

# **Bury Local Transformation Plan for Children and Young People's Mental Health and Wellbeing 2015-2020 (2016/17 refresh)**

V0.7

**DRAFT**

## Bury Local Transformation Plan

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## Version Control

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14/02/17	V0.1	CCG	Initial version for comments
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02/03/17	V0.6	Bury CCG Clinical Cabinet	Additional finance information
02/03/17	V0.7	Health and Wellbeing Board	Update on Bury Parents Forum and general formatting changes

## Other Professional Stakeholder Groups Consulted

Date	Stakeholder Group
Ongoing	Greater Manchester Future in Mind group partners
Feb 2017	Services with a section in the plan for their current service
07/02/17	West Sector meeting
14/02/17	North Sector meeting
21/02/17	East Sector meeting
28/02/17	South Sector meeting
01/03/17	Bury CCG Clinical Cabinet
09/03/09	Health and Wellbeing Board

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## 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 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 should be a key enabler of the Local Transformation Plan as it will encourage collaborative working and streamline 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 2015 was 187,900. This is an increase in 400 people from the 2014 estimate. Compared to the population distribution in England, Bury has more under 15s. <sup>1</sup>By 2021, the under 15s population in Bury will increase by 15% to 39,800; under 25s are expected to increase by 6% to 60,400. This means around 30% 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 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 remain significantly higher than the England average. However, there are educational attainment gaps between ethnicities. Also, looked after children 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 2017 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 significantly higher rate of child admissions for mental health in 0-17 year olds compared to both national and regional levels (145.7 per 100,000 in Bury vs 87.4 per 100,000 in England), this rate has been increasing annually since 2011/2012;

<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

<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)



- Hospital admissions due to substance misuse in 15-24 year olds is significantly higher in Bury when compared to national rates (125.6 per 100,000 vs 88.8 per 100,000), this has remained relatively stable over the last 3 years;
- Hospital admissions due to self-harm (in 10-24 year olds) and due to unintentional and deliberate injuries (in 15-24 year olds) are both lower in Bury than in England and at regional – however this difference is not statistically significant.

### Proportion of CYP in risk groups

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

- Number of children in need (remained stable between 2012 and 2015);
- Number of new cases of children in need (decreased slightly since 2012/2013);
- Number of children in need for more than 2 years (increased slightly since 2014);
- Number of children in need due to abuse and neglect (decreased slightly since 2014);
- Rate of children in need referrals (decreased since 13/14);
- Rate of Looked After Children (remained relatively stable over recent years);
- Emotional and behavioural health assessments of LAC (number of assessments remained stable since 2012/13)

NB: none of these differences from national rates/numbers are statistically significant.

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

Areas where we perform worse than the national figures:

- Bury has a significantly higher number of children who are identified as SEN;
- Bury has a significantly higher proportion of pupils who are identified as having LD (this increased significantly from 2014 to 2015, in line with an increase in the national rates);
- Bury has a significantly higher secondary school fixed period exclusion due to drug and alcohol use (this has increased significantly from 13/14 to 14/15, in contrast to the national rate which remained stable).

## 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](#) 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:

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	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		
HYM Outreach (Child in Need and Safeguarding Team)	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
Integrated Youth Support Service	Youth Service Young Carers SAFE Project	IYSS
Targeted Provision (Tier 2) - Commissioned by LA		
Bury Parents Forum	Information, advice training and support for parents of children with special educational needs	Bury Parents Forum
Early Break	Children's SMS service up to 18 years Abstinence programmes, education and psychosocial support	Early Break
Educational Psychology Service	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	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		Primary PRU – The Ark
Pupil Referral Units		Secondary PRU – Pupil Learning Centre (PLC)
Community CAMHS (Tier 2)– Commissioned by CCG		

Children's IAPT (Improving Access to psychological therapies)	Mental health team working in primary care offering assessment and brief/early interventions for children and young people with mild to moderate mental health and emotional wellbeing issues. A further focus of the service is to support children and young people at risk of exclusion from school, ensuring educational opportunities are maximised	Pennine Care NHS Foundation Trust based at Humphrey House, Bury  <b>NB: this service has now been integrated into core CAMHS</b>
Children's IAPT (Improving Access to psychological therapies)	Service for young people aged between sixteen and twenty five with a diverse range of conditions from anxiety to severe mental illness	Streetwise (3rd sector) providers based at Humphrey House, Bury  <b>NB: This service is run by Healthy Minds.</b>
Core CAMHS (Tier 2/3) – Commissioned by LA		
HYM Outreach CYPIC team (children and young people in care)	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	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	Pennine Care NHS Foundation Trust
Enhanced CAMHS (Tier 3/ 3.5)– Commissioned by CCG and LA		
Inreach / Outreach team (shared resource across Pennine Care)	Supports C&YP up to age 16 with severe problems within local services and facilitates admission and discharge from T4 provision	Pennine Care NHS Foundation Trust
Inpatient and specialised services (Tier 4) - Commissioned by NHS England		
Hope Unit	Inpatient unit for short term acute assessment and treatment for 13 to 18 year olds in Bury	Pennine care NHS Foundation Trust

Horizon Unit	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		
FACT's	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. 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

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, paediatrics, accident and emergency (A&E), and third sector in relation to stepped care framework and some self-referrals from parents.

Bury Healthy Young Minds works within a stepped care framework as per the diagram below. 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 neighbourhoods.

## CAMHS stepped care



- 4.6 Healthy Young Minds provides an immediate response 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 In Reach/ Out Reach team (Enhanced Tier 3 service) supports young people in crisis 7 days per week in providing home treatment, and providing gatekeeping for Tier 4 beds and facilitation of early discharge.
- 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 6 to 8 weeks.
- 4.9 Bury Healthy Young Minds service is well regarded by people accessing the service and, in 2015, the Friends and Family test results were the highest across the Healthy Young Minds footprint, with 93% of respondents answering that they would be extremely likely to recommend the local service.
- 4.10 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.
- 4.11 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 (FACTS)**

- 4.12 The Forensic Adolescent Consultation and Treatment Service works across the North West, including Greater Manchester providing an assessment and treatment service for people aged 10 to 18 years. The local Bury Healthy Young Minds team contact FACTs if they have a person who is demonstrating complex, high risk behaviours which may be associated with forensic complexity and feel that an extensive assessment is necessary. The assessment covers mental state, diagnosis, risk, needs, psychological functioning, placement and treatment options. Since the introduction of the LTP in 2015, the Healthy Young Minds team has actively worked to refer to the FACTS team as soon as they start to see complex, high risk behaviors so that support can be given before the young person is in need of the forensic pathway.

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

- 4.13 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 August 2016, the Community Eating Disorders team participated in the inaugural meeting of the Greater Manchester Eating Disorder Network, facilitated by the Strategic Clinical Network and have given commitment to participating fully in these events as an opportunity to share good practice and learning across Greater Manchester and work collaboratively with other organisations and Greater Manchester commissioners.

### **Perinatal Care**

- 4.14 In Bury, there is a post-natal depression therapeutic group, provided by a Health Visitor and a CPN. This has run for many years on a 6 weekly cycle. It was our vision to give consideration to the expansion of this group, potentially through development of a Liaison post. Over 2016/17 our vision was also to increase access to the Bury Exercise and Therapy Scheme (BEATS), give greater access to healthy lifestyle interventions, further workforce development in relation to CBT training, a more joined up pathway including a focus on bereavement, miscarriage and stillbirth and invest in third sector preventative and early intervention services and support. We wanted our focus to be around supporting women to self-care and have awareness of perinatal issues and what they can do to start to improve/ maintain their mental health themselves.
- 4.15 In Nov 14 to Jun 15 Bury piloted a One-Stop Perinatal Mental Health Clinic. This was set up with the support of the Psychological Medicine Service and Pennine Care NHS Foundation Trust. The pilot was very well received by both patients and by maternity staff who found it a helpful resource to help them deal with complex patients with mental health problems and deliver care in line with national guidance.

### **Integrated Youth Support Service**

- 4.16 The Integrated Youth Support Service consists of Connexions Bury, the Youth Service, Young Carers and the SAFE Project.
- **Connexions Bury**
- 4.17 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.

4.18 In Bury we have recognised that Connexions may come into contact with a number of young people with low level mental health needs who are not meeting the threshold of any services. If no support/ signposting is provided at this early point, these are the individuals who could potentially end up long term unemployed with more severe and enduring mental health problems. The numbers of young people with low level mental health needs is not routinely captured systematically anywhere. However, we know from population estimates that the likelihood is that there are high numbers falling into this category. Therefore, in 2017/18 Bury intend to look at:

- Training and supporting Connexions staff to identify key factors which may indicate low level mental health needs and record this;
- Identify the support/ interventions available that this cohort of young people could be referred to/ signposted to by Connexions staff

This will be included in our plan for 17/18 as part of our local workforce development.

- **Youth Service**

- 4.19 Bury Youth Service works with targeted young people at Tier 2 in a variety of settings, including: schools, Pupil Referral Units, Cloughside College, 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**

- 4.20 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.

- **SAFE project**

- 4.21 The SAFE project is a preventative project delivered in schools to increase resilience in young people and decrease risk taking behaviour, particularly with respect to Child Sexual Exploitation, alcohol, substance use, E-safety and delaying early sex. It is delivered in all Bury high schools to year 8 or 9 pupils in small targeted groups.

The project is staffed by 0.75 Full Time Equivalents. In 2015/16, 91 young people from 10 schools took part in the project. 73% experienced an increase in self-esteem (Warwick Edingurgh Mental Well Being Scale), 76% reported improvements in their own behaviour and safety in the use of social media and 83% identified improvements in their relationships with friends and family.

### **Early Break**

- 4.22 Early Break is a charity that works with children, young people and families. Historically their main area of work has been to offer free advice, information and support to young people and families to help reduce the risks associated with drug and alcohol use. Over recent years they have expanded their offer to also include emotional health and wellbeing work, working with child sexual exploitation, holistic therapies, work with asylum seekers and workforce development. Their website gives wider information [www.earlybreak.co.uk](http://www.earlybreak.co.uk)

Their substance misuse work in Bury and Rochdale Early Break includes counselling, treatment, information and support about drug and alcohol abuse for young people aged 18 years and under.

