior officers from the local authority, councillors, representatives from local health services, schools, the police and the third sector. The event was organised by young people from Bury Youth Cabinet, who also facilitated activities throughout the day. The key findings included: young people's main concerns were around mental health and sexual health issues. It was clear that the young people would value greater interaction with the school nursing service. This has informed discussion and planning across the locality around school based mental health and wellbeing support.



- 8.6 A wide range of issues and ideas were identified at the event, which have been considered in the refresh of our Local Transformation Plan. For example, young people wanted opportunities for face to face support, ideally in a drop-in environment and one physical place to go to get advice on all health related issues. In 2016/17 we integrated the Healthy Young Minds team, via the link workers, into the neighbourhood hubs, which provides drop-in facilities, access to self-help materials, advice and a place for face to face consultations for CYP in Bury.
- 8.7 Many of the issues/ ideas were related to publicising services, promoting good news stories and consulting young people about how supported they feel. This information contributes to shaping our communications and engagement activities throughout 2017/18 and beyond. The Bury Local Transformation Plan Steering Group will have communications and engagement as one of their areas of focus on an ongoing basis.

### **Review of emotional health and wellbeing services**

- 8.8 In Summer 2015, local Bury organisations benchmarked themselves against the key requirements of Future in Mind. A Local Transformation Plan Steering Group was established, as part of Children's Trust arrangements and was later incorporated with the Children's Trust Operational Group to increase partner engagement and reduce duplication to work collaboratively to develop the plan. A mapping exercise was undertaken where providers defined their current offer and stated how they could develop their services to contribute to a whole system offer for CYP.

The local priority areas emerging from the benchmarking exercise were:

- Services and support during transition from CYP services to adult services;
- Support within schools;
- Prevention and early help;
- Workforce development, including team roles and responsibilities, skill sets and training;
- Integration of services, support and commissioning arrangements.

### **GM Children and Young People Participation and Engagement in the planning, design and delivery of services**

- 8.9 The Greater Manchester Health and Social Care Partnership (GMHSCP) have agreed to an overarching engagement framework which makes the

commitment to securing expertise by experience into each of the Greater Manchester (GM) based programmes.

- 8.10 In February 2018 the Youth Combined Authority (YCA) was established; the YCA is part of the Greater Manchester Governance structure and gives young people under the age of 18 years, the opportunity to shape, influence and scrutinise Greater Manchester's practice, policy and plans. The YCA is made up of two representatives from each of the ten Local Authority Youth Councils and two representatives from each of ten additional selected organisations from across Greater Manchester all of whom are committed to youth voice and social action. The YCA is supported by the Mayor's office and co-ordinated by Youth Focus North West.

The YCA has elected a Health Working Group made up of members of the YCA and additional interested young people from the constituent groups and localities. The priority theme of the YCA Health Working Group is Mental Health with the following work streams:

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

- 8.11 Children and Young People from January 2019 are represented as members of Greater Manchester Children and Young People's Mental Health Board (GMCYPMH Board, which seeks to support the young people's priorities as far as possible through coproduction principles.

Members of the GMYCA and the Health Working Group will consider the needs of the diverse nature of young people and consider accessible methods to gather views of young people who may not feel comfortable in a meeting environment by:

- Identifying stakeholders and people who have contact with young people; youth workers, organisations
- Use the information gained from their host organisations and by speaking to other young people
- Conducting surveys and focus groups
- Keep young people updated via the GMYCA Communications Strategy

- Social media
- Use a range of different platforms to spread information, because not all young people use social media
- Twitter – live chat hashtags
- Link in with Health-watch champions
- Presentations in schools and colleges

8.12 In addition work and training has been initiated to improve shared decision making by empowering young people voice's in their own treatment decisions about their individual mental health and care and treatment. Shared decision making is a central element of the GM i-Thrive programme.

## 9.0 Bury Local Transformation Plan – 2019/ 20 and Beyond

### Summary of Priorities

9.1 The LTP Implementation Group continues to meet monthly and provides regular oversight and leadership for delivery of the plan. The group has widened in 2019/20 to include representation from education in the LA and Bury2gether.

The key priorities for 2019/20 remain:

- 1. Implementation of a Transition Service within core CYPMH**
- 2. Strengthening the ASC and ADHD assessment and support pathways.** This includes a pilot pathway around SEMH inclusion, which will identify support needs early and enable timely access to this support – in many cases negating need for neurodevelopmental assessment.
  - a. Recruitment to specialist nurse roles for ASC and ADHD**
- 3. Sensory Integration Service (Pilot).** We will commission a service to support those CYP with more complex sensory needs.
- 4. Increased support to improve capacity and capability in schools.**
  - a. Including evaluation of the Link Worker role.**
- 5. Increasing capacity in the core CYPMH service.**
- 6. Evaluation and consolidation where possible of all LTP funded CVFS grants** and sub-contracts with a view to ensuring best value for money and long-term stability of care provision.

Taking each of the FIM chapters in turn (resilience, prevention and early intervention, improving access to effective support and workforce development), the following sections describe in more detail how we plan to deliver on these local priorities.

## **Resilience, prevention and early intervention - Education Focus**

### **SEMH Partnership Model**

- 9.2 In order to build capacity in schools for the inclusion of pupils, particularly for those with Social Emotional and Mental Health (SEMH) needs, Bury has adopted a partnership model. The partnerships were formed in 2018, and all of Bury's schools have formed partnerships in their localities. The partnerships represent a devolution of power away from the local authority, so that schools are better able to respond to the needs of children in their schools and localities. Each partnership has access to resources that include specialist education professionals and financial resources.

Social Care and Health representatives are active members of these partnerships, in recognition that many of the issues that underpin inclusion reach far beyond the school gates. This is allowing services to come together in a co-production to ensure that person-centred intervention is provided.

### **Link Working**

- 9.3 In 2017/18, we further enhanced the link working offer by increasing the number of link practitioners to 3 – enhancing the ability of the team to support schools, primary care and neighbourhood working within wider health and social care.

In October 2018, it was agreed with locality partners that the school link workers will be based in one of the partnership high schools each week offering consultation to staff around young people. The school link workers are seeking to embed the iThrive Model with Bury support staff and young people to develop resilience.

Consultation can be sought for: Young people who are not open to HYM Bury but would like advice about, Young people currently open to HYM Bury. Young people who have been open in the past and school may want to

know why or have any other queries.

The consultation will be recorded so that we can keep accurate data on numbers and issues as well as qualitative; this will help us think about training and intervention in the future and report back to senior leadership about the role.

The link worker will have referral forms for HYM Bury and they can support staff in completing them if needed, to prevent of a referral not meeting criteria and being refused and young people being passed between services. They can liaise with the duty manager on the day if they think a young person needs to be seen as a priority or urgently.

They can offer initial assessment in school if parents have given consent and it is in the best interest of the young person; and if school are willing to accommodate an appropriate space. School will need to write this on the referral form and this will take up some of the consultation slots as it will be the link worker doing the assessment.

They will have ADHD school information, Snap forms and ASC school screening questionnaires. If children and young people need to have QB test for ADHD, they will liaise with the clinicians at HYM Bury and where possible try to offer these in school, if coming to HYM Bury is difficult for young people and their families.

They will see young people for 1:1 who are on their caseload to reduce the time they are out of education.

The link workers will attend the Primary partnership meetings and offer consultation and advice.

- 9.4 In 2018/19 and beyond the link working team has piloted a new offer for Bury – **BEST (Behavioural & Emotional Skills Training)**. The BEST group has been developed to help those that experience high levels of distress and intense emotion that lead to urges to harm themselves. The skills taught are based on Dialectical Behaviour Therapy, which is an intensive treatment that aims to help people to cope more effectively with intense emotions and thoughts that lead to risky behaviours and breakdown in relationships.

The BEST group is a proactive early identification and intervention to school populations where pupils struggle with emotional regulation and managing relationships that in the long term maybe at risk of developing behaviours, such as alcohol or substance misuse, self-harm or suicidal ideation. The aim is that early intervention and skills will prevent these

behaviours exacerbating to unhealthy coping strategies in adolescence and early adulthood.

The sessions will initially be delivered by the a Children and Young Peoples wellbeing practitioner who will develop a similar training package for primary schools with a longer term aim that educational staff (SENCOs and teaching assistants and potentially school nurses or identified school mental health lead) will be skilled up to deliver the sessions themselves – significantly extending the reach and sustainability of the course. The offer will be piloted in two schools initially starting in April 2019 and if successful, will be offered to all.

The sessions will initially be delivered by the Link Workers with a medium term aim that educational staff (SENCOs and teaching assistants and potentially school nurses) will be skilled up to deliver the sessions themselves – significant extending the reach and sustainability of the course. The offer will be piloted in two schools initially and if successful, will be offered to all.

- 9.5 From April 2019, the link workers will begin to offer **systemic family therapy** to young people and their families for a more holistic treatment for behavioral and other mental health related problems. Systemic family therapy has been found to be effective for children's and adults' difficulties, both when individuals have acquired a mental health diagnosis and when there is more general or complex distress. Working therapeutically with individuals together with their families and/or significant others enables the use of individuals' relationships as a resource, and reduces stress and difficulties for all family members, these families would be identified from the link workers and from the core team.

### **Restorative Practice**

- 9.6 Bury Council has funding from the Greater Manchester Innovation fund to roll out an adapted version of the Stockport Team around the School and Restorative Practice model. This will assist in responding to the social, emotional and mental health needs of young people. Workers from across Bury Children's Trust will be trained to deliver a consistent approach with children, young people and their families using a shared language. This approach will also be key in addressing behavioural issues and reducing the risk of school exclusions. Teams will be aligned to local schools, early years settings and GP practices and is part of the Early Help Transformation.

### Improving access to effective support

- 9.7 In 2019/20 and beyond we will focus on a service that goes beyond 16 years, with the development of a transition team. Initial targeted at those patients aged 15 to 18, the service will develop strong links with education, employment, housing, police, community, voluntary and other sectors to ensure the best possible experience for those CYP moving on from Healthy Young Minds or at other key points of transition.

The transition service will allow us to address, amongst other things, issues such as hospital admissions due to substance misuse in 15-24 year olds being significantly higher in Bury when compared to national rates.

Healthy Young Minds has developed a proposal for a transition team, which will significantly improve our access to effective support in 2018/19.

This, along with an enhanced bereavement service and further enhancements to the link worker function/ staffing numbers will provide an enhanced service across the whole pathway in Bury.

### Workforce development

- 9.8 In 2019/20 we will continue to develop our core offer through Healthy Young Minds, with the link worker role evaluation and possible expansion, transition service implementation and specialist neurodevelopmental nursing roles.

We will also continue to ensure access to IAPT training and will consider an expression of interest for further emotional wellbeing practitioners.

Development of an effective workforce is an area of risk for all Greater Manchester areas and we will pursue workforce development at a Greater Manchester level.

- 9.9 It is important to the stakeholders in Bury that local transformation plans fit with the Bury Locality Plan and wider transformation work which is ongoing across the Borough. We will ensure that our transformation work links appropriately and develops strong whole system working.

## Greater Manchester level work streams

- 9.10 It is clear that a considerable amount of Future in Mind transformation planning and commissioning is best done to scale across the Greater Manchester footprint, rather than only at a single Local Authority / Clinical Commissioning Group footprint.

Some aspects of service planning and delivery will only support improved outcomes when commissioned and delivered more at scale. Therefore, the partnership has agreed that a Greater Manchester transformation programme is being implemented across all localities. This plan incorporate objectives outlined in local plans and in turn local plans will need to reflect where planning and implementation will be at a Greater Manchester or local level.

An overview of where Greater Manchester planning and service development could be best achieved at a Greater Manchester level is outlined below.

### **GM Support Programme for Children and young people in contact with the youth justice system (Collaborative Commissioning Networks)**

- 9.11 We are committed to support implementation of collaborative projects focused on improving mental health services for children and young people in contact with the youth justice system.

At a Greater Manchester work has been initiated that focus on enhancing the pathways and bridging the gaps for children and young people who are accessing Health and Justice commissioned services. This includes, but is not limited, to the following pathways for children and young people:

- Those transitioning into and out of custody and detention
- Those transitioning into and out of secure welfare placements
- Those presenting at Sexual Assault Referral Centres
- Those in contact with Liaison and Diversion Services

As such, the GM Youth Justice Support Programme for Collaborative Commissioning Networks aims to support shifting of resources at points in the system where it can have the greatest impact, including prevention and early help. We also aim to improve identification of health needs of young offenders through consistent screening processes to support them to live healthy lives away from crime.



### GM CYP Mental Health Service Specification

- 9.12 A pan GM Community CAMHS Service Specification was implemented for 2018/19 across all community providers. The purpose of the single specification was to specify the core provision of Specialist Community Child and Adolescent Mental Health Services (CAMHS) from all GM Providers. It describes the role, function and responsibilities of service. Implementing Greater Manchester's agreement to move away from a CAMHS traditional tiered model of delivery to a more flexible responsive model, applying the THRIVE model of care. The specification will see investment under the CCGs LTP directed to enhance community CAMHS provision enabling the service to deliver Monday to Fri 8am – 8pm with flexible weekend cover by 2021.