The Early Break “Holding Families” programme supports children and families affected by parental substance misuse. Children and adult needs are dealt with and responded to at the same time. The model offers a range of individual support sessions, group work and family meetings. Early Break’s “Holding Families” programme is unique in that it:

- supports children of any age, including pre-birth;
- has a bespoke family database so qualitative and quantitative outcomes can be evidenced;
- is a person-centred model and the child is the focus;
- works with parents at any stage of recovery from substance misuse;
- works individually with each family member as well as the whole family and offers support for carers and concerned others;
- develops, reviews and evaluates the service with service users and academic researchers;
- provides ongoing support and follow up for families;

- supports the work of existing services such as treatment services and children's services.

Early Break also offers holistic therapies to benefit general health and wellbeing, to complement existing treatments or interventions, to reduce stress and anxiety, to improve concentration and alertness and to aid quality of sleep. The therapies are provided within schools, alternative education providers, care homes, in-patient child mental health units and supported accommodation (or could be provided in other settings as required). The holistic therapies provided include: aromatherapy, reflexology, auricular acupuncture and Indian head massage.

Early Break has a wellbeing fund which is available to all of their clients. The fund was set up to help young people in times of extreme hardship and crisis and also to support young people in developing skills and engaging in extracurricular activities. The fund has helped young people in a number of ways, for example by helping purchase college books, providing gym and swimming passes, home essentials such as bedding and cooking utensils and affording clothes in times of crisis. The fund has also been awarded to young people to fund start up equipment for new hobbies and activities.

Early Break is very active on social media through EarlybreakUK on Facebook and EarlybreakUK on twitter and also has a strong voice in both local and national media. In the last year they have reached over 1 million people via their digital work.

### Home-Start Bury

- 4.23 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. The scheme had around 40 active volunteers each year and has 4 paid members of staff when the Local Transformation Plan was first submitted in 2015. They now have 45 active volunteers and 3 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 183 children, an increase from 14/15. The 16/17 figures not available until 1/4/1. However they have already seen a 22% increase on referrals compared to this time last year.

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, through volunteers and through a support package tailored to the 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 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 we have 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 CAHMS service and adult mental health services. This helps to reduce the stigma associated with mental health and the services there to help.

### Streetwise 2000

- 4.24 Streetwise 2000 help, support and educate young people aged between 14 and 25 using psychological interventions, group work and one-to-one support. Using a variety of evidenced-based approaches, Streetwise aim to provide young people with the opportunities, peer-support and tool-kits to enable them to develop their physical, emotional and social capabilities. It also aims to support young people who are often seen as "hard to engage" and are generally excluded from mainstream services, to improve the quality of their lives.

Streetwise 2000:

- Has an **interface** with **350** Bury young people (per year)
- Receive an average of **250 new referrals** (per year)
- Offer **3120 face-to-face** interventions (per year)

Overall, Streetwise aim to support young people to achieve independent living and empower them to understand their conditions or difficulty, develop self-care skills, foster resilience & use peer-support networks. Around 85% of young people move on to independent living, free from services, when they complete their support with Streetwise.

Young people are encouraged to participate within Streetwise Young Persons' Forum take a lead in all aspects of service delivery, including planning, consultation, project delivery, evaluation and monitoring. All work underpins a recovery and self-care model; and young people are at the centre of supporting their peers to achieve independence. Voluntary roles within Streetwise ensure continuity of offer, safe practice & ensure the culture of re-enablement, resilience and recovery is infiltrated through the service offer. Alongside the core staff team, 10 volunteers attend on a weekly basis, and around 30 volunteers support as and when required. Young people volunteer to become peer-mentors, peer-leaders, befrienders or group work facilitators in partnership with the staff team.

During 2016, Streetwise received the highest number of referrals in the history of the service (+14% from 2015). Of this, 15% were self-referrals, and these were mostly received through the 'contact us' form on the website. Streetwise aim to prioritise the effective use of social media, as a means to reach as many young people in need before it reaches crisis point or the need for a statutory intervention. Every young person who engaged in more than 6 sessions during 2016 saw an increase in skills in various functional areas, a decrease in symptoms and a broader self-care skill base.

#### Young people say:

"This place has provided the support and the environment needed to overcome my poor social skills, feel better about myself and make new friends."

"When I first came here I used to flip out and kick off but then not remember what I'd said or done. Since coming here it's helped me gain control over my anger so at least when I've kicked off, I can remember why and apologise and put things right. I've still got a way to go but coming here is the highlight of my week"

"I owe so much to the people here and the services they've provided that it's difficult to put into words. After years of being passed around professionals and various services I'd almost given up at ever feeling better again but after coming here I can finally see a better outcome. Streetwise isn't just another counselling service; it's a place to make friends and be yourself, with my only regret not coming here sooner." <sup>4</sup>

<sup>4</sup> Feedback from Streetwise Feb 2017



Streetwise had substantial involvement in the engagement of children and young people in the initial stages of the Local Transformation Plan. This involvement will be ongoing through 2017/18.

### **First Point Family Support Services (formerly Bury Parents Forum)**

- 4.25 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's 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.

### **Relax Kids Bury**

- 4.26 Relax Kids Bury is a new franchise in Bury which has developed as a part of Relax Kids, an NHS Programme which won the 2011 Nursing Standards



Award (Mental health category). Relax kids teaches children and their families basic relaxation and emotional regulation techniques. The programme has helped support children with special needs, Autism, Attention Deficit Hyperactivity Disorder, Attention Deficit Disorder, Tourette's, selective mutism, anger and anxiety issues, low self-esteem, vulnerable, gifted and talented and behavioural problems.

Relax Kids Bury runs a 6 week course for up to 10 children. Each course costs approximately £300. Relax Kids Bury is a new service in the Bury area, and is not commissioned by health or social care.

### **Early Years and Early Help**

- 4.27 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

### **Drop-in support for Bury young people**

- 4.28 Young people in Bury can now benefit from new drop-in health sessions twice a month at Townside Primary Care Centre.

Bury School Nursing Service, run by Pennine Care NHS Foundation Trust, is providing the sessions for 16 to 19 year olds to go along without an appointment for support. The sessions are held at Townside Primary Care Centre on the second and fourth Monday of each month.

Trained nurses are available to give confidential advice on long term health conditions, emotional health, sleep support, healthy eating, exercise and weight management, sexual health, drugs and alcohol, stopping smoking and more.

They will also be able to make a referral or signpost to other support services as appropriate.

Amelia Brummit, School Nurse, said: "The drop-ins offer an informal and non-judgmental environment for young people to come and chat to us about any concerns they might have. This will hopefully mean we can address any

issues early, before they become a bigger or more serious problem. We also hope the service will reassure young people that there is always somewhere they can go for support, to help them reach their full potential.”

More information about Bury School Nursing Service is available at: [www.penninecare.nhs.uk/buryschoolnursing](http://www.penninecare.nhs.uk/buryschoolnursing)

People can also keep up to date by liking the team’s Facebook page by searching for ‘Bury School Nurses.’

DRAFT

## Services Focussing on Prevention

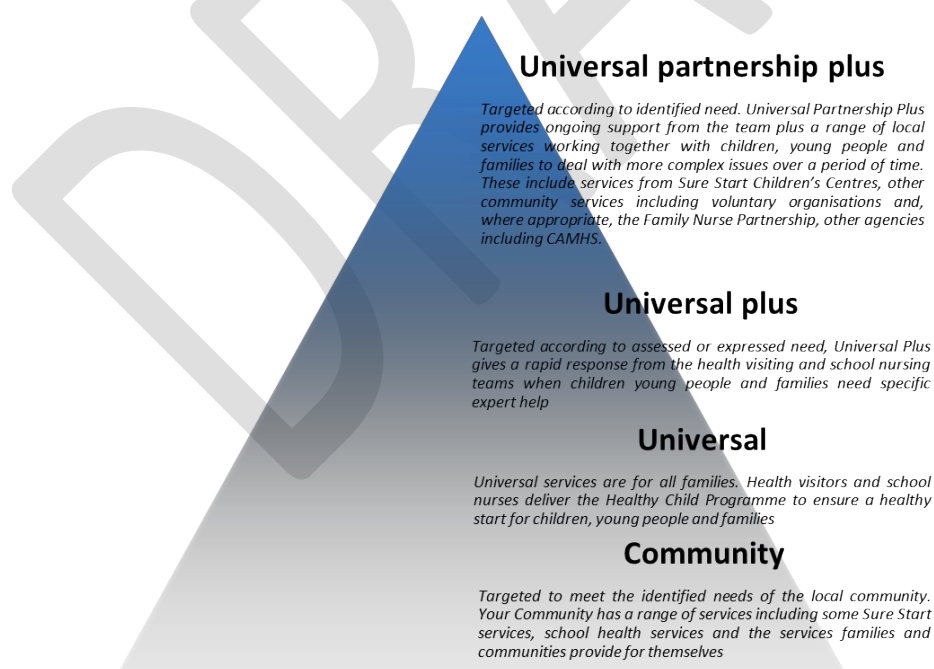
### Health visitors/ school nurses/ family nurse partnership (FNP)/ Infant feeding Co-ordinator

- 4.29 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, the Family Nurse Partnership (FNP) 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:



Additional support is available to parents through services such as the Family Nurse Partnership and the Infant Feeding Co-ordinator.

The Family Nurse Partnership is a relatively new service in Bury that commenced late 2014. It is a nationally implemented evidence based programme that is available to eligible first time mums aged under 20 years of age; providing intensive support in the antenatal period up to the time when the child turns two years old.

Bury's Infant Feeding Co-ordinator leads on helping mothers make informed feeding choices and where breastfeeding is their choice; encourages breastfeeding to at least 6 months of age (optimal period) or longer by providing expert advice and support across the Health and Early Years workforce and also providing direct specialist support where required. The Infant Feeding Co-ordinator has a lead role in achieving/maintaining full UNICEF Breastfeeding Initiative accreditation (community award).

Currently in Bury, the Health Visiting Service, Infant Feeding Co-ordinator, School Nursing Service and the newly established FNP service are provided by Pennine Care NHS Foundation Trust.

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

### **Counselling**

- 4.30 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.

### **Educational Psychology**

- 4.31 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

- 4.32 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

- 4.33 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>5</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

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<sup>5</sup> Bury Mental Health Crisis care Concordat Action Plan v0.11, 23/11/16

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 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

- 4.34 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.

### Inpatient care

- 4.35 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.

## Transitions

- 4.36 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 major focus for Bury via the Local Transformation Plan in 2017/18. We are working to increase capacity in this area. In 2016/17 the recruitment of a dedicated transition worker formed part of the actions for the LTP. For the 2017/18 refresh of the Local Transformation Plan, Healthy Young Minds has developed a proposal for a full transition team, including a transition pathway, governance processes and a staffing model. A staffing model (including staffing costs and on costs) will be funded through the 2017/18 LTP monies, to 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.

## Improving access to psychological therapies (IAPT)

- 4.37 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 in 2017/18, Bury will ensuring services are working within the CYP IAPT programme by 2018, 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 ensuring the supervisory element can be undertaken.

### **Psychological wellbeing practitioners**

- 4.38 The NW Collaborative IAPT Team have been 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 beginning 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,

Bury have expressed an interest for 2 or 3 practitioners, under this scheme. This will be an instrumental aspect of developing our workforce, under the Local Transformation Plan in 2017/18, if we are successful.

## **Other Initiatives (not part of but linked to the Local Transformation Plan)**

### **Child sexual exploitation**

- 4.39 Bury Clinical Commissioning Group are participating in the work being developed across Greater Manchester in relation to Child Sexual Exploitation and have supported the “It’s not okay” campaign, since it began in 2014. Greater Manchester’s political leaders came together in September 2015 to demonstrate their continued commitment to tackling child sexual exploitation and bringing abusers to justice.
- 4.40 All ten local authority leaders joined Greater Manchester Mayor and Police and Crime Commissioner, Tony Lloyd, and incoming Greater Manchester Chief Constable, Ian Hopkins, to sign a charter that describes how they will work together to deal with child sexual exploitation and protect children and young people. Entitled Protecting Our Children, the charter further reinforces the work being done by Project Phoenix – Greater Manchester’s unique multi-agency response to tackling child sexual exploitation. It describes the Phoenix partnership’s promise to put young people and their families at the heart of its work. Thanks to the work of Project Phoenix and the “It’s Not Okay” campaign, public awareness of sexual exploitation has increased, and more people are coming forward to get help and support.

### **St Mary’s sexual assault referral centre (SARC)**

- 4.41 Anyone in Bury who experiences rape or sexual assault is able to access SARC in Manchester. St Mary’s Sexual Assault Referral Centre (SARC) provides a comprehensive and co-ordinated forensic, counselling and aftercare service to men, women and children living in the Greater Manchester and Cheshire area who have experienced rape or sexual assault, whether this has happened recently or in the past. The St Mary’s Centre comprises a team of experts with a wealth of knowledge and experience in advising, supporting and treating anyone who has been raped or sexually assaulted.

### **Autism spectrum conditions/ attention deficit hyperactivity disorder (ASD/ ADHD)**

- 4.42 A Children and Young People’s ASC/ ADHD integrated pathway has been developed jointly with Pennine Acute Hospital and Pennine Care. This service will continue to be supported via local transformation plan monies in 17/18, with a financial allocation of circa £35K.

## Liaison mental health services

- 4.43 Bury and Heywood, Middleton and Rochdale Clinical Commissioning Groups jointly commission a Rapid Assessment Interface and Discharge (RAID) liaison psychiatry service from Pennine Care. The service has four key aims:

1. to undertake timely mental health assessments of patients in A&E;
2. to reduce A&E attendances and re-attendances;
3. to provide effective interventions to people with alcohol misuse problems;

Through the RAID service, Pennine Care provides access and crisis teams who conduct mental health assessments of patients at A&E and co-ordinate packages of care. These teams have been strengthened by new additional A&E liaison practitioners, who were in situ as of 30<sup>th</sup> November 2016. This allows the teams to provide 24/ 7 cover to local A&E departments, conducting mental health assessments within two hours of a patient being admitted. The team also ensures patients are safely discharged from A&E into suitable mental health services within four hours, as well as providing follow-up clinic appointments or home visits to patients who have self-harmed the next day.

With extra funding in October 2015, co-location of out of hours GP support to ensure that people with mental health issues are treated outside of A&E wherever possible and bring a more direct crisis response for patients of all ages, led by primary rather than secondary care was introduced.

## 5.0 Activity, Resource and Finance

- 5.1 This section provides a summary of current activity, service resource and funding in respect of Healthy Young Minds (CAMHS).
- 5.2 Bury CCG are currently working with providers to establish a comprehensive dataset to inform further commissioning, with the intention of working towards outcome based commissioning.

### Referrals

- 5.3 In 2015/16 Healthy Young Minds received 1722 referrals, an increase of 472 from 2014/15. However, there was a large variation in referrals towards the end of 2014. This was believed to be due to how referrals were being processed, which may have resulted in some double counting as referrals were passed between IAPT, core team and consultants. The process was streamlined in 2015 and any issues with double counting has now been eradicated. However, there remains some difficulty with comparing year on year, prior to 2015.

### Referrals over time

Year	April	May	June	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2015/2016	152	154	165	106	48	134	140	152	169	176	173	153
2016/2017	127	153	151	138	105	104	130	152	129			
2017/2018												
<b>Trajectory</b>												

### Community eating disorders service – referrals over time

- 5.4 As this is a new service, data collection only started in July 2016

Year	April	May	June	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2015/2016	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
2016/2017	n/a	n/a	n/a	9	2	2	1	1	0			
2017/2018	Aiming for 19 referrals for the whole of 17/18											
<b>Trajectory</b>												

Data capture for CEDS is via the CAMHS minimum dataset. By 2020/21 Bury aims to ensure that 95% of children in need receive treatment within one week for urgent cases, and four weeks for routine cases.

### Number of CYP in treatment

- 5.5 The number of CYP in treatment increased in 2015/16. However the same caveat as above applies.

Year	CYP in treatment
14/15	839
15/16	1012
16/17 (Apr – Aug)	568

### First appointments and follow ups

- 5.6 Data available is limited to Healthy Young Minds. The following table shows waiting times to first contact (12 weeks) and progress toward the nationally mandated target of 95%.

### Waiting times

- 5.7 Our Plan is to support a Greater Manchester approach, supporting the Greater Manchester Mental Health Strategy plans, to pump-prime crisis care and liaison pathways suitable for under 18s, with the goal of minimising inappropriate admissions to in-patient, paediatric or adult mental health wards, reducing demand and thus waiting times. Through the Greater Manchester Future In Mind Delivery Group we will continue to work with Tier 4 providers from across the sectors and the North NHS England specialised commissioning team to develop integrated pathways. In addition we are seeking to support a Greater Manchester approach for the immediate stabilisation of the ability to deliver continued access across Greater Manchester to 24/7 specialist CAMHS on-call psychiatric advice and support. The existing out-of-hours Greater Manchester junior CAMHS doctors rota, managed by Central Manchester Foundation Trust for Greater Manchester CAMHS Trusts (excluding Wigan), is no longer adequate in terms of being able to secure sufficient Junior Doctors to cover the existing arrangements. This will require considering options using:
- Trainee numbers allocated to Greater Manchester CAMHS Trust providers;
  - Population sizes;
  - Actual variations in demand

At a Greater Manchester level, as per national guidance on the funding, we are seeking to support sustainability. We will be investing in Greater Manchester to minimise the barriers to training existing staff through the children and young people's IAPT training programme, including sending new staff through the IAPT training courses. The additional funds not

allocated to the Greater Manchester approaches/ programmes will be utilised at locality level to reduce waiting times.

### Waiting times to 1<sup>st</sup> contact – 12 weeks

Year	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
2015/2016	82.6%	78.4%	74.2%	76.3%	73.8%	82.4%	75.4%	83.5%	89.4%	87.6%	92.9%	93.8%
2016/2017	79.6%	88.2%	89.9%	91.6%	91.9%	88.8%	97.9%	96.0%	98.3%			
2017/2018 Target	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%

Significant improvement towards the 95% target was seen in 2016/17 and since October 2016 Bury have exceeded this target, hitting 98.3% in December 2016. We will maintain, at least, the 95% target.

- 5.8 The following table shows waiting times to treatment (18 weeks) and progress towards the nationally mandated target of 98%)

### Waiting times to treatment – 18 weeks

Year	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
2015/2016	61.1%	53.1%	61.3%	59.3%	47.8%	45.2%	67.6%	50.0%	71.1%	75.5%	76.7%	77.8%
2016/2017	92.5%	91.8%	90.7%	92.4%	96.8%	91.8%	98.9%	97.0%	100.0%			
2017/2018 Target	98.0%	98.0%	98.0%	98.0%	98.0%	98.0%	98.0%	98.0%	98.0%	98.0%	98.0%	98.0%

Significant improvement towards the 98% target was seen in 2016/17 and in December 2016 hit 100%. We will maintain, at least, the 98% target.

Throughout 2016/17, Healthy Young Minds have been actively working to improve and sustain performance. In November 2016 they implemented an Outcome Performance Improvement steering group to support achievement of required outcomes.

### Access

- 5.9 The objective set out in, 'Implementing the Five Year Forward View for Mental Health' is that at least 35% of children and young people with a diagnosable mental health condition receive treatment from an NHS funded community mental health service. The table below sets out the indicative trajectory for increased access. This is based on existing data on prevalence of mental health problems in children and young people. This is being reviewed in 2018 following publication of a new national prevalence study, and may be revised<sup>6</sup>

<sup>6</sup> Implementing the Five Year Forward View for Mental Health, NHS England, 2016.