### GM iTHRIVE hub

- 9.13 Each of the 10 Local Transformation will work with GM iTHRIVE team to enable the delivery of the GM CYP mental health transformation programme. It is planned that this will be achieved by strengthening and developing closer relationships with leaders within provider and commissioning networks, supporting the identification of a range of local implementation leads and the creation of "THRIVE informed" local teams to better support the local implementation process.

Training will be provided and supported by a GM iTHRIVE Training and Development team over a three year period. GM iTHRIVE will provide training for a minimum of 60 front-line staff per year – 6 per locality to be trained and able to embed the training back in the locality to support delivery of THRIVE-like services. The GM team will coach and mentor local leads through THRIVE informed transformation processes and work flexibly with each LTP to develop a wider understanding of each locality's needs and requirements and draw from both the resources in the THRIVE toolkit and the expertise within the National iTHRIVE team in order to provide each LTP with a tailored package of support.

Utilising the iTHRIVE implementation, evaluation and outcomes framework the GM team will create a learning network/community of practice alongside action learning groups, and will organise and facilitate joint learning days that will address and tackle common issues and challenges encountered across the 10 LTPs, and share knowledge about service improvement, innovations, that emerge within individual localities.

Since GM iTHRIVE programme team in place (July 2018):

- All localities are engaged and fully committed to implementing THRIVE
- All localities completed initial intelligence gathering tool
- All localities have as draft implementation plan and have had one to one meetings with programme manager to plan next steps.
- All localities have had an i-THRIVE presentation at their strategic board.
- Engagement workshops are starting to take place across GM.
- GM Outcomes Framework drafted.

### **Out of Hours and Crisis Liaison Service**

- 9.14 A Greater Manchester Transformation Fund £ 13.3m proposal was approved in December 2017, which held the vision to develop a GM-wide whole system crisis care pathway which will provide a high quality and timely response to young people in crisis and their families, accessible across 7 days. The pathway will be fully inclusive, have open access, be holistic and multi-agency and provide a timely and proportionate response based on need.

In 2018/19, extensive work was undertaken to begin to operationalise the model, engaging with partners across GM, recruiting staff and designing clinical pathways and protocols.

For 2019/20, the overarching aim is to launch of all elements of the pathway, completing recruitment and beginning to accept referrals. By the end of this financial year, Rapid Response Teams will be available 24/7 across GM, reducing demand on A&E and community CAMHS and improving the experience of young people and their families.

As a key partner we will continue to support this vital work as it progresses.

### **In-patient (T4) offer for GM - place based commissioning**

- 9.15 The NHS England National Commissioning Committee approved the delegated responsibility of CAMHS Tier 4 General Adolescents (GA) and Eating Disorders (ED) Services to the devolved Greater Manchester Health and Social Care Partnership (GMHSCP) Chief Officer. This enables Greater Manchester (GM) the ability to make key decisions around specialised Child Adolescence Mental Health Services (CAMHS) that will deliver cohesive pathways across the full spectrum of general mental health and eating disorders. Also enable creative solutions to

service design to be pursued – in keeping with the national direction for specialised mental health services.

In this context, the GM delegated responsibility of CAMHS Tier 4 GA and ED commenced on 1st April 2018 and work is being undertaken to develop clear commissioning objectives that maximises the effectiveness of the GM New Care Model and the efficiencies within the areas of responsibility.

In support the GM CYP Crisis Care Pathway – REACH-IN pathway aims to dramatically improve the overall experience and outcomes for children and young people in crisis with mental health issues, along with those who care for and work with them. The work includes a new Tier 4 Assessment centre for managing referrals into specialist CAMHS inpatient bed. The Assessment centre will provide active case management pre and post admission. Divert those who could be managed through an alternative to inpatient (assertive outreach and active case management/home treatment).

### **Workforce development**

- 9.16 In order to sustain delivering increased access and improved outcomes for children and young people's (CYP) mental health – as per the national must do - a significant expansion in the workforce (and associated investment) is required. Following publication of the Five Year Forward View for Mental Health (FYFVMH) and more recently Stepping Forward to 2020/21: The mental health workforce plan for England (July 2017), Greater Manchester (GM) is required to hold plans how it will grow the mental health workforce to enable us to deliver the FYFVMH objectives.

In addition GM and its localities has recognised the potential risk to effectively delivering our ambitious children and young people mental health transformation plans are largely centred on the workforce.

In response a £1.4 million investment through GM transformation funding has been secured to ensure a clear strategy and associated plans are in place to mitigate the known risks. The Greater Manchester Children and Young People's Emotional Wellbeing and Mental Health Workforce Strategy has been developed through consultation and engagement with a variety of stakeholders that included NHS Providers, Clinicians, CCGs and the GM Strategic Clinical Network – to name a few.

The scope of the strategy focuses on the specialist element of CYP Mental Health workforce – CAMHS. Over time and through the work GM

transformation funded GM i-Thrive programme strategic planning will seek to develop strategies for the wider CYP workforce. The purpose of the strategy is to outline principles and solutions across four key domains: -

- Improving supply and retention
- Building skills and knowledge
- Talent development and system leadership
- Improve workforce welfare and wellbeing

To date all specialist GM NHS CAMHS services have undergone the Self-assessed Skills Audit Tool (SASAT) to map their existing provision in order that a clear understanding of both local and GM gaps are understood. The assessment provides full information on staff numbers including whole time equivalents, skills and capabilities.

Building on the SASAT and in order to meet the requirements and those of the Five Year Forward View for Mental Health and Stepping Forward to 2020/21: The mental health workforce plan for England, GM as an STP area has to submitted returns to NHS England on how we are planning to grow the CAMHS workforce to enable us to deliver increased access and better outcomes.

*Table 1: Greater Manchester CAMHS Workforce expansion (2016-2021)*

<b>CAMHS Workforce Expansion</b>	<b>Medi cal</b>	<b>Nursi ng</b>	<b>Allie d Heal th</b>	<b>Total Clini cal</b>
<b>Greater Manchester (100%)</b>	<b>9</b>	<b>65</b>	<b>37</b>	<b>111</b>
Bolton (10.1%)	0.9	6.6	3.7	11.2
Bury (6.5%)	0.6	4.2	2.4	7.2
Heywood, Middleton & Rochdale (8.0%)	0.7	5.2	3	8.9
Manchester (21.1%)	1.9	13.7	7.8	23.4
Oldham (8.1%)	0.7	5.3	3	9
Salford (9.5%)	0.9	6.2	3.5	10.5
Stockport (10.0%)	0.9	6.5	3.7	11.1
Tameside & Glossop (8.3%)	0.7	5.4	3.1	9.2
Trafford (7.4%)	0.7	4.8	2.7	8.2
Wigan (11.0%)	1	7.1	4.1	12.2
<b>TOTAL</b>	<b>9</b>	<b>65</b>	<b>37</b>	<b>111</b>

*Note: Workforce expansion by service area in Full Time Equivalents (FTE)*

*The numbers provided are based on Public Health weighted capitation formulas to apportion the nationally agreed figures across Greater Manchester STP*

The enhancement of an additional 111 CAMHS clinical staff across Greater Manchester, outlined above, will be supported by Greater Manchester Transformation funded uplift of 39 additional clinical posts working within the Greater Manchester Crisis Care Pathway (REACH-IN). This combined growth sets an ambitious target to grow the workforce by a total of 150 clinical posts by 2021; ensuring a comprehensive CAMHS (up to 18yrs) to meet the population needs.

### Support for Education Settings

- 9.17 A six month rapid schools emotional wellbeing and mental health pilot was delivered at pace across GM to increase access to evidence informed mental health support and help for students/pupils and staff, delivered across primary and secondary schools, special educational needs (SEN) schools and a pupil referral unit (PRU). The pilot was linked with the Green Paper reforms for 'Transforming Children and Young People's Mental Health Provision,' which was published in December 2017.

A key feature of the pilot was a collaborative model of delivery of the programme to 31 primary and secondary schools, SEN schools and PRU. The pilot was delivered by four voluntary and community social enterprises (VCSE) organisations: Alliance for Learning (AfL), Place2Be (P2B), Youth Sport Trust (YST) and 42nd St, over an intense six month period and was completed in October 2018.

Each partner delivered areas of the programme which highlighted their expertise. AfL delivered Mental Health First Aid Training to support senior leaders and Mental Health First Aid Lite. P2B supported staff with a whole school approach and delivered Mental Health Champions training to senior leaders. They also worked with primary school students and supported YST with the delivery of their sessions.

YST delivered a programme of support to children and young people – 'Moving Minds' which was delivered by athlete mentors to support C&YP with their physical and emotional wellbeing. They also ran a programme of peer mentoring with Young Mental Health Champions/Ambassadors. 42nd Street offered a programme of supportive workshops to groups of secondary pupils and worked collaboratively with YST to deliver one on one support during their sessions.

The schools involved in the pilot were taken from across the GM footprint and a total of 7 of the 10 localities were included in the coverage of schools for the pilot. The localities involved in phase 1 were: Bolton, Bury, Manchester, Oldham, Stockport, Trafford and Wigan.

The University of Manchester were engaged to complete an evaluation of the programme and produced a final report which was summarised into an evaluation document, which give an overview of the pilot, key findings, and recommendations for further development of the programme

An End of Pilot Summit was held in October at the Etihad Stadium. The summit was an opportunity to celebrate the successful completion of the 6 month Rapid Pilot, to hear from the young mental health champions/ambassadors who had participated in the pilot, together with views from some of the Head teachers of the schools involved in the pilot.

The pilot delivered:

- 31 schools recruited, engaged trained and supported
- 62 Senior leaders received Mental Health champion training over four sessions
- 53 Middle leaders received Mental Health First Aid Training
- 60 Targeted school staff received Mental Health First Aid Lite Training
- 450 Year 5 Primary pupils participated in two active workshops with follow up support
- 240 Year 10 secondary pupils participated in tow active workshop with follow up support
- 67 Primary pupils received training to become Young Mental Health Champiosn
- 90 Secondary pupils received training to become Mental Health Champions

### **Next Steps**

Phase 2 of the Pilot will see the continuation of work across the original 31 schools and the roll out to a further 31 schools & colleges, bringing the total number of schools and colleges within the Pilot to 62. The ambition is to scale the project to 10% of schools and colleges across the GM footprint, with the third phase of the project involving the procurement of additional providers to deliver to a further 63 schools and colleges – which will mean the total coverage of schools and colleges in GM (125) will represent 10% of our total schools and colleges.

## ADHD

9.18 Across Greater Manchester work is taking place to ensure paediatrics and CAMHS are jointly delivering the ADHD pathway for young people. Almost all localities have Paeds and CAMHS representatives as part of their local multi-disciplinary team developing and assuring the pathway. Additionally all localities in GM have access to an objective psychometric measure (via Qb Test) to support diagnosis and management if and when required. Further work is taking place to increase all services cognisance with the 12 GM ADHD Standards. This includes but not limited to:

- Multi-disciplinary team assuring the pathway and being involved in its ongoing quality improvement including education representatives who should be able to refer directly into the pathway (rather than only via a GP).
- Implementation of nurse lead clinics
- Single point of access into the pathway, that will allocate cases to Paeds or CAMHS based on need.
- Reduction in unwarranted variation between CAMHS and Paeds service including data collection and reporting, including access and wait times.
- Post-diagnosis support offer that includes face to face session for parents and carers to attendee.

There is an expectation that ADHD services are both commissioned for, and deliver access to at least 1.5% of the population.

## Vulnerable groups

9.19 Improving Access to Children and Young People's (CYP) Community Mental Health Support and Treatment is a key priority for Greater Manchester (GM) and Nationally.

The NHS has committed to widening access so that by 2020/21, national 70,000 more CYP are accessing treatment each year. This equates to almost 4,000 additional CYP in GM being treated over the 2014/15 baseline (applying 2004 prevalence rates). Under GM improving access ambition plans have/are been established that will seek to improve access and care for the following groups of CYP deemed vulnerable to mental health and/or accessing support.

1. Children affected by trauma or adversity (e.g. domestic or physical abuse, victims of sexual exploitation, death of close friend or family member, refugee or asylum, fleeing war, acts of terrorism)

2. Looked after Children and Carer Leavers
3. Young Carer (someone aged 18 or under who helps look after a relative who has a condition, such as a disability, illness, mental health condition, or a drug or alcohol problem).
4. Children and young people with Learning Disabilities
5. Children and young people with Neurological conditions (e.g. Autistic Spectrum Disorders (ASD) and Attention Deficit Hyperactivity Disorder (ADHD))
6. Young Lesbian, Gay, Bisexual, Transsexual, Queer/Questioning, (LGBTQ) People
7. Children and young people in contact with the youth justice system
8. Children and young people with chronic physical health problems – long term conditions
9. BAME Children and Young People

To date at a GM level work has been initiated to improve access for young people where there is additional complexity and vulnerability that centre on LAC, ADHD, those in contact with the justice system, LD and ASD. Plans are being developed to expand to include initiate work programmes that will centre on Trauma and adversity and LGBTQ in 2019.