Objective	2016/17	2017/18	2018/19	2019/20	2020/21
At least 35% of children and young people with a diagnosable mental health condition receiving treatment from an NHS funded community mental health service	TBC	30%	32%	34%	35%
Improvement trajectory to be agreed following availability of baseline data at the end of February					

### Did Not Attend (DNA) rates

5.10 The following table shows Did Not Attend rates, which has a local target of 5%

Year	April	May	June	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2015/2016	4.3%	3.9%	3.2%	6.5%	6.5%	4.7%	4.8%	5.2%	6.6%	3.5%	4.8%	4.2%
2016/2017	4.0%	5.4%	6.9%	6.6%	7.1%	6.0%	6.3%	6.1%	4.50%			
2017/2018 <b>Target</b>	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%	5.0%

We will maintain the longer term trend at 5% or below.

### Discharges over time

5.11 The following table shows discharges over time

Year	April	May	June	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2015/2016	109	111	122	141	84	92	123	101	162	164	235	155
2016/2017	138	163	140	177	120	127	143	151	90			
2017/2018 <b>Trajectory</b>	To be defined											

### Cancellation rates (by provider)

5.12 The following table shows cancellation rates (by provider), which has a local target of 1%.

Year	April	May	June	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2015/2016				0.8%	0.4%	0.0%	0.2%	0.2%	0.2%	0.9%	0.5%	1.3%
2016/2017	2.2%	0.1%	0.4%	0.5%	0.8%	0.4%	0.7%	0.2%	0%			
2017/2018 <b>Target</b>	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%	1.0%

We will maintain the longer term trend at 1% or below

## Key performance indicators (KPIs)

5.13 The following Key Performance Indicators were identified in our initial Local Transformation Plan and we are working closely with our Business Intelligence colleagues to review and refine these and consider appropriate KPIs and effective monitoring systems for 2017/18 and beyond:

- % of children and young people affected by identifiable mental health issues;
- Numbers of self-referrals;
- % of children leaving school with A-C GCSEs;
- Goal setting by children and young people and achievement of 2 or more goals?
- Referrals to Healthy Young Minds;
- Numbers of CYP accessing in-patient beds;
- Numbers of CYP accessing Community Eating Disorder service;
- Numbers accessing perinatal therapeutic group;
- Parental Health and Wellbeing measures;
- Numbers of child protection plans;
- Numbers of children in care;
- Increases in breastfeeding initiation and maintenance at 6-8 weeks after birth;
- Improvements in the differences in levels of educational attainment across the borough and between groups;
- Numbers accessing the children and young people's hub and utilising the Single Point of Access;
- Outcomes of third sector commissioning;
- Training records for children and young people's mental health and wellbeing workforce;
- Completion of the MHSMDS dataset and outputs used to inform future commissioning.



## Workforce information

- 5.14 In 14/15 the number of CAMHS staff (pre Local Transformation Plan) was 18.5. The 16/17 figure for CAMHS staff was 20.5. To support the implementation of the Local Transformation Plan, two link workers were recruited to the CAMHS team and are currently working closely with local schools to identify named links and build relationships and improve access to their services.

Below is some feedback about the Healthy Young Minds link worker, received November 2016:

To whom it may concern,

I am writing to say how well I think the new system is working. As a school we have found the Healthy Young Minds staff to be easily contactable and able to offer advice and intervene, particularly in a recent case. HYM were able to liaise with school and the hospital to ensure that a young person being taken to A and E had an admission to hospital and timely access to HYM services. This has then continued as HYM and school work together on a joint package of care for this young person, as well as another pupil.

We look forward to continuing the good work!

Mrs G.Walker, Deputy Head Teacher, St Monica's R.C. High School and Sixth Form Centre

The current numbers of staff and skill mix in the Healthy Young Minds team is shown below:

- 4 x administration staff ( 3 x substantive posts; 1 x 3 days a week)
- 4 x Band 7 senior practitioners
- 1 x Band 8A Operational Manager
- 1 x Band 8A Clinical Psychologist
- 2 x Consultants (4 x days per week)
- 1 x locum Consultant (2 days per week)
- 6 x Band 6 practitioners (full time)
- 1 x Band 5 Psychological Wellbeing Practitioner (full time)
- 1 x Band 4 Practitioner

- 5.15 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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5.16 Recruitment to next year's children and young people's IAPT has been challenging for Pennine Care. Bury Clinical Commissioning Group is working with the provider around finances for backfill. However, there are still some challenges around recruitment. At present, Pennine Care is unsure that they will fill their allocated places for 2017/18 but commissioner and provider are working closely to resolve the situation.

5.17 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

5.18 Data provided by specialist commissioners from NHS England regarding inpatient bed occupancy for 2015/16 is provided below:

2015/16	CAMHS Admissions - Greater Manchester – All NW Units								
CCG	General			Emergency Department			Paediatric Intensive Care Unit		
	No	OBD	Cost (£)	No.	OBD	Cost (£)	No.	OBD	Cost (£)
Bury CCG	21	1541	842,927	1	14	8,750			

## Finance

- 5.19 The CCG's annual declaration of baseline spend for 2014/15 was £1.8m which included block contract baseline agreements with Pennine Care Foundation Trust.
- 5.20 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 of £278k and £111k respectively. 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.
- 5.21 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. For the current year, the CCG is forecasting that it will spend its available resources fully in respect of Children and Young People services by the end of the year.
- 5.22 The CCG plans to build on these investments - high level priorities and areas for investment for 2017/18 and beyond have been identified and a number of initiatives and proposals are currently being developed. See Section 9 and Appendix 1
- 5.23 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.

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

### 2016/17 CQUIN

- 6.1 For 2016/17 local commissioning groups have collaborated across the Pennine Care NHS Foundation Trust (PCFT) footprint to set a joint CQUIN for PCFT Healthy Young Minds (HYM) services.

The footprint includes Bury, Heywood, Middleton and Rochdale (HMR), Oldham, Tameside and Glossop (T&G), and Stockport.

The CQUIN focus is on Future in Mind (FIM) and new ways of working, with the indicator description being to deliver added value to the CAMHS transformation agenda.

#### Self-assessment

- 6.2 A self-assessment tool has been developed by Associate Development Solutions, with support from the East Midlands Strategic Clinical Network, to enable local areas to assess their readiness to meet the recommendations of Future in Mind. Bury have actively engaged with this tool and identified areas of progress and areas requiring further attention. The outcomes of the self-assessment have been used to inform the refreshed LTP.

#### Care pathways

- 6.3 Three priority care pathways were to be in place in Bury during Q3 of 2016/ 17:
- Urgent care;
  - Autistic spectrum disorder (ASD);
  - Attention deficit hyperactivity disorder (ADHD)

The Q3 CQUIN report indicates that significant progress has been made towards ensuring that the CAMHS elements of the pathways have been implemented. This has been supported by a programme of training, by the Healthy Young Minds team, across multiple stakeholders.

Urgent care – pathway documentation and patient leaflets have been developed, training has been delivered to Healthy Young Minds staff on the pathway and discussions are ongoing regarding the in reach/ outreach and tier 4 inpatient interface.

ASD – a clear dataset for referrers has been developed and disseminated via Special Educational Needs Co-ordinators (SENCO) training during November and December 2016 and a weekly multi-disciplinary panel meeting is now in place within Healthy Young Minds.

ADHD – as with ASD, a clear dataset for referrers has been developed and was disseminated via Special Educational Needs Co-ordinators (SENCO) training during November and December 2016. Accessibility of the Healthy Young Minds elements of the pathway for vulnerable groups such as children with LD and challenging behaviour, and children who are home educated have been incorporated into pathway documentation. A standard reporting template has also been devised and is incorporated in the pathway documentation.

#### **Vulnerable group's dataset**

- 6.4 The government's aspiration is that, by 2020, a better offer for the most vulnerable children and young people will be made, making it easier for them to access the support that they need when, and where they need it. It was agreed that Healthy Young Minds would produce a dataset to provide information about vulnerable groups. A dataset was agreed in Q1 and has since been reviewed and additional fields added to enhance the current information. We intend to use this information to support the ongoing redesign and provision of services in Bury.

#### **Quality assurance framework for schools**

- 6.5 In Q2 2016/17 Healthy Young Minds developed a quality assurance framework to help schools commission safe and effective emotional health and wellbeing services. In December 2016, HYM attended a school inclusion meeting to share the framework. It has also been disseminated to multiple stakeholders via email and local networks and the framework is also available via the Healthy Young Minds website.

#### **2017/18 CQUIN**

- 6.6 The CQUIN for 2017/18 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.

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

### Local level

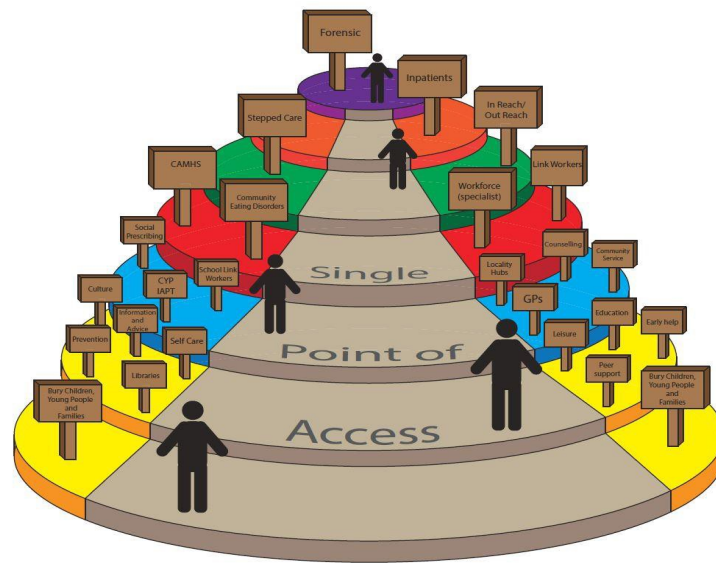
7.1 At the introduction of Local Transformation Plans, the transformation of services and support in Bury for children and young people's mental health and wellbeing was based on the following principles:

- Children and young people and their families are central and services and support will be wrapped around their individual needs, 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:

- Personalized, 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;
- Moving and expanding the Single Point of Access (SPA) from CAMHS into the newly emerging neighbourhood hubs and expanding the existing provision into a wider and more diverse team;
- Establishing self-referral routes for children and young people and patient orientated self-help materials;
- Development of link worker roles between schools, GPs and CAMHS;
- Generally enhancing capacity between general and specialist services to ensure that children and young people do not experience "gaps" in available services and support;
- Development of the workforce;
- Creation of a Bury Transition Team;
- Integrated I.T. solutions to support information sharing across providers.