#### Parent infant mental health pathway

- 9.20 From January 2018 we began working collaboratively with our Local Authorities and the 10 GM CCGs to plan the development and implementation of a comprehensive perinatal and parent infant mental health service, which will ensure timely access to appropriate and effective for families experiencing mental health problems.

#### Outcomes

- 9.21 We have collaborated with Greater Manchester's other local transformation partnerships to develop and implement a single performance and outcomes framework. The Greater Manchester framework draws from good practice already developed by local transformation partnerships, and will be informed and shaped by the voices of children and young people.

We will continue to work with local transformation partnerships to peer review and challenge implementation progress, spending and impact of transformation ambitions.



## Local Level

9.22 At a local level, the Bury Local Transformation Plan is one of the key transformation plans that sit beneath the Bury Locality Plan. The Bury Locality Plan sets out the vision for the transformation of Bury's public services under the Greater Manchester Devolution Programme, to achieve improved public health outcomes and sustainability of services. Partners in Bury have developed a shared vision for health and social care, which is,

*'Our vision is to ensure our population is as healthy, happy and independent as possible, living with minimal intervention in their lives.*

*This will be achieved through targeted strategies of self-help, prevention and early intervention, reablement and rehabilitation.*

*When needed, formal care and support will be designed to create a co-ordinated and seamless health and care system.*

*All services will be person-centred and will build on and develop local community assets.<sup>5</sup>*

9.23 The main objective of the Local Transformation Plan is to ensure that children and young people are happy, healthy and can live with as minimum intervention as possible in their lives. This will be achieved through self-help, prevention and early intervention. When needed, formal care and support will be designed around individual needs and will be delivered in a coordinated and seamless way, wrapped around the young person.

9.24 For 15/16, 16/17, 17/18 and 18/19 the main elements of the local transformation plan delivery were:

1. Creation of a Single Point of Access for Children and Young People in Bury.
2. Enhance the workforce through development of a team of Link Workers, a Transition Service and a Children and Young People's Bereavement and Loss service.
3. Develop a Community Eating Disorder Service;
4. Invest in workforce development;
5. Commission preventative and early help services from the third sector to offer accessible help in local communities;

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<sup>5</sup> Refreshing the Bury Locality Plan, Food for Thought, 22<sup>nd</sup> Dec 2016

9.25 We will continue to develop these elements throughout 2019/20 and beyond and in addition we aim to further prioritise the areas of:

1. Transition - Further develop and embed the Transition Service, strengthening links with partner agencies to provide a comprehensive package of care and support for this cohort. Once operational, the service's upper age criteria will increase from 16 to 18 providing a more age-appropriate service for Bury's young people.
2. Resilience, prevention and early intervention with a focus on primary and secondary schools – continuing the offer of Behavior and Emotional Skills Training (BEST) and ensuring core CYPMH support for the school SEMH partnerships. We will evaluate the link worker role to ensure continued delivery of planned objectives.
3. Improving access to effective support by developing new specialist neurodevelopmental nurse roles and a new Sensory Assessment service to support our Autistic Spectrum Disorders and ADHD care pathways – supporting the implementation of GM standards for ADHD.
4. Linked to 3, there are plans for a trial for a pre referral pathway for families of a child with a suspect neurodevelopment condition or experiencing social and emotional mental health difficulties. First point will work with the families and if the difficulties are felt in line with a neurodevelopmental condition, First Point Family support will complete additional information.
5. Workforce development by continuing our offer to Healthy Young Minds to fund backfill for staff completing CYP IAPT.
6. Engagement and communication – building awareness of available services and upskilling the wider workforce in identification and early intervention.

### Action Plans

9.26 The actions we undertook as part of the Bury Local Transformation Plan from 2016/17 to 2018/19 and the actions we will take as we refresh our Local Transformation Plan for 2019/20 and beyond are outlined in the following tables. They follow the categories of the three national priorities:

1. community eating disorders
2. CYP Access
3. CYP IAPT
4. perinatal mental health

and the five categories in the Future in Mind document:

- Resilience, prevention and early intervention
- Improving access to effective support
- Care of the most vulnerable
- Accountability and transparency
- Developing the workforce

The 2017/18 action plan has been updated for the March 2018 refreshed document.

### National priorities

9.27 The table below outlines what we did in 16/17 and 17/18 and what we will do in 2018/19 in regard to the three national priorities: community eating disorders service, children and young people's IAPT and perinatal mental health:

1. Community eating disorder service	
16/17 to 2018/19 - what we did	<ul style="list-style-type: none"> <li>• Established a North East Sector (NES) Community Eating Disorder service (CEDs) enabling CYP to be seen within the national target times of 1 week for urgent cases and 4 weeks for routine cases and preventing a number of likely admissions to tier 4 inpatient beds;</li> <li>• Baselined performance against access and waiting time standards, ahead of measurement beginning in 17/18</li> <li>• GM level - linked with GM colleagues to further establish the community eating disorders service at a GM level;</li> <li>• GM and local level - delivered compliance with the standards for delivering the service;</li> <li>• GM level - improved data collection and monitoring to give greater transparency and accountability;</li> <li>• Reached down to a lower age ensuring that those CYP with greatest need access specialist timely support.</li> </ul>
19/20 onwards - what we will do	<ul style="list-style-type: none"> <li>• GM and local level - demonstrate, through data, the impact of CEDS on the use of inpatient CYP beds;</li> <li>• Local level – Improve the process of GP referral to the service.</li> <li>• Continue to ensure a seamless service with Healthy Young Minds, directly supporting those CYP with greatest need whilst offering guidance and support for those continuing to receive care from the core service.</li> <li>• Building on learning each service has developed since being established, the GM CEDS Steering Group is working to support the services to deliver care in a more consistent way across the</li> </ul>

	<p>conurbation. The aim is to amplify aspects of the services that are working well, and continue to reduce unwarranted variation between the services. Clinical and operational staff are meeting monthly, along with commissioners and VCSE representatives to further develop a GM's CEDS service specification for autumn 2019 in advance of commissioning intentions being agreed.</p>
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2. Access to NHS funded community care	
16/17 to 2018/19 - what we did	<ul style="list-style-type: none"> <li>• Developed the link worker role and expanded to 3 practitioners.</li> <li>• Recruited and transition service manager</li> <li>• Developed an enhanced bereavement and loss service.</li> <li>• Commissioned alternative and complementary early help support from local community and voluntary sector organisations.</li> <li>• Worked with Healthy Young Minds to begin reporting validated data for the 'Access' indicator.</li> </ul>
19/20 onwards - what we will do	<ul style="list-style-type: none"> <li>• Operationalise the full Transition Service</li> <li>• Develop specialist neurodevelopmental nurse roles to support the ASD and ADHD assessment pathways.</li> <li>• Work with all of our commissioned CYPMH service providers to begin reporting validated data to contribute to the nationally mandated CYPMH 'Access' Indicator.</li> </ul>

**3. CYP IAPT**

16/17 to 2018/19 - what we did	<ul style="list-style-type: none"> <li>• Funded a practitioner to complete the 'System Family Therapy' IAPT programme.</li> <li>• Ensured adequate availability of CYP IAPT supervision.</li> </ul>
19/20 onwards - what we will do	<ul style="list-style-type: none"> <li>• Continue to offer backfill costs to Healthy Young Minds ensuring practitioners are able to take up places on the programme.</li> <li>• Work towards ensuring all services are working within the CYP IAPT programme, leading to more staff being trained by 2020/21               <ul style="list-style-type: none"> <li>◦ Scope who/ which services could be IAPT trained and how the supervisory element might be undertaken;</li> </ul> </li> <li>• Continue to promote the use of virtual media for accessing psychological therapies.</li> </ul>

**4. Perinatal mental health**

16/17 to 2018/19 - what we did	<ul style="list-style-type: none"> <li>• Delivered perinatal mental health screening and services via the health visiting service;</li> <li>• Commissioned low level PIMH and attachment support from Home-start Bury with learning from this service to inform planning for our parent-infant mental health strategy.</li> </ul>
19/20 onwards - what we will do	<ul style="list-style-type: none"> <li>• Establish a parent-infant mental health working group to steer the development of a holistic offer for Bury. This will include: maternity, health visiting, primary care, CYP and adult mental health and community and voluntary sector.</li> </ul>

### FIM Theme 1: Resilience, prevention and early intervention

- 9.28 The recruitment of Healthy Young Minds link workers in 2016/17 and their integration into neighbourhood working and the education SEMH partnerships is already reducing fragmentation of service provision across providers. Developing a neighbourhood way of working and moving towards a holistic and co-ordinated approach to meeting the needs of children and young people in Bury formed the main element of our plan in 2016/17. The Healthy Young Minds team link with other hub services to raise awareness of early intervention and prevention and because Healthy Young Minds workers are located in the hubs and SEMH partnerships, there is a direct link their services and expertise.

The table below outlines what we did in 16/17 to 18/19 and what we will do in 2019/20 in regard to Theme 1:

Promoting resilience, prevention and early intervention	
16/17 to 2018/19 - what we did	<ul style="list-style-type: none"> <li>• Developed a Single Point of Access (SPA) for all children and young people's information, advice, services and support.</li> <li>• Recruited link workers into the Healthy Young Minds team who are the named CYP mental health links for schools, GPs and other health professionals.</li> <li>• Awarded grants to 3<sup>rd</sup> sector organisations to support the resilience, prevention and early intervention agenda: <ul style="list-style-type: none"> <li>○ Early Break, Streetwise and First Point Family Support: <ul style="list-style-type: none"> <li>▪ Holistics and mindfulness;</li> <li>▪ Parenting courses;</li> <li>▪ Peer Support</li> </ul> </li> </ul> </li> <li>• Developed a local children and young people's mental health and wellbeing dashboard, to enable effective baselining of services and monitoring of LTP initiatives;</li> <li>• Expanded the link worker role offer by piloting a new BEST offer – enhancing the capability of schools to identify and manage lower level behavioral and emotional presentations;</li> <li>• Linked school leaders into the ongoing development of the Local Transformation Plans;</li> </ul>
19/20 onwards - what we will do	<ul style="list-style-type: none"> <li>• Local level – continue to support the development of the CYP neighborhood delivery model, ensuring access to timely advice, guidance and referral to and from Healthy Young Minds.</li> <li>• Consider the provision of a young person led and targeted drop-in style provision for social, emotional and mental health support.</li> <li>• Pilot a new SEMH inclusion pathway, including early identification of problems, triage and provision of support prior to the requirement secondary assessment referral for ASC or ADHD.</li> </ul>

## FIM Theme 2: Improving access to effective support

- 9.28 Our aim in Bury is to change how care is delivered and build it around the needs of children and young people and families. We will move away from a system of care defined in terms of service organisations to ensure children and young people have access to the right support from the right service at the right time. Again, our single point of access, implemented since the beginning of the Local Transformation Plan, is key to our local offer.

We are also extending the use of peer support networks by commissioning a local organisation in 2017/18 and 2018/19 to develop a CYP peer support network.

In 2018/19, we begun to establish a transition service with flexibility around age boundaries, in which transition is based on individual circumstances rather than absolute age. A full transition service will become operational in 2019/20.

We will ensure compliance with the GM standards for ADHD, developing new specialist neurodevelopmental nurse roles to support seamless single services for ASD and ADHD. This will be supported by a new Sensory Assessment service for those CYP with more specialist sensory dietary needs.

The table below outlines what we did in 16/17 to 18/19 and what we will do in 2019/20 in regard to Theme 2:

Improving access to effective support	
16/17 to 2018/19 - what we did	<ul style="list-style-type: none"> <li>• Worked towards implementation of the Thrive model. Full implementation will take place up to 20/21.</li> <li>• Developed an enhanced bereavement service, including bereavement and loss – operational from November 2017.</li> <li>• Actively promoted self-referral for age 16+ allowing easier access to early intervention.</li> </ul>
19/20 onwards - what we will do	<ul style="list-style-type: none"> <li>• GM level – implement the THRIVE model and develop the GM I-THRIVE hub;</li> <li>• GM level – full implementation of GM Crisis Care Pathway.</li> <li>• GM level – develop a GM out of hours and crisis liaison service (including extension of RAID to under 16s);</li> <li>• GM level – implement agreed GM standards underpinning delivery of ADHD and once available, ensure compliance with proposed standards for ASD assessment;               <ul style="list-style-type: none"> <li>○ Locally - develop specialist neurodevelopmental nurse roles to support the single service provided by Healthy Young Minds and Community Paediatrics.</li> </ul> </li> </ul>



	<ul style="list-style-type: none"> <li>○ Continue to develop pathways locally ensuring equitable access, timely outcomes and a positive experience for CYP and families.</li> <li>○ Commission a Sensory Assessment service to provide more effective occupational support for those CYP with a new or suspected diagnosis of ASD or ADHD.</li> <li>• Local level - commission a service with flexibility around age boundaries, in which transition is based on individual circumstances rather than absolute age;</li> <li>• Local level – implement a transition team;</li> <li>• Local level - collect data on substance misuse, to link to the work on the transition pathway;</li> </ul>
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### FIM Theme 3: Care of the most vulnerable

- 9.29 We will dismantle barriers and reach out to children and young people in need. In 2016/17 we worked to ensure that those who did not attend for appointments were not discharged from services but actively followed up and offered further support to help them engage. In December 2016 our 'Did Not Attend' rates dropped to 4.5%, which is below our local target of 5%. This was a significant reduction on previous months.

The table below outlines what we did in 16/17 to 18/19 and what we will do in 2019/20 in regard to Theme 3:

Care of the most vulnerable	
16/17 to 2018/19 - what we did	<ul style="list-style-type: none"> <li>• Ensured DNAs were not discharged from CAMHS services but reason for DNA followed up;</li> <li>• Included sensitive inquiry into CAMHS assessments about neglect, violence and abuse;</li> <li>• The Youth Service, offered an additional group for young carers in the Prestwich area. This group works closely with Parranthorn School, offering a venue and member of staff to support the group. The group is open to all young carers in the area and offers a mix of activities, learning sessions and opportunities for discussion and support.</li> <li>• The Youth Service set up a 'drop-in' at the New Kershaw Centre for Extra Mile clients, especially those who are NEET. The Youth Service are working with Extra Mile officers as well as Connexions to promote the drop in service, which offers a safe space for young people to have informal chats and engage with services. Once the service is fully established it will be led by young people to ensure that discussions and/ or activities meet their needs;</li> <li>• The Youth Service worked with the Phoenix team and now offer a drop-in for those at risk of child sexual exploitation but who aren't at the threshold for the</li> </ul>



	<p>Phoenix team. The group is open for males and females and is a mix of activities and learning sessions;</p> <ul style="list-style-type: none"> <li>• Delivered, through the Youth Service, a six week programme on resilience, responding to identified need. This was set up in response to a request from Park House.</li> <li>• Commissioned a vulnerable and hard to reach groups needs analysis to inform work in 2017/18 and beyond. The results of this analysis have informed a new priority around the development of an alternative CYP led drop-in style service (see 'promoting resilience and early intervention').</li> </ul>
19/20 onwards - what we will do	<ul style="list-style-type: none"> <li>• GM level – develop a GM wide response to the needs of children and young people in vulnerable groups, with a specific focus on Looked After Children.</li> <li>• Work with the CCG's new Specialist Nurse for Child Protection and Looked After Children to review local care pathways, identifying opportunities to enhance current provision.</li> </ul>

#### **FIM Theme 4: Accountability and transparency**

- 9.30 Accountability, transparency and addressing any previous assurance gaps is a priority for Bury.

#### **Enhanced data gathering and monitoring**

- 9.31 In January 2017, following a local workshop to identify future priorities, a task and finish group was established to identify Bury's baselines and to develop a CYP mental health local dashboard. This dashboard is used by the Local Transformation Plan Steering Group to closely monitor the progress of our Local Transformation Plan interventions, identify any new trends and give visibility of our progress. We have secured Public Health Consultant support for our LTP Implementation group, which is instrumental in helping us to understand current and future prevalence rates and risk factors.

#### **Strengthening governance processes**

- 9.32 Overseeing the Local Transformation Plan work was embedded into local governance processes in 2014/15. A Steering Group was established, feeding up to the Children's Trust Board and to the Health and Wellbeing Board. The Children's Trust Board is responsible for ensuring operational delivery of the Local Transformation Plan and the Local Transformation Plan Implementation Group is responsible for mobilising actions. Progress is closely monitored and progressed by Bury CCG, who also report on the Local Transformation Plan through their internal

governance processes and then to the Greater Manchester Future in Mind group and to NHS England.

Through this governance process there is substantial oversight of the Local Transformation Plan by senior leaders. The Local Transformation Plan Implementation Group meets monthly with quarterly reporting to the Children's Trust and CCG's Clinical Cabinet.

### **Enhancing our level of ambition and identifying service gaps**

- 9.33 In 2016/17 we embarked on an ambitious plan to integrate the Healthy Young Minds team, via link workers, into local neighbourhood hubs, working together with a range of other public and third sector organisations to provide a holistic service to children and young people before they reach the threshold for requiring Health Young Minds services. The team were involved in the very early stages of development of these neighbourhood hubs, shaping new ways of working with other agencies in developing how these hubs would work. This has allowed the team to raise awareness of the services provided by Healthy Young Minds with other hub services and gives a direct link, at an early stage, to the specialist Healthy Young Minds service.

In addition to working in the hubs, the link workers we commissioned with transformation monies, also had a role in linking with the education system by going into schools and identifying named people to link with and promote the Healthy Young Minds service. Both the neighbourhood hub way of working and the links with schools means that we are now not just focussing on a system that is set up to focus on specific diagnostic thresholds, but we are creating far greater opportunities to encourage a preventative approach.

In the spirit of transparency, we clearly identified service gaps for Bury in 2016/17 around transition (and providing a CYPMH service for young people aged 16 and 17) and a bereavement service with a narrow eligibility criteria. These areas have been or will be addressed through 17/18 and 18/19.

In 2017/18, through feedback from families, primary care and CVS organisations we have identified inequities in the provision of neurodevelopmental assessment and support and are taking steps to address (see 'Improving Access to Effective Support').

### **Being transparent and engaging with children and young people**

- 9.34 When we first embarked on our Local Transformation Plan, Streetwise were instrumental in helping us to engage with children and young people in Bury to develop the vision for our plan. In 2017/18 we have met with Streetwise again and will continue to engage children and young

people via them, and other groups, on an ongoing basis so they can help us to further develop our plan.

Additionally, in support of wider integrated children's services transformation jointly led by the CCG and Local Authority, we have also engaged with local children, young people, their families and the local workforce via survey and two face to face events in January 2017. This engagement incorporated specific questions around children and young people's mental health and feedback from this has been incorporated into Local Transformation Plan prioritisation for 2017/18.

We will continue to engage with CYP, families and other stakeholders to help shape this and all elements of the plan. We will do this by:

- using the findings of our Bury Circles of Influence conference report from June 2017 and 2018, where young people across Bury came together to discuss topics relating to health and wider public services;
- By engaging with the local youth cabinet;
- Hosting network engagement events similar to those run successfully in May and November 2017 and February 2019;
- Providing regular updates and maintaining a regular dialogue with the CCG's Patient Cabinet, and;
- Hosting ad-hoc engaging events targeted around specific LTP priorities – including events around transition and sensory integration in late 2017.

The table below outlines what we did in 16/17 to 18/19 and what we will do in 2019/20 in regard to Theme 4:

Accountability and transparency	
16/17 to 2018/19 - what we did	<ul style="list-style-type: none"> <li>• Collected data as per national requirements to allow transparency of reporting;</li> <li>• Embedded the responsibility of overseeing the operationalisation of the Local Transformation Plan into the Children's Trust Board partnership group governance structure to give a robust reporting and governance mechanism;</li> <li>• Agreed governance processes to the Health and Wellbeing Board and the CCG Senior Management Team/ Clinical Cabinet;</li> <li>• Implemented a multi-agency local steering group to drive the implementation of the plan (including regular steering group meetings) giving accountability to all appropriate partners across Bury;</li> <li>• Returned the mental health service data set to NHS England;</li> <li>• Captured patient feedback via use of individual Routine Outcome Measures pre, during and post treatment, these are currently embedded into practice</li> </ul>

	using IAPT principles; <ul style="list-style-type: none"> <li>• Used young people in the recruitment of staff for the Community Eating Disorders service.</li> <li>• Local level – monitored improvements through a local task and finish group. The group will also ensure any manual data collection mechanisms are put in place and will set any outstanding trajectories in line with the 5YFV. This work will inform future plans.</li> </ul>
19/20 onwards - what we will do	<ul style="list-style-type: none"> <li>• GM level – develop GM data systems to improve quality and timeliness of available information;</li> <li>• Local level – work with Streetwise and other third sector partners to engage children and young people on an ongoing basis to help us develop our plans.</li> <li>• Local level – continue to work with all commissioned providers to develop minimum standards of information reporting enabling early identification of performance and quality concerns and providing regular assurance of effective service delivery.</li> <li>• This will include supporting our providers to begin reporting to the national Mental Health Services Dataset – ensuring accurate reporting of our improved access for CYP mental health.</li> </ul>

### **FIM Theme 5: Developing the workforce**

- 9.35 There are plans to work with Greater Manchester Health and Social Care partnership's workforce development team to develop a Greater Manchester strategy for the whole of the children and young people's emotional wellbeing and mental health workforce.
- 9.36 Greater Manchester has been successful in negotiating to become an IThrive hub and in partnership with the Strategic Clinical Network, other CCGs and other leads will develop workforce reform that reflects this new model.
- 9.37 Greater Manchester is promoting the MindEd e-learning platform as a training resource for the whole workforce. At a Greater Manchester level, it is planned to agree what will be the core components for the programme that should be recommended as being mandatory. Negotiations are ongoing at a Greater Manchester level to see if MindEd could provide a report of the categories of staff and from which locality has access the training. Building on learning from other Local Transformation Plans we will also explore if such reports could be provided via local safeguarding boards if MindEd is included into the approved training programmes

- 9.38 It is our aspiration to do further work to engage with the Local Workforce Action Board [LWAB] to identify future requirements.
- 9.39 Locally, Healthy Young Minds is looking at the development of new non-traditional roles and strengthening links with training providers. The team have made links with training providers to offer a placement for students to start to grow the workforce for the future. They are also working on a programme to upskill staff to further develop their offer to schools.
- 9.40 An assessment of training requirements across Bury is currently being undertaken, led by the Children's Trust Operational Group.
- 9.41 We will continue to work with the Children's Trust to ensure awareness raising and early help across the wider workforce.

### Network Events

- 9.42 Two network events were hosted in 2017/18 hosted by the Children's Trust and funded via the LTP. The May 2017 event provided an update about the Local Transformation Plan and demonstrated techniques and strategies to support children and young people's emotional wellbeing and that of the workforce. It incorporated:

- Stands promoting a range of services that support emotional wellbeing
- Presentations about the Local Transformation Plan and different initiatives that support emotional wellbeing
- Workshop to give a basic understanding and information/techniques to support children and young people's wellbeing, ie, to reduce stress and anxiety; creative arts; bereavement and loss; reflective spaces
- The voice of young people

It was attended by 116 people from a wide range of professional backgrounds.

This was followed by an event in November 2017 to coincide with Anti-bullying week and adopting the national theme "All different, All equal". The event was jointly delivered by young people and professionals and aimed to give the child/young person's perspective on bullying and what works to address it. It incorporated

- A drama by students depicting the impact of bullying
- A key note talk about bullying and its impact
- Workshops co-delivered by young people on different topics/initiatives, ie, a day in the life of a vulnerable young person;

talking about mental health and bullying; restorative practices; circle of friends.

- Presentations by young people about what helps to address bullying
- Discussion
- Anti-bullying messages from young people

It was attended by 104 people from a wide range of backgrounds including 13 primary schools, 10 secondary schools, Holy Cross College, a range of services across the Council and Health, Police, Six Town Housing and 16 Third Sector organisations.

Feedback from both events was excellent with good practice shared at the event and in follow up enquiries.

The table below outlines what we did in 16/17 to 18/19 and what we will do in 2019/20 in regard to Theme 5:

Developing the workforce	
16/17 to 2018/19 - what we did	<ul style="list-style-type: none"> <li>• The Children's Trust Board reviewed the current training offer for children and young people in Bury and developed and implemented a training plan which focused on developing resilience and improving emotional health and wellbeing. Training included:               <ul style="list-style-type: none"> <li>○ Lunchtime learning on deliberate self-harm – Oct 16, Jan 17</li> <li>○ A half day workshop on self-harm – Nov 16 and Dec 16, Mar 17</li> <li>○ Lunchtime learning session on attachment – Nov 16</li> <li>○ Lunchtime learning on transgender – Feb 17</li> <li>○ Mindfulness workshops x 2 – Mar 2017</li> <li>○ Network events targeted at the wider CYP workforce in Bury – taking place in May and November 2017 with excellent feedback.</li> </ul> </li> <li>• The Healthy Young Minds service developed the Lunch and Learn sessions, delivered Oct 16 - Jan 17;</li> </ul>
19/20 onwards - what we will do	<ul style="list-style-type: none"> <li>• Local/ Greater Manchester level - develop joint agency plans for Continuing Professional Development of existing staff via Greater Manchester's workforce development team;</li> <li>• Local level - share learning and develop training from serious case reviews;</li> <li>• Local level – continue to deliver the Children's Trust Board training plan targeting the wider community who could receive training in children and young people's mental health and wellbeing.</li> <li>• Local level – ongoing commissioning of suicide prevention training led by the Bury Suicide Prevention</li> </ul>



	<p>Partnership.</p> <ul style="list-style-type: none"> <li>Local level – develop a comprehensive training offer for education settings, to improve knowledge, skills and confidence in prevention, identification and support for social, emotional and mental health concerns.</li> </ul>
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- 9.47 Our Local Transformation Plan is a ‘live’ document and as such represents a point in time and will change as we progress throughout the year. It is our intention that our actions/ activities will be iteratively reviewed and changed/ added to as appropriate.