This was expressed by children and young people during a main stakeholder event, held in November 2015, and is shown in the diagram below, developed by children and young people, as a visual vision for Children and Young People's Mental Health and Wellbeing in 2020.



### Building capacity and capability across the system

7.3 Moving forward, it is the Bury vision to continue to work on increasing capacity and capability across the whole system. In 15/16 and 16/17 our vision was to:

- Increase the number of volunteers involved in delivering services and support;
- Increase commissioning from the third sector, to support prevention and early intervention and to minimise numbers of people requiring more specialised support;
- From 2014 to 2016, local surveys indicated that children and young people have a preference to be seen in schools rather than a hospital setting. Therefore, our vision was to provide enhanced tier 2 Link worker support and see impacts in the following areas:
  - the number of instances of schools asking families to take child to see their GP;
  - referrals to pediatricians;
  - numbers of crisis/ emergency interventions;
  - reductions in the numbers of A&E attendances for children and young people;
  - increase in school attendance;
  - increase in school attainment and future employment;
  - increase young people's enjoyment/ ability to sustain friendships learn skills;
  - greater awareness of emotional health and wellbeing;
  - further promotion of self-care.
- Develop link workers to also work across primary care, children's centres, early years settings and colleges with the Healthy Young

Minds service to promote seamless step up and step down of children and young people that require support;

- Develop a community based multi-disciplinary Single Point of Access (SPA) as a referral point to information, advice, services and support, which will be in the neighbourhood hub where there is a local knowledge base available regarding CYP services and support;
- Develop transition workers to be key workers to identify potential young people that, from their Year 9 review, may require mental health and social care support into adulthood, and to work directly with young people age 16-18;
- Roll out the children and young people's IAPT programme;
- Develop a community eating disorders service;
- Improve perinatal care;
- Enhance the Bury Children's Bereavement service.

We have implemented this vision throughout 16/17 and it will continue to be an area of focus, along with other defined priorities for 17/18 and beyond.

## 8.0 Engagement, Partnerships and Multi-Agency Working

### 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 An engagement day was held in September 2015, the information from which shaped the initial LTP. Over 50 local stakeholders attended the event, which focussed on giving attendees a greater understanding of what local services were available.
- 8.3 A series of survey monkey surveys were also carried out in 2015 with CYP, families, schools and professionals. The key message that came from CYP told us that they wanted face to face services, although they were also happy to access lower level information and advice online.
- 8.4 Engagement was also 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.
- 8.5 The engagement events were followed by an emotional health and wellbeing event in November 2015, with over 150 attendees. The key note speech at this event communicated the contents of and distributed the initial LTP to the local community. The LTP was subsequently made publically available on Bury CCG's website and Bury Council's website.
- 8.6 A series of targeted engagement events were held throughout January 2016, aimed at anyone working in the health and social care system, including the voluntary sector. Events were held on 16<sup>th</sup>, 17<sup>th</sup> and 25<sup>th</sup> January at Bury Town Hall and were designed to give the opportunity to shape a future model of delivery.
- 8.7 On 29<sup>th</sup> June 2016, 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. 44 young people, aged from 13 to 18 years attended from 11 secondary schools and colleges, including 6 young people from Bury's Youth Cabinet. There were 28 adult decision makers, including the Executive Director of Children,

Young People and Culture and other 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.

- 8.8 A wide range of issues and ideas were identified at the event, which have been considered in the refresh of our LTP. 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.
- 8.9 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 will contribute to shaping our communications and engagement activities throughout 2017/18 and beyond. The Bury LTP 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**

- 8.10 In Summer 2015, local Bury organisations benchmarked themselves against the key requirements of Future in Mind. An LTP Steering Group was established 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.

## 9.0 Bury Local Transformation Plan – 2017/ 18 and Beyond

### 2017/18 Local Transformation Plan refresh - planning workshop

9.1 In 2016/17, Bury held a multi-agency workshop to discuss and decide the children and young people's transformation priorities for 2017/18 for the local Bury area. Actions from the workshop have been added to the 'Action Plans' section of this report. The group identified the following key areas where we will focus transformation funds in 2017/18:

- Resilience, prevention and early intervention;
  - Continuing with work on the single point of access and neighborhood hub working
- Improving access to effective support;
  - Implementation of a transition team
  - Enhancing the bereavement service
- Workforce development
  - Development of the link worker role and children and young people's IAPT training and linking with colleagues to form a Greater Manchester response to the Future in Mind requirements for workforce development

#### Resilience, prevention and early intervention

9.2 The Local Transformation Plan Steering Group decided to undertake more visioning to further define the resilience, prevention and early intervention vision for Bury to 2020/21. We will carry out this visioning work at the beginning of 2017/18.

In 2016/17 we made significant progress by integrating the Healthy Young Minds Single Point of Access into newly developed neighborhood hubs and bolstering the workforce by recruiting link workers to work between the single point of access and local schools and across primary care. This significantly enhanced our early resilience, prevention and early intervention offer in 2016/17.

In 2017/18, we will continue to use the findings of our Bury Circles of Influence conference report from June 2016, where young people across Bury came together to contribute to future changes to develop our Local Transformation Plan over time, to further our developments in the areas of resilience, prevention and early intervention.

## Improving access to effective support

- 9.3 In 2017/18 and beyond we will focus on a service that goes beyond 16 years, with the development of a strong transition team, including transition workers and which links in any intelligence from substance misuse data. Utilising this data 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 2017/18.

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

- 9.4 At a local level we have already enhanced our workforce by recruiting link workers in 2016/17. In 2017/18 we will continue to develop this link worker role. We will also ensure access to IAPT training and if our expression of interest for psychological wellbeing practitioners is successful this will further develop our workforce.

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

- 9.5 It is important to the stakeholders in Bury that local transformation plans fit with the Bury Locality Plan and the System Leadership 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

- 9.6 As we progressed through 2016/17 and the Greater Manchester Health and Social Care Partnership became more established it has become 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 plan will be developed by the end of March 2017. This

plan will 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.

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## Greater Manchester Level

### Collaborative commissioning

- 9.7 Across Greater Manchester, a number of strategic groups, including Greater Manchester Children's and Maternity Commissioning Consortium, the Greater Manchester Future In Mind Group, the Greater Manchester Mental Health Strategy - Children and Young People's Mental Health Group, Association of Directors of Children's Services (Greater Manchester Children's Services Review), have identified key areas of mental health and emotional well-being for children and young people as transformation priorities.

A collaborative approach across the 10 Local Authority footprints is enabling the sharing and implementation of good practice and development of consistent care pathways and quality standards, leading to improved quality and equitable services across Greater Manchester.

Collaborative projects will deliver more efficient use of resources by enabling commissioning and delivery of some services at scale. The costs of Specialist CAMHS Services are unlikely to be reduced, but efficiency will improve as a result of the implementation of THRIVE informed service delivery, which will result in increased throughput.

Additional efficiencies will be delivered by reducing the numbers of professionals involved in complex families for whom managing risk is the primary support/ intervention.

### Transparency and governance

- 9.8 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.

From April 2017 membership of the Greater Manchester Future in Mind Implementation will include:

- CCG, Public Health, and Local Authority children and young

- people commissioning leads;
- NHS and independent sector providers – children and young people and adult mental health services;
- Voluntary Faith and Community Groups representation;
- Local Authority Children's Services Lead;
- Children and young people;
- Parents/ Carers;
- Schools and Colleges;
- Youth Justice Lead for GM;
- Mental health of Looked After Children Clinical Lead;
- A Local Authority SEND Lead, acting on behalf of all 10 LAs/ CCGs;
- NHS England Specialised Commissioning and GM Assurance and Delivery Manager;
- Strategic Clinical Network Clinical Leads for CAMHS/ AMHS, Commissioning Advisor, Network Manager and Quality Improvement Lead.

### Future governance arrangements

- 9.9 Greater Manchester's Health and Social Care Partnership will by, April 2017, establish a Children and Young Persons Board that will oversee a whole system transformation of Greater Manchester's children and young persons' services. This board will be chaired by a senior officer from the partnership and will provide the governance for the Greater Manchester Future in Mind Transformation Plan.

### Outcomes

- 9.10 We will collaborate with Greater Manchester's other local transformation partnerships to develop and implement a single performance and outcomes framework. The planned Greater Manchester framework will draw from good practice already developed by local transformation partnerships, and will be informed and shaped by the voices of children and young people. (Patient reported outcome measures)

The Greater Manchester outcomes framework and dashboard will also be informed by learning from the children and young persons' IAPT programme.

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

### Data

- 9.11 The availability of whole system accurate and timely information relating to commissioned and provided services remains a challenge. Under the umbrella of the Greater Manchester Health & Social Care Partnership we

will contribute to the development of Greater Manchester data systems that will improve both the quality and timeliness of available information.

### **The voice of children and young people and their carers**

- 9.12 Developing an effective voice for children and young people is a priority for our partnership and we continue to use the learning from our engagement work to date to improve our local processes. With other Greater Manchester Local Transformation Partnerships, we will implement the recommendations of a report that was prepared by Youth Access. The report was commissioned by Greater Manchester's Strategic Clinical Network. We will also establish a Greater Manchester Future in Mind reference group for children and young people.

Drawing upon effective children and young persons' participation work developed across Greater Manchester's ten Local Authorities, we will work with colleagues from the third sector to enable children and young people to have a strong voice in developing and implementing the Greater Manchester Transformation Plan.

We will work with parents and carers to develop a Greater Manchester parent/ carer reference group to ensure that they become effective stakeholders in helping shape the development, review and delivery of services for children and young people.

### **GM iTHRIVE hub**

- 9.13 Along with Greater Manchester's other local transformation partnerships we are committed to the continued rollout and embedding of the Thrive Model to inform the whole system approach to improving access to information, guidance, advice and high quality treatment.

In 2017, the Thrive model (i-Thrive) will start being applied to the whole Greater Manchester children and young persons' system to help deliver improved access, reduced waiting times and help deliver clinical efficiencies (more people seen within the resource envelope).