## 10.0 Local Governance

- 10.1 The plan is led by Bury CCG on behalf of all partners and is led locally by the Senior Commissioning Manager and Clinical Director. The plan is operationalised by the LTP Implementation Group with membership including: CCG, Local Authority, Public Health and provider organisations. This group is accountable to and reports to the Children’s Trust, CCG Clinical Cabinet and the local Health and Wellbeing Board.

NHS England ultimately holds the CCG accountable for the Local Transformation Plan and therefore, progress of the plan is also reported through internal Bury CCG governance processes (i.e. to Senior Management Team and Clinical Cabinet) and through NHS England assurance processes, via the GM Health and Social Care Partnership.

### Greater Manchester Transparency and governance

- 10.2 Transparency and governance supporting the refresh of the ten Greater Manchester Local Transformation Plans has been strengthened as a result of the developing alignment of the Greater Manchester Mental Health Strategy. A Future in Mind Delivery Group has been put in place, which is a consortium of all twelve Greater Manchester Clinical Commissioning Groups and will include ten Local Authorities with representation, also, from the Strategic Clinical Network, NHS England’s Specialised Commissioning and Public Health and has regular input from NHS England’s Greater Manchester Assurance and Delivery Manager.

All Clinical Commissioning Groups have provided additional funding to enable the chair to be seconded into the Greater Manchester Strategic Clinical Network to provide commissioning subject matter expertise and to provide expert advice within the context of an “honest broker” role. As of January 2018, this has now become a substantive GM role funded via GM Health & Social Care Partnership.

### **Future governance arrangements**

- 10.3 Greater Manchester's Health and Social Care Partnership has established a Children and Young Persons Board that oversees the whole system transformation of Greater Manchester's children and young persons' services. This board is chaired by a senior officer from the partnership and provides the governance for the Greater Manchester Future in Mind Transformation Plan.

## **11.0 Sharing our plan**

- 11.1 Our refreshed plan will be made available on the Bury CCG website <http://www.buryccg.nhs.uk/> It will also be made available on the Bury Council website <http://www.bury.gov.uk/>

The plan has been circulated to all stakeholders involved in its production and to the wider Bury health and social care community.

## **12.0 Acknowledgements**

Thanks are given to all organisations who have contributed to the development of the Bury Local Transformation Plan. Bury Council, Bury CCG and the Pennine Care Trust look forward to continuing to work in partnership with all our stakeholders, including children, young people and their families, in the redesign of mental health and wellbeing services in Bury.



## 13.0 Definitions

ADHD	Attention deficit hyperactivity disorder
AMHS	Adult mental health services
ASD	Autism spectrum disorder
CAMHS/CYPMH	Child and adolescent mental health services
CCG	Clinical commissioning group
Child in need	Defined under the Children Act 1989 as a child who is unlikely to reach or maintain a satisfactory level of health or development, or their health or development will be significantly impaired, without the provision of services, or the child is disabled.
CSE	Child sexual exploitation
CYP	Children and young people
DoH	Department of health
DSH	Deliberate self-harm
EHT	Early help team
EMHWB	Emotional mental health and wellbeing
GM	Greater Manchester
GP	General Practitioner
HYM	Healthy young minds
IAPT	Improving access to psychological therapies
LA	Local Authority
LGBTQ	Lesbian, Gay, bisexual, trans and questioning
LSOA	Lower level super output area
LTP	Local transformation plan
MASH	Multi-agency safeguarding hub
MHSDS	Mental Health Service Dataset
NEET	Not in education, employment or training
NHS	National health service
NICE	National institute of clinical excellence
PRU	Pupil referral unit
RAID	Rapid assessment, interface and discharge
SEND	Special education needs and disabilities
SPoE	Single point of entry
SENCOS	Special education needs co-ordinators

**Signatures**

Name	<b>TBC</b>
Signed	
Position	Delegation to the Chair
On Behalf of	Bury Health and Wellbeing Board
Date	
Name	<b>Margaret O'Dwyer</b>
Signed	
Position	Deputy Chief Officer/ Director of Commissioning
On Behalf of	NHS Bury CCG
Date	
Name	<b>Karen Dolton</b>
Signed	
Position	Executive Director of Children, Young People and Culture and on Behalf of the Children's Trust Board
On Behalf Of	Bury Council
Date	

## Bury Health and Wellbeing Board

Title of the Report	JSNA 2018/19
Date	21 <sup>st</sup> March 2019
Contact Officer	Jon Hobday (Consultant in Public Health)
HWB Lead in this area	Lesley Jones Chair (Cllr Simpson)

**1. Executive Summary**

Is this report for?	Information ✓	Discussion <input type="checkbox"/>	Decision <input type="checkbox"/>
Why is this report being brought to the Board?	Annual update of changes to the Bury Joint Strategic Needs Assessment.		
Please detail which, if any, of the Joint Health and Wellbeing Strategy priorities the report relates to. (See attached Strategy) <a href="http://www.theburydirectory.co.uk/healthandwellbeingboard">www.theburydirectory.co.uk/healthandwellbeingboard</a>	The report relates to all Health and Wellbeing Strategy priorities as it is providing an update on the new JSNA which underpins the Health and Wellbeing Strategy in its entirety.		
Please detail which, if any, of the Joint Strategic Needs Assessment priorities the report relates to. (See attached JSNA) <a href="http://jsna.theburydirectory.co.uk/kb5/bury/jsna/home.page">http://jsna.theburydirectory.co.uk/kb5/bury/jsna/home.page</a>	The report is providing an update on the JSNA and therefore links to all priorities in the JSNA.		
Key Actions for the Health and Wellbeing Board / proposed recommendations for action.	Consideration of the information provided on updates to the JSNA and if the Board could ensure that this communication is shared further where relevant and engagement with the development of the JSNA is encouraged.		
What requirement is there for internal or external communication around this area?	For information as an update on the changes in 2018/2019 and proposed changes 2019/20. Proposed changes are for discussion and approval by the Board. A requirement to forward on any relevant information to key		

	officers within each respective organisation is also required.
Assurance and tracking process – Has the report been considered at any other committee meeting of the Council/meeting of the CCG Board/other stakeholders....please provide details.	For the Health and Wellbeing Board for an update. This has not been to any other meeting.

## 2. Introduction / Background

This report provides an overview of the developments over the last 12 months a summary of the proposed next steps to the development of the Bury JSNA. A brief background to the history of the JSNA can be found below:

- The Bury JSNA was launched at Bury Wider Leadership Group in August 2016.
- Further proposals were made in 2017/18 and 2018/19 to develop the JSNA to become more flexible and fit for purpose to reflect the changing requirements of commissioners and for the residents of Bury.

## 3. key issues for the Board to Consider

### Developments to Date:

Since the JSNA last came to the HWBB in 2018 the following pieces of work have been added to the website:

- Director of Public Health Annual Report
- Life Expectancy in the Borough 2015-2017
- Healthy Life Expectancy in the Borough 2015-2017
- National Child Measurement Programme analysis and information
- Physical Activity Profile Briefing
- Public Health Outcomes Briefing
- Local Alcohol Profiles Briefing
- Breastfeeding information for the borough.

Following the launch of the JSNA back in August 2016, a work plan focusing on the specific areas of the JSNA was developed.

There is a work plan that is regularly reviewed which acts as the guide for what work needs to be prioritised, completed and added to the JSNA. This has been a new development and enables us to prioritise which documents are updated.

As well as the new documents being added to the JSNA there has also been a number of behind the scenes developments including

- Training of new staff.
- Development of structural and presentation ideas of how the Bury JSNA can be more user friendly

## **Proposed Developments 2019/20:**

As well as a full refresh/update of the existing documents contained within the work plan, changes to the website are proposed. These are contained below:

- Development of more detailed neighbourhood profiles to support key decisions at a neighbourhood level.
- A move for the JSNA to fit more to the life course. There will be 3 main level summaries which will be categorised into Starting Well, Living Well and Aging Well, ensuring alignment with Bury's Single Outcomes Framework.
- Integration of Piktochart infographics and Tableau dashboards embedded within the JSNA.

## **4. Recommendations for action**

Health and Wellbeing Board to review and endorse the ongoing developments to the JSNA.

## **5. Financial and legal implications (if any)**

**If necessary please seek advice from the Council Monitoring Officer Jayne Hammond ([J.M.Hammond@bury.gov.uk](mailto:J.M.Hammond@bury.gov.uk)) or Section 151 Officer Steve Kenyon ([S.Kenyon@bury.gov.uk](mailto:S.Kenyon@bury.gov.uk)).**

None at this point – as this report is an information update only.

## **6. Equality/Diversity Implications. Please attach the completed Equality and Analysis Form if required.**

Not applicable at this stage but an Equality Analysis will be completed at an appropriate point in the phase 2 development of the JSNA.

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CONTACT DETAILS:

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**Telephone number:** 0161 253 6879

**E-mail address:** [j.hobday@bury.gov.uk](mailto:j.hobday@bury.gov.uk)

**Date:** 07/03/2019

## Bury Health and Wellbeing Board

Title of the Report	Better Care Fund & Improved Better Care Fund
Date	21 <sup>st</sup> March 2019
Contact Officer	Tracy Evans
HWB Lead in this area	Tracy Minshull

## 1. Executive Summary

Is this report for?	Information ✓	Discussion <input type="checkbox"/>	Decision <input type="checkbox"/>
Why is this report being brought to the Board?	To provide an update to Health and Wellbeing Board of the Better Care Fund submission for Q3 2018/19.		
Please detail which, if any, of the Joint Health and Wellbeing Strategy priorities the report relates to. (See attached Strategy) <a href="http://www.theburydirectory.co.uk/healthandwellbeingboard">www.theburydirectory.co.uk/healthandwellbeingboard</a>	The Better Care Fund primarily focuses upon: <ul style="list-style-type: none"> <li>• Living Well with a Long Term Condition</li> <li>• Ageing Well</li> </ul>		
Please detail which, if any, of the Joint Strategic Needs Assessment priorities the report relates to. (See attached JSNA) <a href="http://jsna.theburydirectory.co.uk/kb5/bury/jsna/home.page">http://jsna.theburydirectory.co.uk/kb5/bury/jsna/home.page</a>	<ul style="list-style-type: none"> <li>• Living Well with a Long Term Condition</li> <li>• Ageing Well</li> </ul>		
Key Actions for the Health and Wellbeing Board / proposed recommendations for action.	Note the content of the report.		
What requirement is there for internal or external communication around this area?	None		
Assurance and tracking process – Has the report been considered at any other committee meeting of the Council/meeting of the CCG Board/other stakeholders....please provide details.	The planning template has been collaboratively populated by relevant colleagues from within Bury Council and Bury NHS Clinical Commissioning Group (CCG).  The final planning template has		

	<p>been signed off for progression by the Executive Director for Resources and Regulation / s.151 officer at Bury Council, the Director of Commissioning at Bury CCG, and the Deputy Chief Finance Officer at Bury CCG.</p> <p>The proposals were signed off by the Bury Transformation Programme Board on 30/8/17.</p>
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## 2. Introduction / Background

The Better Care Fund (BCF) spans both the NHS and local government and seeks to join-up health and care services, so that people can manage their own health and wellbeing, and live independently in their communities for as long as possible.

The BCF was been created to improve the lives of some of the most vulnerable people in our society, placing them at the centre of their care and support, and providing them integrated health and social care services, resulting in an improved experience and better quality of life.

The aims of BCF is to accelerate local integration of health & social care with collaborative working between the local authority, CCG and providers to ensure people receive joined up personalised care closer to home and deliver better outcomes for people

## 3. key issues for the Board to Consider

### **Non-elective admissions**

The admissions target of 5,662 for this period was not achieved with 5,874 actual admissions.

There has been a structured approach to winter planning with all partner organisations with increased provision in discharge to assess beds and reablement and improved pathways across intermediate care to support this.

The Urgent treatment Centre opened and the Green Car Model has been enhanced and mobilised. The ambulance see and treat service was expanded which has resulted in reduced conveyances and reducing A&E attendances for relevant patients

The Integrated Virtual Clinical Hub (IVCH) has been mobilised which is providing a local response to NHS 111 calls.



### **Permanent Residential Admissions**

The admissions target was reviewed and a 20% reduction in permanent admissions into residential care was agreed. The target of 628 has been achieved with 570 admissions in this period. This is due to the positive impact of the care at home zones and the increased discharge to assess provision.

### **Reablement Service**

The target of 85.4% of customers still at home 91 days after discharge is designed to promote excellence in the service and reduce re-admissions. Although it has dipped slightly this period it is still on target.

The LCA is currently reviewing the intermediate tier as part of the Transforming Primary, Community and social Care programme. The review will set out a model for more efficient use of the existing bed base and the rise in demand for intermediate care and D2A beds.

### **Delayed Transfers of Care**

Performance on DTOC continues to reduce, although the target for this period has not been achieved. There were 516 delayed days in December, which equates to 17 delays per day.

This improvement is due to improved data quality / recording, improving understanding of delays and targeting interventions as well as strengthened performance management, DTOC's are now owned by the integrated discharge team.

The flexible deployment of resource in D2A, Reablement and Home in a Day service has also helped the reduction along with the work that was undertaken last year to reduce the number of DTOC's within the Mental Health service. This has now been embedded in practice across CMHT and the Irwell Unit as a result of which they continue to remain low.

## **4. Recommendations for action**

There are no recommendation, the report is to provide an update only.

## **5. Financial and legal implications (if any)**

**If necessary please seek advice from the Council Monitoring Officer Jayne Hammond ([J.M.Hammond@bury.gov.uk](mailto:J.M.Hammond@bury.gov.uk)) or Section 151 Officer Steve Kenyon ([S.Kenyon@bury.gov.uk](mailto:S.Kenyon@bury.gov.uk) ).**

None

**6. Equality/Diversity Implications. Please attach the completed Equality and Analysis Form if required.**

None

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**CONTACT DETAILS:**

**Contact Officer:** Tracy Evans

**Telephone number:** 0161 253 5881

**E-mail address:** t.evans@bury.gov.uk

**Date:** 21<sup>st</sup> March 2019

# Better Care Fund & Improved Better Care Fund

Health and Wellbeing Board  
March 2019

Tracy Evans – Project Lead  
Strategic Development Unit

# Background

## Better Care Fund

- To drive transformation and integration of health and social care
- 5 national conditions, e.g. jointly agree BCF plans, to pool the BCF via a section 75 agreement, all of which have been met.
- Plan signed-off and monitored via the local Health and Wellbeing Board
- Targets set and performance monitored against a number of metrics
- Implement the 'High Impact Change Model – Managing transfers of care between hospital and home'

## Improved Better Care Fund

- Paid as a direct grant to local government, with a condition that it is pooled into the local BCF plan.
- can be spent on:
  - Meeting adult social care needs
  - Reducing pressures on the NHS, including supporting more people to be discharged from hospital when they are ready
  - Ensuring that the local social care provider market is supported

Localities are required to provide quarterly BCF updates, signed off by the Health and Wellbeing Board (to meet national reporting timescales this is via Cllr Simpson's delegated powers)

# BCF metrics

- Non-elective admissions - reduction in non-elective admissions
- Permanent admissions - rate of permanent admissions to residential care per 100,000 population (65+)
- Effectiveness of reablement - proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services
- Delayed transfers of care (DToC) – reduction in delayed transfers of care (delayed days) from hospital

# Non-elective admissions

Non-Elective Admissions (NEA)	Q1 18/19	Q2 18/19	Q3 18/19	Q4 18/19
Actual activity level	5,930	5,339	5,874	-
Revised BCF NEA targets	5,479	5,359	5,662	5,602

## Performance:

Q1 2018/19 – not on track

Q2 2018/19 – not on track

Q3 2018/19 – not on track

**Lead** – David Latham, Programme Manager, Bury CCG

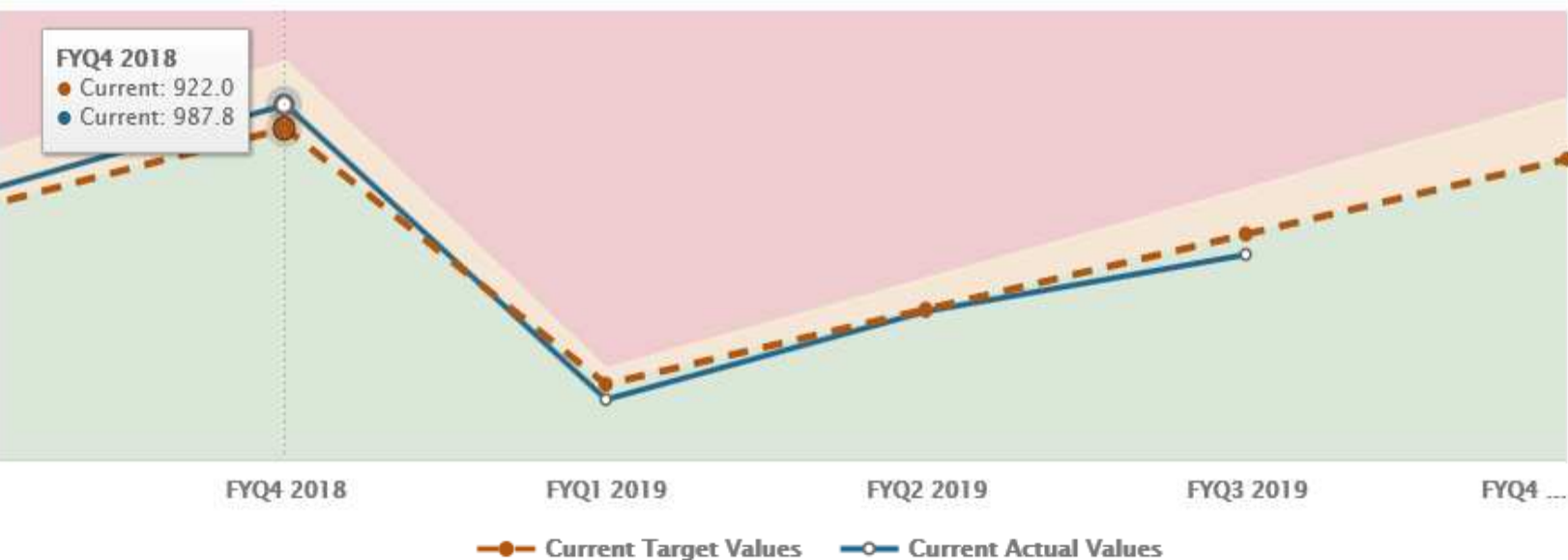
**Review** – target revised to align to CCG operating plan

**Rationale** – as per BCF operating guidance

## Actions:

- Structured approach to winter Planning
- Increased reablement via the LA Winter Pressures money
- Increase Community Bed stock via D2A.
- Urgent treatment Centre opened
- Improved pathways across IMC
- Enhance Green Car Model mobilised.
- Ambulance see and treat service expanded - reducing conveyances, reducing A&E attendances for relevant patients
- Integrated Virtual Clinical Hub (IVCH) mobilised

# Permanent admissions



Performance:  
 Q1 2018/19 – on track  
 Q2 2018/19 – on track  
 Q3 2018/19 – on track

**Lead** – Deb Yates, Provider Relationship Manager, Bury CWB

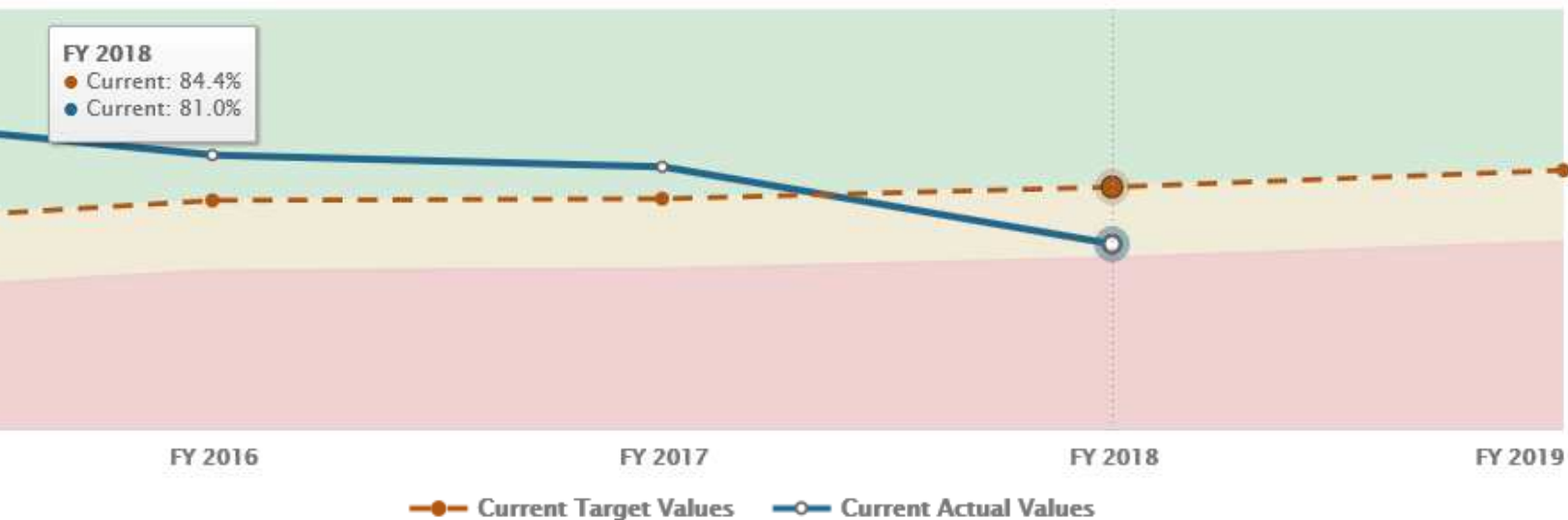
**Review** – retain level of ambition in 2017/19 plan submission

**Rationale** – it is anticipated that the target will be met during 2018/19 (20% reduction in rolling 12m admissions figure)

## Actions:

- Positive impact of initiatives such as D2A beds and zonal homecare model continues to have an impact.
- Residential admissions target expected to be met during Q4 of 2018/19

# Effectiveness of Reablement



Performance:  
 Q1 2018/19 – not on track  
 Q2 2018/19 – on track  
 Q3 2018/19 – on track

**Lead** – Dill Hawley, Business Manager, Bury Adult Operations

**Review** – retain level of ambition in 2017/19 plan submission

**Rationale** – Target has been met for this quarter

## Actions:

- Review of Intermediate Tier as part of TPC&SC to develop a step up model
- Increased levels of activity / throughput
- Increased flexibility between home based and bed based services



# Delayed transfers of care (DToC)



Performance:  
 Q1 2018/19 – not on track  
 Q2 2018/19 – not on track  
 Q3 2018/19 – Not on track

**ad** – Dee Colam, Interim Assistant Director, Adult Social Care Operations

**view** – revised to 12 delays per day

**tionale** – Bury's proportion of GM-wide DToC target

**tions:**

Improved data quality / recording, improving understanding of delays and targeting interventions

Strengthened performance management – DToC owned by integrated discharge team; daily discharge meetings; weekly review of 7+ days delays

Flexible deployment of resource – e.g. reablement into Home in a Day service

The work that was undertaken last year to reduce the number of DToC's within the Mental Health service has now been embedded in practice across CMHT and the Irwell Unit as a result of which they continue to remain low.

# High Impact Change Model

- A successful **High Impact Change Model** (HICM) will assist in managing transfers of care
- Programme management approach introduced to delivery increasing levels of maturity to local arrangements
- Oversight provided by System Flow Group
- Status:

	Early discharge planning	Systems to monitor patient flow	Multi-disciplinary/multi-agency discharge teams	Home first/discharge to assess	Seven-day service	Trusted assessors	Focus on choice	Enhancing health in care homes	Red Bag scheme
Q1 2018/19	Established	Established	Mature	Plans in place	Established	Established	Established	Established	Plans in place
Q2 2018/19	Established	Established	Mature	Plans in place	Established	Established	Established	Established	Plans in place
Q3 2018/19	Established	Established	Mature	Plans in place	Established	Established	Established	Established	Established

# High Impact Change Model

## Progress So Far

- Discharge planning starts in A & E
- Raised awareness of discharge options
- Integrated workforce with a joint approach to training and upskilling
- Additional resources to support seven day working for some services
- Process in place to review MOAT daily to help reduce DToC's
- Flexible discharge to assess beds to meet changing demand
- Trusted Assessor is some care homes
- Healthy Care Homes pilot in place in the north of the borough
- Market Development, locally and GM wide

# iBCF Plan

There is no requirement to report iBCF to Better Care Fund this quarter, although information is still being collated through individual projects locally and regionally.