The development of a partnership with the Anna Freud Centre, to develop a Greater Manchester i-THRIVE Hub (hosted by the Greater Manchester Strategic Clinical Network), will enable us to provide additional capacity to lead a whole system approach to transforming services for children and young people.

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

- 9.14 One of the central tenants of the Greater Manchester Mental Health and Wellbeing Strategy is to improve access which is responsive and holds clear arrangements that connect people to the support they need at the right time.

As a consequence, a priority has been established to introduce access to 24/7 Mental Health provision and 7 Day Community Provision for children and young people.

To deliver this priority, a whole system approach is required that includes bringing together commissioning, simplifies the provider system, includes involvement from the independent and third sector and holds children and young people and those who care for them at the heart of change. This whole system change has already started and will continue into 2017/18. Work is ongoing to develop a strategic document outlining the framework for the crisis pathway and an extended community offer. The approach being taken is to develop a framework of standards to improve consistency and equity of access across Greater Manchester.

We will continue to support the development of a Greater Manchester Out-of-hours and Crisis Liaison Service (including extension of RAID to under 16's) that will be accessible to all children and young people in crisis (not just those with a perceived mental health crisis.) We will work with Greater Manchester's Local Authorities and mental health services providers to develop a Greater Manchester wide multi-agency offer that is informed by single Greater Manchester standards and Greater Manchester wide trusted processes and tools.

#### **Improved access to advice and support**

- 9.15 We will support the implementation of the iTHRIVE framework at a Greater Manchester level and support an iTHRIVE informed co-production of a Greater Manchester e-platform that will provide advice information and access to on line counselling or support for children young people and their carers.

We will be advised by children and young people so that any offer is both credible and acceptable to them.

Utilising best practice from Greater Manchester's ten local transformation partnerships we will collaborate with the other partnerships to develop the capacity of Greater Manchester's third sector and independent sector to develop standards and pathways for children and young people to quickly access evidence based interventions in non-clinical settings. Efficiencies will be achieved by commissioning to scale and monitoring done at a larger than single Local Authority footprint

#### **Age and developmentally appropriate mental health services for young people**

- 9.16 This is a service delivery priority for the Greater Manchester partnership. With our CAMHS and adult mental health provider services, and other key stakeholders, including young people, we will begin to co-design age and developmentally appropriate mental health services for our 0-25 year old population.

In the short term we will, across Greater Manchester, support the implementation of agreed transition arrangements between CAMHS and AMHS and work with adult mental health commissioners to develop ADHD and Community Eating Disorder Services for adults.

### **Community Eating Disorders Service**

- 9.17 We will continue to support the development of a Greater Manchester community eating disorders offer that is delivered via an alliance of clinical providers that enables staffing skills and expertise to be shared across the 3 Greater Manchester “cluster teams.”

### **ADHD**

- 9.18 We will continue to support the implementation of the agreed Greater Manchester standards underpinning the delivery of ADHD services for children and young people and we will work with the service providers to ensure that the best practice developed at a local level is delivered at scale across Greater Manchester.

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

- 9.19 The provision of mental health inpatient beds for Greater Manchester’s children and young people is a priority for Greater Manchester’s partnership. A Greater Manchester wide task and finish group, including the specialised commissioning team, has been established and has drawn together an alliance of NHS and independent sector providers who are collaborating to develop a Greater Manchester offer. We will continue to support the principle of one CCG providing commissioning expertise on behalf of Greater Manchester.

### **Vulnerable groups**

- 9.20 We will collaborate with Greater Manchester’s CCGs and Local Authorities to scope where a GM wide response to the needs of the following vulnerable groups will improve outcomes/ quality and provide system wide efficiencies:
- Mental health services for Looked After Children, those who are adopted and care leavers;
  - Young people involved with the youth justice system;
  - Children and young people who have Learning Disabilities – cognitive impairment and/ or developmental disorders;
  - Children and young people who have Adverse Childhood Experiences;
  - Children and young people originating from minority communities;

- Transgender children and young people.

### **Schools and colleges**

- 9.21 We will work with other local transformation partnerships to identify the best current practice in supporting schools and colleges to identify and help students who have challenged emotional well-being and mental health and develop an offer for Greater Manchester schools/ colleges.

Early evidence from pilot sites across Greater Manchester suggests a shift in referrals to CAMHS, with GP referrals reducing and schools direct referrals increasing and the overall number of inappropriate referrals declining. There is still further work to be undertaken with schools to incorporate self-care for non-service users as part of a whole school approach to mental health and expanding the CAMHS school link to more schools.

### **Workforce development**

- 9.22 The importance of ensuring that organisations have the right workforce with the right skills and knowledge to deliver effective services is recognised by all. It is a key ingredient in creating system transformation through building an effective workforce. With other local transformation partnerships, and the Greater Manchester workforce development team, we will collaborate to develop a whole system skills audit that maps onto the iTHRIVE framework. To achieve this, we will utilise workforce audit and development tools, developed by some partnerships, and use the Self Assessed Skills Audit Tool (SASAT) to facilitate whole work force planning (not just services providing what have historically been regarded as CAMHS T2 and T3 services).

### **Parent infant mental health pathway**

- 9.23 Parent infant mental health is a key issue that has been raised in a number of areas of work across Greater Manchester. For example: Greater Manchester Mental health and Well-being Strategy, Greater Manchester Early Years Strategy, Children's Services Review and the Strategic Clinical Networks (SCN).

Therefore, a proposal has been put forward for a single Greater Manchester wide approach which draws together all the current work streams into a single programme of activity. Having a single programme of activity will allow Greater Manchester to work collaboratively across localities, align existing services through a single governance process, ensure development of service and improvement plans, support transition of the current commissioner and provider landscape to give better outcomes and strengthen and embed engagement with service users and their families across all the Greater Manchester programmes.

## Summary

- 9.24 Work has commenced through the Greater Manchester Children and Young Peoples Mental Health Board to: review current provision from a range of perspectives, scope good practice across the region and beyond, consult widely with all stakeholders and to connect with associated transformational processes e.g. Greater Manchester Crisis Concordat, Mental health Liaison Strategy, Local Transformation Plans, Childrens Services review, Youth Justice Review and NHSE CAMHS Tier 4 redesign review, and the Greater Manchester Transformation Plan will reflect this range of interdependent work streams



## Local Level

9.25 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>7</sup>

9.26 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.

9.27 For 15/16 and 16/17 the main elements of the local offer were:

1. Creation of a Single Point of Access for Children and Young People in Bury, located within a Neighbourhood Hub;
2. Enhance the workforce through development of a team of Link Workers, Transition workers, Children and Young People's Bereavement service, and enhancement to Young Carers and Counselling services;
3. Develop a Community Eating Disorder Service;
4. Develop updated Self Help materials;
5. Invest in workforce development;
6. Commission preventative and early help services from the third sector to offer accessible help in local communities;
7. Invest in IT and infrastructure to support a whole system approach.

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<sup>7</sup> Refreshing the Bury Locality Plan, Food for Thought, 22<sup>nd</sup> Dec 2016



9.28 We will continue to develop these elements throughout 17/18 and in addition we aim to further prioritise the areas of:

- Resilience, prevention and early intervention;
- Improving access to effective support;
- Workforce development;
- Engagement and communication;
- Transparency and accountability;
- Qualitative and quantitative data gathering and monitoring.

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## Action Plans

9.29 The actions we undertook as part of the Bury Local Transformation Plan in 2016/17 and the actions we will take as we refresh our Local Transformation Plan for 2017/18 are outlined in the following tables. They follow the categories of the three national priorities:

- community eating disorders
- CYP IAPT
- 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

## National priorities

- 9.30 The table below outlines what we did in 16/17 and what we will do in 2017/18 in regard to the three national priorities: community eating disorders service, children and young people's IAPT and perinatal mental health:

National priorities	
16/17 what we did	<ol style="list-style-type: none"> <li><b>1. Community eating disorders service</b> <ul style="list-style-type: none"> <li>Established a North East Sector (NES) eating disorder service (CEDs);</li> <li>Started to baseline current performance for the service against access and waiting time standards, ahead of measurement beginning in 17/18</li> </ul> </li> <li><b>2. CYP IAPT</b> <ul style="list-style-type: none"> <li>Commissioned and actively promoted the Big White Wall;</li> <li>Actively promoted self-referral for age 16+</li> </ul> </li> <li><b>3. Perinatal mental health</b> <ul style="list-style-type: none"> <li>Delivered perinatal mental health screening and services via the health visiting service within;</li> <li>Increased access to the Bury Exercise and Therapy Scheme (BEATS)</li> </ul> </li> </ol>
17/18 onwards - what we will do	<ol style="list-style-type: none"> <li><b>1. Community eating disorders service</b> <ul style="list-style-type: none"> <li>GM level - link with GM colleagues to establish a GM wide eating disorders service;</li> <li>GM and local level - work with providers so that we can demonstrate progress towards compliance with the standards for delivering CEDS, in line with guidance;</li> <li>GM level - improve data collection and monitoring;</li> <li>GM and local level - demonstrate, through data, the impact of CEDS on the use of inpatient CYP beds;</li> <li>Local level - review how referrals are being made through GP practices to the service and make any necessary improvements/ enhancements.</li> </ul> </li> <li><b>2. CYP IAPT</b> <ul style="list-style-type: none"> <li>By 2018 we will be working 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> </li> <li><b>3. Perinatal mental health</b> <ul style="list-style-type: none"> <li>Capture referral information to inform future developments;</li> <li>Review local pathways to ensure referrals to BEATS is included;</li> <li>Review what services are in place for stillbirth and miscarriage support, with a view to development, based on findings.</li> </ul> </li> </ol>

### **FIM Theme 1: resilience, prevention and early intervention**

- 9.31 The recruitment of Healthy Young Minds link workers in 2016/17 and their integration into neighbourhood hubs is already reducing fragmentation of service provision across providers. Our ambitious plan to integrate the link workers into the neighbourhood hubs brings a number of organisations together to consider children and young people holistically. The Healthy Young Minds team has been involved in the neighbourhood hubs since their early stages of development and as such are ensuring that the needs of children and young people are considered right from the start of moving towards a new way of working. 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 hub part time, there is a direct link (via the link worker) to their services.