2018/19 additional allocation funded projects	Notes / narrative
Meeting adult social care needs, inc.: <ul style="list-style-type: none"> <li>Community care – care at home</li> <li>Community care – residential</li> <li>ASC staff capacity</li> </ul>	<ul style="list-style-type: none"> <li>Maintenance of previous levels of provision</li> <li>Maintenance of previous levels of provision</li> <li>Leadership, safeguarding / protection</li> </ul>

Requirement to identify up to 5 key metrics to assess impact of iBCF spend  
Local metrics, related to areas of spend:

- DToC for reason 'awaiting package of care'
- DToC for reason 'awaiting residential home'
- Time taken to grant DOLS application

# Any Questions?



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## Bury Health and Wellbeing Board

Title of the Report	Tobacco Control Delivery Plan 2019-2022
Date	7 <sup>th</sup> March 2019
Contact Officer	Jon Hobday, Consultant in Public Health
HWB Lead in this area	Lesley Jones, Director of Public Health

## 1. Executive Summary

Is this report for?	Information	Discussion <input type="checkbox"/>	Decision X
Why is this report being brought to the Board?	To inform the Board about plans for tobacco control, and request the Board's support.		
Please detail which, if any, of the Joint Health and Wellbeing Strategy priorities the report relates to. (See attached Strategy) <a href="http://www.theburydirectory.co.uk/healthandwellbeingboard">www.theburydirectory.co.uk/healthandwellbeingboard</a>	The reports relates to all priorities, as tobacco control supports health and wellbeing of residents of all ages (priorities one-four); and the development of smoke-free spaces (priority five)		
Please detail which, if any, of the Joint Strategic Needs Assessment priorities the report relates to. (See attached JSNA) <a href="http://jsna.theburydirectory.co.uk/kb5/bury/jsna/home.page">http://jsna.theburydirectory.co.uk/kb5/bury/jsna/home.page</a>	As above, tobacco control is key to improving health and wellbeing of all our residents, and links to the life course priorities.		
Key Actions for the Health and Wellbeing Board / proposed recommendations for action.	To approve the delivery plan and support actions being taken.		
What requirement is there for internal or external communication around this area?	For stakeholders to support key messages in internal and external communications campaigns.		
Assurance and tracking process – Has the report been considered at any other committee meeting of the Council/meeting of the CCG Board/other stakeholders....please provide details.	A detailed draft of the document has been considered at CCG Clinical Cabinet/CCG Cancer work stream; consultation with Greater Manchester partners via various routes.		

## 2. Introduction / Background

Tobacco is the biggest cause of preventable death in the UK today, and a key cause of inequalities we see in Bury. Our ambition is to inspire a smoke-free generation and improve the health and wellbeing of all Bury residents. Reducing smoking prevalence in Bury is a key action in our Locality Plan, and a stated ambition in our Primary Care Health and Wellbeing strategy.

The Tobacco Control Delivery Plan outlines how – with a strategic, partnership-based approach – we can effectively impact tobacco use across the Borough: reducing ill-health and early deaths in our population and improving lives of Bury residents.

## 3. key issues for the Board to Consider

Currently, smoking is still the leading cause of avoidable deaths in Bury; and 16.3% of Bury residents smoke. Certain groups are at high risk of tobacco-related harm, for example: people with mental health problems, people living in disadvantaged circumstances and pregnant women. We must focus our actions and services proportionately in these areas and population groups.

We have a range of local targets to achieve (for example, to reduce smoking levels in pregnant women from current levels of 11.6% to 6% by 2021). To drive delivery, we are using an evidence-based framework, from Greater Manchester, called “GM POWER”, and we have developed a detailed action plan which has a range of components:

- Raising awareness of the dangers of smoking and services available via various communication campaigns
- Promoting smoke-free environments, both indoors e.g. smoke-free homes scheme; and outdoors
- Enforcing tobacco regulation, using partnership working and focused programmes of action.
- Using improved intelligence to monitor prevalence, to inform actions
- Offering support to quit: via existing services but also via new pathways, e.g. within hospital settings and via digital platforms

Discussions will be held with partners about putting formal governance mechanisms in place to review and monitor progress against targets, reporting to the Health and Wellbeing Board.



### Recommendations for action

The Board is asked to approve this Delivery Plan.

#### 4. Financial and legal implications (if any)

If necessary please seek advice from the Council Monitoring Officer Jayne Hammond ([J.M.Hammond@bury.gov.uk](mailto:J.M.Hammond@bury.gov.uk)) or Section 151 Officer Steve Kenyon ([S.Kenyon@bury.gov.uk](mailto:S.Kenyon@bury.gov.uk)).

There are no known legal implications to this report. Actions planned are within existing budgets.

#### 5. Equality/Diversity Implications. Please attach the completed Equality and Analysis Form if required.

Not applicable

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#### CONTACT DETAILS:

<b>Contact Officer:</b>	Jon Hobday, Consultant in Public Health
<b>Telephone number:</b>	0161 253 6879
<b>E-mail address:</b>	<a href="mailto:j.hobday@bury.gov.uk">j.hobday@bury.gov.uk</a>
<b>Date:</b>	7 <sup>th</sup> March 2019

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# Bury Tobacco Control Plan 2018 - 2021

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## 1. Foreword

Tobacco is the biggest cause of preventable death in the UK today, and a key cause of the health inequalities we see in Bury, as is the case across the country.

In Bury, we are committed to improving the health and wellbeing of all our residents and making the borough a safe and pleasant place to spend time.

Tackling tobacco is central to this, protecting people in Bury from tobacco-related harms, supporting residents in quitting smoking, and joining with partners across the wider region in coordinated action toward a tobacco-free Greater Manchester.

Bury Council are signatories to the Local Government Declaration on Tobacco Control and Bury CCG have signed the sister pledge, the NHS Statement of Support for tobacco control. These commitments will be embedded and brought to life in this tobacco action plan for Bury.

We are proud to endorse this delivery plan, which outlines how,

working with our partners, we can effectively impact tobacco use across the borough, reducing ill-health and early death in the population, and improving the lives of the next generation of Bury residents.



Cllr Rishi Shori  
Leader of Bury Council



Dr Jeffrey Schryer  
Chair of NHS Bury CCG



## 2. Introduction

### 2.1 The Bury ambition

Our ambition is to inspire a smoke-free generation and improve the health and wellbeing of all Bury residents.



### 2.2 Working with Partners

There is clear evidence that local action to tackle tobacco must be wide-ranging and delivered by multiple partners, giving us every opportunity to support smokers to quit, and to protect our population from the harms of tobacco. Outcomes in the Action Plan can only

be delivered by efforts across the board by the Council, Clinical Commissioning Group and their partners:

- Trading Standards
- Environmental Health
- Children's Services
- Public Health
- Six Town Housing
- Pennine Care Hospitals Trust
- Greater Manchester Fire and Rescue Service

### 2.3 Regional & National Context

Tobacco control is a health and wellbeing priority for Bury. Reducing smoking prevalence in Bury is a key action within the transformational delivery of our Locality Plan (2017-2021) and a stated ambition in our Primary Care Health and Wellbeing strategy.

The Bury Tobacco Delivery Plan sets out local priorities and actions whilst

linking closely with the national tobacco control plan (2017) and the ground-breaking Greater Manchester "Making Smoking History" strategy 2017-2021, which outlines ambitious commitments for the region.

Tobacco remains the single greatest cause of health inequalities in the UK. Here in Bury, smoking is still the leading cause of avoidable deaths, killing around 990 residents in the past year.

Currently 16.3% of Bury residents smoke and certain groups are at high risk of tobacco-related harm, for example: people with mental health problems, people living in disadvantaged circumstances and pregnant women.

We must focus our actions and services in these areas and population groups.

# Tobacco control

## Costs to The Borough of Bury

### Healthcare

Each year smoking costs the NHS

**£8.9m**

£2.6m for approximately 1,803 hospital admissions



£6.2m for around:

- 87,591 GP Appointments  
- 27,061 Practice Nurse Visits  
- 49,567 Prescriptions  
- 15,225 Outpatient visits to the Hospital

### Productivity

Loss in productivity due to Smoking  
**£27.2m** each year

Absenteeism due to smoking related illnesses costs Bury around:  
**64,181** Days a year or **£5.5m**

**£12m**  
Costs to Bury businesses for smoking breaks per year

### Social Care

Smoking costs society in Bury an extra:

**£6.3m** each year

£3.5m Is funded from the Adult Social Care budget

£2.9m Is self funded, by individuals, friends and relatives



### House Fires

**£1.8m** Is lost annually as a result of smoking

And is attributable to approximately

**1**

Death every 2 years



### Littering

**47kg** A Day of waste is smoking related

**17** equating to tonnes annually

**7** tonnes of which being street waste collected by the Local Authority



## 3. Current position

### 3.1 Impact

Despite many years of progress, tobacco remains the biggest cause of premature death in the UK, with 1 in every 2 smokers dying from a smoking related illness. In addition, smoking still accounts for over one-third of respiratory deaths, more than half of cancer deaths, and around one-sixth of circulatory disease deaths. The chart opposite shows some of the impacts of smoking in Bury.

### 3.2 Framework for Action

To address the impact described above, our Action Plan is built around an evidence based framework, which supports delivery of a tobacco free Greater Manchester:

## GM POWER

Grow a social movement for a Tobacco Free Greater Manchester

Monitor tobacco use and prevention policies

Protect people from tobacco

Offer help to quit

Warn about the dangers of tobacco

Enforce tobacco regulation

Raise the real price of tobacco



Our Action Plan has a range of components:

- Raise awareness of the dangers of smoking/services available via various communication campaigns, including an increased social media presence.
- Promote smoke-free environments, both indoors e.g. smoke-free homes scheme; and outdoors e.g. school sports events.
- Enforce tobacco regulation, using partnership working and focused programmes of action.
- Use improved intelligence to monitor prevalence, to inform actions
- Offer support to quit: via existing services but also via new pathways, e.g. within hospital settings and via digital platforms

#### Access to services

In Bury, smoking cessation support services are incorporated within the integrated 'Lifestyle service': which is

free and delivered from a range of venues. Currently, alongside behavioural support, the service use nicotine replacement therapy (NRT) in a variety of forms (the most commonly chosen option of support), as well as non-nicotine products.

The service also supports a range of additional projects throughout and beyond the borough. This includes:

- outreach work with Bury schools and colleges
- support in the introduction of smoke free status for a specialist psychiatric hospital in the borough
- a local agreement involving training and support with a nearby prison

These schemes are key in targeting at-risk and high smoking prevalence groups.

### **3.3 Electronic Cigarettes**

There remain diverging opinions around the use of electronic cigarettes (or e-cigarettes), and their role in smoking cessation. While e-cigarettes are not completely risk free, the most recent evidence from Public Health England (PHE) suggests that they are 95% less harmful than the known harm from tobacco, and to-date there have been no identified health risks of passive vaping to bystanders.

We continue to monitor PHE advice around e-cigarettes; and are working with colleagues across Greater Manchester to review the latest evidence and produce guidance. This will provide a consistent foundation for practice for those working across primary care services in Bury and inform wider policies across the council and CCG.

## 4. Key Priorities

We will support population groups with the highest smoking prevalences, including routine and manual workers, residents with mental health illnesses, and those living in areas of deprivation, as well as focusing on reducing smoking rates in pregnant women, where there is added potential for tobacco-related harm.

### 1. Routine and manual workers

Smoking prevalence for those in routine and manual occupations in Bury stands at 29.4%: this reflects a noticeable inequality in this population group. Trends in smoking rates in routine and manual workers show much less marked reductions than those of the general population, demonstrating increasing inequalities within this population subgroup, characterised by relatively high rates of economic deprivation compared with other occupations.

### 2. Residents with mental health illnesses

When compared to the general population, adults with a common mental health disorder (such as depression or anxiety) are almost twice as likely to smoke; adults with schizophrenia or bipolar disorder are three times more likely to smoke. High smoking rates among people with mental health problems are the single largest contributor to their 10- to 20-year reduced life expectancy.

### 3. Pregnant women

Supporting pregnant women to quit can reduce the risks associated with smoking in pregnancy, which include premature delivery, miscarriage, stillbirth, and sudden infant death.

Additional benefits as a result of achieving a smoke-free home include reduced risk of childhood illnesses, including asthma (a key issue in Bury); glue ear, which can lead to

language delay, and meningitis. Encouraging more smokefree homes will encourage the de-normalisation of smoking behaviours, reducing the likelihood of a child taking up the habit in later life.

### 4. Inequalities and Poverty

Smoking is a major cause of health inequalities, accounting nationally for half of the difference in mortality between the richest and poorest people in society. British people from more deprived groups are more likely to smoke; and therefore more bear an unequal burden of ill-health from smoking-related illnesses.

Although people from more deprived backgrounds are more likely to access help from smoking cessation services, they tend to be less likely than more affluent smokers to be successful in quit attempts.

In Bury, those working in routine and manual occupations have over three



times the likelihood of smoking compared with their counterparts in professional or intermediate occupations. A focus on reducing smoking rates within the most deprived communities will help to lift residents out of poverty and tackle health inequalities within the borough.

In Bury there are 17, 081 households with at least one smoker. When total income (after tax) and smoking expenditure is taken into account, 29% of households with a smoker fall below the poverty line. If these smokers were to quit, 3739 people in Bury would be lifted out of poverty (this includes over 1,000 children).

## 5. Framework for Delivery

*From the foundations of the Greater Manchester Strategy.....*

The Tobacco Free Greater Manchester strategy (2017) has set an unprecedented ambition to reduce

smoking prevalence levels at a pace and scale greater than any other major global city. The aim is to reduce smoking by a third by the end of 2020, which would see an overall adult smoking prevalence of 13%.

*.....to Bury Implementation and Delivery:*

Local goals which have been set for Bury include:

Indicator	Current	2020 target
Smoking Prevalence	16.3%	13.7%
Smoking related hospital admissions	1,856 per 100,000	Awaiting target
Smoking at time of delivery	11.6%	6%

These targets have been derived from recent trends and projections, providing a focus for action for the newly established partnership.

## Delivering the Plan

Taking the priorities previously outlined and the goals above, an Action Plan has been developed, which outlines outcomes, actions and associated timescales.

The newly established Tobacco Partnership Alliance will develop, review and monitor progress in the Action Plan against specified objectives.

## Structure



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## Bury Health and Wellbeing Board

Title of the Report	Transfer of Pennine Care Community Services
Date	21 March 2019
Contact Officer	Margaret O'Dwyer, Director of Commissioning & Business Delivery/Deputy Chief Officer, NHS Bury CCG
HWB Lead in this area	Julie Gonda, Interim Executive Director Communities & Wellbeing, Bury Council

**1. Executive Summary**

Is this report for?	Information ✓	Discussion <input type="checkbox"/>	Decision <input type="checkbox"/>
Why is this report being brought to the Board?	To inform the Board about plans for the transfer of community health services .		
Please detail which, if any, of the Joint Health and Wellbeing Strategy priorities the report relates to. (See attached Strategy) <a href="http://www.theburydirectory.co.uk/healthandwellbeingboard">www.theburydirectory.co.uk/healthandwellbeingboard</a>	The reports relates to all priorities, as community health supports health and wellbeing of residents of all ages		
Please detail which, if any, of the Joint Strategic Needs Assessment priorities the report relates to. (See attached JSNA) <a href="http://jsna.theburydirectory.co.uk/kb5/bury/jsna/home.page">http://jsna.theburydirectory.co.uk/kb5/bury/jsna/home.page</a>	As above, effective community services are key to improving health and wellbeing of all our residents.		
Key Actions for the Health and Wellbeing Board / proposed recommendations for action.	To note the paper.		
What requirement is there for internal or external communication around this area?	For stakeholders to support key messages in how services will be delivered in future.		
Assurance and tracking process – Has the report been considered at any other committee meeting of the Council/meeting of the CCG Board/other stakeholders....please provide details.	A detailed report has been considered by the Governing Body of NHS Bury CCG in its role as commissioner of community health services		

## 2. Introduction / Background

Bury CCG commissions a range of community services from Pennine Care NHS Foundation Trust (PCFT) via a contractual arrangement which has been in place for a number of years. In December 2018, PCFT presented a final paper to their Board setting out their future business model. As well as providing community services to Bury and others, the Trust also delivers mental health services. In its paper "Trust Strategy 2019-22: Maximising Potential", the Board of PCFT agreed that its future direction of travel will be to concentrate its business solely on the delivery of mental health and well-being services. The purpose of this report is to advise partners of the transfer, in their role of having oversight of the health and care system, and to ensure effective outcomes for the safe ongoing delivery of community services from another Provider in the interim. The proposal is that the Northern Care Alliance under the legal entity of Salford Royal NHS Foundation Trust (SRFT) to be the designated interim Provider for a period of two years.

## 3. Process to date

The CCG commissions a range of community services which span larger services, such as district nursing, to smaller services such as posture and mobility. The total contract value for these services in 2018/19 is circa £18m.

Bury Council also commissions a smaller range of services from PCFT with a current contractual value of £5.6m. These are public health related services.

In addition to Bury Council and the CCG, PCFT deliver community services to other localities:

- Heywood Middleton and Rochdale CCG and Rochdale Council;
- Oldham CCG; and
- Trafford CCG and Trafford Council.

The total costs of the commissioned services in question is approximately £60m.

Given the timescale indicated by PCFT (that it will have divested itself of all these services by the end of March 2020), all relevant areas have considered the process to be put in train to enable the continuity of community services to support the transformation required to deliver our Locality Plan aspirations.

In order to progress to the next stage and to maintain momentum, the Chief Executive of the Council and Accountable Officer of the CCG wrote to the LCA

inviting them to consider which Partner may be most appropriate to act as a host Provider for community services. The preferred Provider would become the new employer of community staff and be responsible for service delivery and performance. This would be for a period of two years to enable commissioners to properly consider their future requirements of a Locality Care Organisation (LCO) which would include community services

The Bury LCA considered the request against a set of assessment criteria and responded to advise that all 5 LCA Partners considered that the Northern Care Alliance (NCA) would be the preferred Partner based on the assessment criteria. The NCA is a group of hospitals working together. It comprises all hospitals within Pennine Acute Hospitals NHS Trust (PAHT) and Salford Royal Hospital NHS Foundation Trust (SRFT). The NCA is not a legal entity itself, so the contracting Partner would either be PAHT or SRFT. The Care Quality Commission's rating of these hospitals is as follows:

- SRFT – "Outstanding"
- PAHT – "Requires improvement"
- PCFT – "Requires improvement"

NHS Improvement (NHSI) which regulates hospital Trusts is unable to sanction significant transfers between Hospitals with a CQC rating of "requires improvement" or below. Therefore the proposed legal entity within the NCA for this transfer can only be SRFT.

The other NES commissioners have subsequently confirmed the NCA (with SRFT as the legal entity) as their preferred interim Provider of community services.

In terms of Trafford, they are in the process of identifying a local Provider for community services and are following a similar process and timescale.

NHS Improvement (NHSI) which regulates hospital Trusts is unable to sanction significant transfers between Hospitals with a CQC rating of "requires improvement" or below. Therefore the proposed legal entity within the NCA for this transfer can only be SRFT.

The other NES commissioners have subsequently confirmed the NCA (with SRFT as the legal entity) as their preferred interim Provider of community services.

It is currently anticipated that the transfer will be finalised in July 2019.

#### **4. Risks and issues to be considered**

A number of issues will continue to be monitored as the transfer process progresses, namely:

The adequacy of resources for to project manage the transaction across the NES will continue to be monitored.

Inability to secure resources and the capacity required to undertake the work by the acquirer has already incurred a delay of a few weeks. By way of mitigation the NCA is looking to see if this time can be made up.

There is a risk that Bury community staff will be concerned about their future and may look for posts elsewhere. This would also have a deleterious affect on their roles as important members of the new neighbourhood teams which are on track to become effective from 1 April 2019.

Following the decision by PCFT in December a joint communication from the Chief Executive of PCFT and Accountable Officer of the CCG was sent to each member of Bury community services to provide assurance about their valued input in shaping the future of community services. A further communication was issued earlier this month to advise of the NCA as the new proposed employer and of the process and timelines for completion subject to ratification by the CCG. PCFT managers have not seen increased staff turnover as yet.

### Recommendations for action

The Board is asked to note this update.

#### 5. Financial and legal implications (if any)

If necessary please seek advice from the Council Monitoring Officer Jayne Hammond ([J.M.Hammond@bury.gov.uk](mailto:J.M.Hammond@bury.gov.uk)) or Section 151 Officer Steve Kenyon ([S.Kenyon@bury.gov.uk](mailto:S.Kenyon@bury.gov.uk)).

There are no known legal implications for the HWBB to this report.

#### 6. Equality/Diversity Implications. Please attach the completed Equality and Analysis Form if required.

Not applicable

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CONTACT DETAILS:

**Contact Officer:** Julie Gonda, Interim Executive Director,  
Communities & Wellbeing

**Telephone number:** 0161 253 5405

**E-mail address:** j.gonda@bury.gov.uk

**Date:** 13th March 2019

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## Bury Health and Wellbeing Board

Title of the Report	Transformation Programme Board Key Messages
Date	21 March 2019
Contact Officer	Helen Smith
HWB Lead in this area	Dr J Schryer

## 1. Executive Summary

Is this report for?	Information <input type="checkbox"/>	Discussion x	Decision <input type="checkbox"/>
Why is this report being brought to the Board?	To advise the Board of key issues discussed and agreements made at Bury's Health and Social Care Transformation programme Board		
Please detail which, if any, of the Joint Health and Wellbeing Strategy priorities the report relates to. (See attached Strategy) <a href="http://www.theburydirectory.co.uk/healthandwellbeingboard">www.theburydirectory.co.uk/healthandwellbeingboard</a>	All		
Please detail which, if any, of the Joint Strategic Needs Assessment priorities the report relates to. (See attached JSNA) <a href="http://jsna.theburydirectory.co.uk/kb5/bury/jsna/home.page">http://jsna.theburydirectory.co.uk/kb5/bury/jsna/home.page</a>			
Key Actions for the Health and Wellbeing Board / proposed recommendations for action.	The Health and Wellbeing Board is asked to review the work of the Transformation Programme Board in line with the Board's accountability for the Locality Plan		
What requirement is there for internal or external communication around this area?	N/A		
Assurance and tracking process – Has the report been considered at any other committee meeting of the Council/meeting of the CCG Board/other stakeholders....please provide details.	None		

## 2. Introduction / Background

- 2.1 Bury's Health and Care Transformation Programme Board (TPB) is accountable to the Health and Wellbeing Board (HWB) for the successful delivery of Bury's Locality Plan: Transforming Health and Social Care.
- 2.2 This report advises HWB of the key TPB discussions and agreements at its January 2019 meeting in support of this accountability.

## 3. Transformation Programme Board Key Messages

### 3.1 Refresh of Internal Bury Investment Agreement

- 3.1.1 The Board received a paper describing the refresh of the Internal Bury Investment Agreement which included a refresh of the investment for programme 6. The paper described how the £19.2m transformation fund allocated by the Greater Manchester Health and Social Care Partnership will be utilised across the Bury Locality. Key points to note from this refresh include:
  - A review of the ambition and the investment ask across all for programmes
  - Development of the investment agreement proposals for programme 5 (Transforming Urgent Care) and 6 (Transforming Primary, Community and Social Care) following detailed design work with the workforce
  - Work starting to understand the additional delivery resources for Mental Health that was required to support the Integrated Neighbourhood Teams, the Intermediate Tier and the Rapid Response service which has been built into the programme 6 proposal.
  - A review of the commitments made to Greater Manchester in the summer, to ensure robust plans were in place to deliver this level of transformation as a minimum level of ambition.
- 3.1.2 At point of writing this report and since the Transformation Board meeting a submission of the Investment Agreement for GM has been made utilising the work undertaken for the internal investment agreement. This submission has refreshed the profile of activity and deflections which now aim to tackle growth within the locality.

- 3.1.3 Throughout the refresh of both of these investment agreements, the profile of funds allocated across transformation programmes has remained the same.

### **3.2 Investment Agreement for P5 Transforming Urgent Care and Programme 6 Transforming Primary, Community and Social Care**

- 3.2.1 The Board also received a detailed investment agreement for programmes 5 and 6 combined. It was highlighted that Programme 5 previously had funding approved through an individual Investment Agreement presented through Transformation governance in June 2018. This Investment Agreement did not alter the previous investment agreements for the projects within Programme 5 with regards to their scope and design of the projects but would replace the previous detail around finance and activity which now should be considered in conjunction with Programme 6.

- 3.2.2 The investment agreement of £10m was approved by the Board for programmes 5 and 6.

### **3.3 Mutually Binding Agreement**

- 3.3.1 The Board received a further update on the progress of the mutually binding agreement for the LCA – to form as an LCO on 1 April 2019. This included the latest version of joint schedules regarding in scope services, risk and reward arrangements and the investment agreement for programmes 5 and 6. The Board approved the schedules and directed them for approval through both the CCG and Local Authority processes.

### **3.4 Local evaluation of the Locality Plan**

- 3.4.1 The Board received a report informing the outputs of the recent procurement to select an evaluation partner to work with the locality. A lead officer was selected from the board to be the key link for this piece of work. The Board were advised that further updates on the design of the evaluation framework would be provided in due course.

An initial evaluation launch session has been held by the evaluation partner with plans in place to arrange initial interviews with key senior stakeholders.

### **3.5 OCO requirement of Transformation Funding**

- 3.4.1 The Board received a report detailing requirements of the One Commissioning Organisation (OCO) to support enabling funding. The board discussed this in light of previous allocation of funding through the internal Bury investment agreement. It was agreed that a task and finish group would be set up in order to look at any duplication in enabler workstreams already being funded. Further detail on these requests

would be brought back to a future meeting to inform any required decision making processes.

## 4. Recommendations for action

- 4.1 Health and Wellbeing Board is recommended to note the work of the Health and Care Transformation programme Board.

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