Below is feedback from a police officer who has been working closely with the Healthy Young Minds team, in the neighbourhood hub throughout 16/17:

‘Since the creation of the new Multi-Agency Hub in East Bury where we found out about Healthy Young Minds we have made numerous referrals and have had nothing but success stories from all of the cases. The staff welcome all referrals with an eagerness to start working with a new person as they cannot wait to start helping people and families to improve the quality of their lives and even when speaking with staff about a new referral you can see the willingness in the staff to start making a change to people’s lives.

Since making referrals the amount of repeat calls to the Police regarding the same people has dropped dramatically, and this just goes to show how much of a success Healthy Young Minds has been at improving the quality of lives not only for the child but also for the whole family which is important at bringing families and communities back together.’

Regards

PCSO 63299 Andrew Bigland

Moving forward, it is the intention that the neighbourhood hub team will also link closely to the hospital and therefore links to inpatient services will also be strengthened. This means that Healthy Young Minds provision will not be organised in isolation from the wider community, health and hospital services.

## Promoting resilience, prevention and early intervention

16/17 what we did	<ul style="list-style-type: none"> <li>• Developed a Single Point of Access (SPA) to all children and young people's information, advice, services and support. This SPA is through the Bury Healthy Young Minds service and is co-located within the newly formed neighbourhood hubs. This allows HYM to link closely with other stakeholders and raise awareness of service provision at a very early stage, prior to when children and young people may need services;</li> <li>• Worked with other agencies in the neighbourhood hubs to establish an information and advice point, and started to work towards offering a space for young people to socialise with peers. The neighbourhood hub also has private room spaces, where therapy, counselling, assessment and other services can be delivered from, for example CYP IAPT.</li> <li>• Commissioned a 3<sup>rd</sup> sector organisation (Early Break) to undertake a self-help materials audit to inform future planning. The audit has highlighted any gaps in provision and we are using that information in 2017/18 to inform future work;</li> <li>• Recruited link workers into the Bury CAMHS team to be the named links for schools, GPs and other health professionals and to work as part of the single point of access in the neighbourhood hubs. This link worker has substantially increased relationships with other stakeholder groups, allowing holistic assessments to take place;</li> <li>• Awarded grants to a number of 3<sup>rd</sup> sector organisations to support the resilience, prevention and early intervention agenda and to minimise numbers of people requiring more specialised support:             <ul style="list-style-type: none"> <li>○ Early Break and Bury Parents Forum (joint bid) including five elements:                 <ul style="list-style-type: none"> <li>▪ Holistics and mindfulness;</li> <li>▪ Parenting course;</li> <li>▪ CRAFT training;</li> <li>▪ Micro-site development;</li> <li>▪ Mindfulness packs.</li> </ul> </li> <li>○ Homestart – enabling parents and carers to parent more effectively, socially, physically and emotionally</li> </ul> </li> <li>• Referred the IT infrastructure work to the Heads of Commissioning at a GM level, so that a potential GM solution could be considered.</li> </ul>
17/18 onwards - what we will do	<ul style="list-style-type: none"> <li>• GM level - pursue an IT infrastructure solution;</li> <li>• Local level – further develop the SPA/ neighborhood hub model;</li> <li>• Local level - expand the link worker role offer;</li> <li>• Local level – arrange a visioning event to strengthen the resilience, prevention and early intervention vision</li> </ul>

	<p>to 2020/21;</p> <ul style="list-style-type: none"> <li>• Local level - link school leaders into the ongoing development of the Local Transformation Plans;</li> <li>• Local level - develop a local children and young people's mental health and wellbeing dashboard, to enable effective baselining of services and monitoring of Local Transformation Plan initiatives;</li> <li>• Local level - develop a standard referral form and an agreed definition of a mental health assessment.</li> </ul>
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## FIM Theme 2: improving access to effective support

- 9.32 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 continue to move away from a systems 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 to develop a CYP peer support network.

In 2017/18, as a main priority, we will commission a transition service with flexibility around age boundaries, in which transition is based on individual circumstances rather than absolute age. Our current service is to 16 years only, so this will be a significant improvement to the offer in Bury.

Improving access to effective support	
16/17 what we did	<ul style="list-style-type: none"> <li>• Worked towards implementation of the Thrive model;</li> <li>• Implemented risk assessment to ensure that CYP at high risk are now seen as a priority;</li> <li>• Started working on enhancing Bury's child bereavement service so that we are working towards a service covering bereavement and loss;</li> </ul>
17/18 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 –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 services and ensure good practice is developed at a local level;</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 any intelligence it gives to the work on the transition pathway;</li> <li>• Local level - review recent utilisation management data to identify themes that could feed into the ongoing development of the LTP;</li> <li>• Local level - extend the provision of a CAMHS post diagnostic service for children with ASD/ ADSD;</li> <li>• Local level – enhance the local bereavement service to a full time service that that covers bereavement AND loss and has closer links to other teams such as palliative care teams and the early intervention and prevention service.</li> </ul>

### FIM Theme 3: care of the most vulnerable

- 9.33 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.

Care of the most vulnerable	
16/17 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 was accomplished by working closely with Parranthorn School, who offered a venue and member of staff to support the group. The group is open to all young carers in the area and will offer a mix of activities, learning sessions and opportunities for discussion and support. This is an additional group to the other three groups offered for young carers – two at New Kershaw and one in Bury town centre;</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 started working with the Phoenix team and now offer a drop-in for those at risk of CSE but not at the threshold for the Phoenix team. The group is open for males and females and is a mix of activities and learning sessions;</li> <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> </ul>
17/18 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;</li> <li>• Local level - commission a 3<sup>rd</sup> sector organisation to undertake a vulnerable and hard to reach groups needs assessment to inform the local transformation work in Bury</li> </ul>



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

- 9.34 Accountability and transparency is a priority for Bury in 2017/18 and beyond. In January 2017, following a local workshop to identify future priorities, a task and finish group was established to identify Bury's baseline and to start developing a CAMHS local dashboard. This dashboard will be 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.

Overseeing the Local Transformation Plan work was embedded into local governance processes in 2014/15. A Steering Group was established, feeding up to the Childrens Trust Operational Group, then to the Childrens Trust Board and to the Health and Wellbeing Board. 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 NHS England.

Bury continue to collect data as per national requirements and are scoping if any other data/ information is required and what methods of collection may need to be implemented. This work will continue throughout 2017/18. It is our intention that we develop and implement a detailed and transparent set of measures covering access, waiting times and outcomes to allow benchmarking of local services at national level, in line with the vision set out in Achieving Better Access to Mental Health Services by 2010.<sup>8</sup>

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<sup>8</sup> Future in Mind, Department of Health, 2015

## Accountability and transparency

16/17 what we did	<ul style="list-style-type: none"> <li>• Collected data as per national requirements;</li> <li>• Embedded the responsibility of overseeing the operationalisation of the LTP into the children's trust board partnership group governance structure;</li> <li>• Agreed governance processes – up to the H&amp;WB board and the CCG SMT/ Clinical Cabinet;</li> <li>• Implemented a multi-agency local steering group to drive the implementation of the plan (including regular steering group meetings);</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 using IAPT principles;</li> <li>• Used young people in the recruitment of staff for the CEDS service.</li> </ul>
17/18 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 - establish a task and finish group to identify what local measures are needed to develop the required baselines and then monitor improvements. The group will identify if the required information is currently collected electronically or whether any manual data collection mechanisms need putting in place. Trajectories will also be set, in line with the requirements of the 5YFV.</li> <li>• Local level - establish methods of continual data collection and monitoring and a feedback mechanism to bring the information into the Local Transformation Plan Steering Group to inform our ongoing plans.</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. Discussions are at an early stage - a Greater Manchester strategic approach is required to develop the workforce that Future in Mind transformation requires.
- 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.

## Developing the workforce

16/17 what we did	<ul style="list-style-type: none"> <li>• Reviewed the current training offer for children and young people in Bury (led by Children's Trust Operational Group);</li> <li>• The Healthy Young Minds service developed an awareness raising programme, including Lunch and Learn, which was delivered Oct 16 – Jan 17;</li> <li>• Half-day training was also delivered by Healthy Young Minds to Special Educational Needs Co-ordinators (SENCOs) on 29<sup>th</sup> November 2016 and 7<sup>th</sup> December 2016 on both ADHD and ASD;</li> <li>• Training was provided by Healthy Young Minds, in relation to pre-assessment / preventative / early intervention aspects of the urgent care pathway, to the A&amp;E doctors on 26th October 2016 and will continue to be delivered on a six-monthly basis;</li> <li>• Commissioned Papyrus;</li> <li>• Ran 2 x self-harm workshops in Nov 16 and Dec 16 and 2 at the beginning of 2017;</li> <li>• Implemented Assist training;</li> <li>• Recruited link workers to work within the Healthy Young Minds service and develop the links with schools, primary care and other services.</li> </ul>
17/18 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 - commission suicide prevention training;</li> <li>• Local level - train and support Connexions staff to identify key factors which may indicate low level mental health needs and record this;               <ul style="list-style-type: none"> <li>◦ Identify the support/ interventions available that this cohort of young people could be referred to/ signposted to by Connexions staff</li> </ul> </li> <li>• Local level - identify the wider community who could receive training in children and young people's mental health and wellbeing.</li> </ul>

9.41 Our trajectory for increasing the workforce is currently being worked up by the LTP Steering Group. A family therapist has been recruited into the core Healthy Young Minds team and we are currently exploring psychological wellbeing practitioner posts.

Workforce type	2016/17	2017/18	2018/19	2019/20	2020/21
Therapists		Increase	increase	decrease	decrease
Supervisors		increase	increase	decrease	decrease

9.42 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.

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## 10.0 Local Governance

- 10.1 Taking a whole system approach, the Local Transformation Plan was developed through a multi-agency Local Transformation Plan Steering Group. This group is a sub-group of the Children's Trust Operational Group and is responsible for the operationalisation and mobilisation of the Local Transformation Plan.
- 10.2 The Children's Trust Operational Group is the local delivery driver for the plan, dealing with issues and risks and resolving these at an operational level. They are a sub-group of the Children's Trust Board, who report into the Health and Wellbeing Board.
- 10.3 The plan is led by Bury CCG on behalf of all partners and a project manager has been put in place to oversee and mobilise progress. 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.
- 10.4 Time limited task and finish groups will be used throughout the development and implementation of the LTP. The lifespan of each group will depend upon what is required. Some may exist on an ongoing basis. Groups to date include:
- Data collection and monitoring group;
  - Link worker evaluation group.
- Future groups may include (not exclusively):
- Comms and engagement;

## 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.

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## 12.0 Monitoring and Measurement

- 12.1 Throughout the course of the Bury Transformation Plan we aim to ensure delivery against identified actions. Work is still to be done in developing our key performance indicators (KPIs) and methods of measurement. In some cases, new baselines may need to be established to ensure meaningful comparisons. The outcome measures will evolve over the course of the plan. The following table identifies KPIs and baselines that will be discussed and agreed/ rejected by our Steering Group throughout 2017/18.

Between 01/04/16 and 31/08/16 there were 258 referrals accepted into the CAMHS service. The average waiting time to first assessment (12 weeks) in August 2016 was 3 weeks and the average waiting time to treatment (18 weeks) in August 2016 was 3.3 weeks.



KPI	Baseline	Target	Method of Measuring
Increase in % of CYP with a diagnosable MH condition receiving treatment from an NHS funded community MH service	258 referrals between 01/01/16 and 31/08/16	17/18 – 30% 18/19 – 32% 19/20 – 34% 20/21 – 35%	Quarterly monitoring return from provider
Number of CYP commencing treatment in NHS funded community services (No. treated over 2014/15 baseline)	To be determined	To be determined	
Reduced CYP inpatient admissions	21	To be determined	NHSE Specialist Commissioners
Reduced average length of stay in inpatient provision	Baseline to be established	To be determined	NHSE Specialist Commissioners
Reduced unplanned admissions	Baseline to be established	To be determined	NHSE Specialist Commissioners
Reduced waiting times to first contact – 12 weeks	3 weeks	95% (to be seen within 12 weeks)	Quarterly monitoring return from provider
Reduced waiting times to treatment – 18 weeks	3.3 weeks	98% (to be seen within 18 weeks)	Quarterly monitoring return from provider
Reduced DNAs	Baseline to be established	5%	Quarterly monitoring return from provider
Cancellation rates	Baseline to be established	1%	Quarterly monitoring return from provider
No. of CYP accessing community eating disorder service	1	19 (for whole 2017/18)	Quarterly monitoring return from provider
Proportion of CYP with an eating disorder receiving treatment within 4 weeks (routine) and 1 week (urgent)	To be determined	To be determined	To be determined
Proportion of CYP showing reliable improvement in outcomes following treatment	To be determined	To be determined	To be determined
Improved educational attainment (CAMHS users)	Baseline to be established	To be determined	Individual case studies
Total bed days in CAMHS tier 4 per CYP population; total CYP in adult in-patient wards/ paediatric wards	To be determined	To be determined	To be determined
Numbers accessing the neighbourhood hub and accessing SPA	Baseline to be established	To be determined	Quarterly manual collection by provider

### 13.0 Signatures

Name	<b>TBC</b>
Signed	
Position	Cabinet Member for Children, Families and Culture
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>Mark Carriline</b>
Signed	
Position	Executive Director of Children, Young People and Culture
On Behalf Of	Bury Council
Date	
Name	
Signature	
Position	
On Behalf Of	NHS England Specialised Commissioning
Date	

## 14.0 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.

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## 15.0 Definitions

ADHD	Attention deficit hyperactivity disorder
AMHS	Adult mental health services
ASD	Autism spectrum disorder
CAMHS	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
EMHWP	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
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

## Appendix: Bury Local Transformation Plan 2017/18

Theme 1: Resilience, prevention and early intervention						
Activity area	Action	Timescale	Led by (lead agency)	Expected outcomes	Outcome measures	Financial allocation
Visioning (local)	Continue to establish, the resilience, early intervention and prevention vision for Bury to 2020/21	2017/18	LTP Steering Group, led by CCG	Clear vision established	Inclusion of the vision in the next revision of the LTP	
Single point of access (local)	Continue to integrate HYM link workers into neighbourhood hubs and support neighbourhood working	2017/18	PCFT	Better/ closer links with other services and more integrated service for children and young people	Proportion of positive feedback about the service  Number of CYP using the hubs	
Link workers (local)	Further develop link working	2017/18	PCFT	Better links with schools, primary care and other stakeholders	Increase in children and young people managed by link workers  Increased quality of referrals	
Schools (local)	Link school leaders into the ongoing development of the LTP	2017/18	LA/ PCFT	Greater integrated working	Increased level of training delivered in schools	
Transparency (local)	Develop a local CYP mental health and wellbeing dashboard	2017/18	CCG	Greater transparency	Local access and activity figures published in the LTP	
Assessment (local)	Develop a standard referral form and an agreed definition of a mental health assessment	2017/18	PCFT	Referral form in place	Referral form in place	
I.T. Infrastructure (GM)	Continue to pursue an I.T. solution at a GM level	2017/18 & beyond	CCG	Increased data sharing	To be determined	

Theme 2: Improving access to effective support						
Activity area	Action	Timescale	Led by (lead agency)	Expected outcomes	Outcome measures	Financial allocation
Transition (local)	Implement transition team with flexibility around age boundaries, in which transition is based on individual circumstances rather than absolute age  Collect data on substance misuse and link intelligence to the work on transitions	2017/18	PCFT	Transition team in place for Bury  Service in place that goes above 16 years	All young people to age 18 years are eligible for a service  Reduction of CYP in crisis	
ASD/ADHD (local)	Extend the provision of a CAMHS post diagnostic service for children with ASD/ ADSD	2017/18	PCFT	Ongoing ASD/ADHD provision in Bury	To be determined	
Bereavement (local)	Consider proposals for an enhanced bereavement service	2017/18	CCG	Enhanced bereavement service in place in Bury	Service in place	
Thrive (GM)	Application of THRIVE model and development of the GM I-THRIVE hub	2017/18 and beyond	PCFT	Consistent way of working across GM	To be determined	
OOH and crisis liaison (GM)	Support the development of GM OOH and crisis liaison service	2017/18 and beyond	CCG	Consistent service across GM	To be determined	
ADHD (GM)	Support implementation of agreed GM standards underpinning delivery of ADHD servs. and ensure good practice is developed at local level	2017/18 and beyond	PCFT/ CCG	Consistent way of working across GM	To be determined	

Theme 3: Care of the most vulnerable						
Activity area	Action	Timescale	Led by (lead agency)	Expected outcomes	Outcome measures	Financial allocation
Needs assessment (local)	Commission a 3 <sup>rd</sup> sector organisation to undertake a vulnerable and hard to reach groups needs assessment to inform the LTP work	2017/18	CCG	LTP meets needs of vulnerable/ hard to reach groups	Production of a report identifying needs of vulnerable and hard to reach groups in Bury (other actions to be determined based on the findings in the report)	
Improving outcomes/ quality (GM)	Collaborate with GM colleagues to scope where a GM wide response to the needs of CYP in vulnerable groups will improve outcomes/ quality and provide systems wide efficiencies	2017/18	CCG	Improved outcomes/ consistent quality and systems wide efficiencies	To be determined	

Theme 4: Accountability and transparency						
Activity area	Action	Timescale	Led by (lead agency)	Expected outcomes	Outcome measures	Financial allocation
Baselines and monitoring (local)	Establish a task and finish group to identify what measures are needed to develop the required baselines and then monitor improvements.  Identify if the required information is currently collected electronically or whether any manual data collection mechanisms need putting in place.	2017/18	CCG	Baselines, measures, trajectories and targets and methods of measuring identified. Greater transparency.	To be determined	
Trajectories (local)	Set trajectories, in line with the requirements of the 5YFV.	2017/18	CCG			
Monitoring (local)	Establish methods of continual data collection and monitoring and a feedback mechanism for the information into the LTP Steering Group.	2017/18	CCG			
GM data systems (GM)	Contribute to the development of a GM data system to improve quality and timeliness of available information.	2017/18	CCG			



Theme 5: Developing the workforce						
Activity area	Action	Timescale	Led by (lead agency)	Expected outcomes	Outcome measures	Financial allocation
CPD of existing staff (GM and local)	Develop joint agency plans for CPD of existing staff via GM workforce development team	2017/18	CCG	Development of local workforce	Level of training for practitioners	
Learning (local)	Share learning/ developing training from serious case reviews	2017/18	PCFT	Development of local workforce	To be determined	
Suicide prevention training (local)	Commissioning suicide prevention training	2017/18	CCG	Development of local workforce	To be determined	
Training of the wider workforce (local)	Train and support Connexions staff to identify key factors which may indicate low level mental health needs and record this	2017/18	PCFT	Development of local workforce	To be determined	
	Identify the wider community who could receive training in CYP mental health and wellbeing			Development of local workforce	To be determined	
Links between RAID and CYP & HYM (local)	As noted under the Bury crisis care concordat action plan, explore training for the RAID team to work with CYP and HYM and explore the 1-2 staff workers required to work with and across teams to ensure the current gap in transition is closed, whilst we work up our transition team offer	2017/18	CCG/ PCFT	Development of local workforce	To be determined	

National priorities						
Activity area	Action	Timescale	Led by (lead agency)	Expected outcomes	Outcome measures	Financial allocation
Community eating disorders service (GM)	Work with GM colleagues towards a GM wide service	2017/18 and beyond	CCG	CYP able to access a consistent CED service across GM	Full implementation of GM wide service	
CYP IAPT (local)	Scope who/ which services could be IAPT trained and how the supervisory element might be undertaken	2017/18	PCFT	Services working within IAPT programme by 2018	Number of services working within IAPT programme	
	Continue to promote BWW through primary care and social media			Increased usage of BWW	Number of young people using BWW	
Perinatal mental health (local)	Review local pathways to ensure referrals to BEATS is included	2017/18	CCG	To be determined	To be determined	
	Review what services are in place for stillbirth and miscarriage support, with a view to development, based on findings.			To be determined	To be determined	