Bury Council

NHS Bury Clinical Commissioning Group

Meeting: Strategic Commissioning Board			
Meeting Date	06 September 2021	**Action**	Approve
Item No	13	**Confidential / Freedom of Information Status**	No
Title	Bury Community Mental Health Services Investment Proposal, Adults and Children and Young People		
Presented By	Will Blandamer Executive Director of Strategic Commissioning		
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Council Lead	Andrea Simpson		

Executive Summary

This report initialises a step change in how we will move to redesign our mental health adults and children and young people pathways moving forward as we build back better from Covid. This paper relates to the service pressures and impact of Covid on Emotional Health and Wellbeing and Mental Health and our Bury population.

The report also highlights establishing a shared baseline of understanding of the current pressures and demands across the mental health system and also pulls together a range of propositions for Adults and Children and Young People's services, utilising investment from non-recurrent monies and future Mental Health Investment Standard funding to meet the growing demands.

This is done within the backdrop of the national and Greater Manchester funding streams and maximises investments to support innovation and system working to better support the delivery of the outcomes within Mental Health long term plan and the Bury 2030 strategy.

The adults briefing and associated recommendations outlines the current resource and capacity issues within the Bury Community Mental Health Team (CMHT) resulting from extra demand. To aid capacity and mitigate against the risks of not being able to meet the extra demand in the CMHT, an enhanced staffing proposal has been developed by NHS Bury Clinical Commissioning Group (CCG) and Pennine Care Foundation Trust (PCFT) that sees staffing enhanced and ensures demand can be met and delivers the ability to restructure the CMHT ensuring improved links with our neighbourhood system.

The children's briefing and associated recommendations seeks to address the step change needed to re balance the children's provision so that there is more of a wider community offer, to meet more need. Adopting the Thrive model and building capacity highlights the need for

more early intervention and prevention and the longer-term development of a strategy and investment plan.

These proposals are phased over 3 years to make use of the additional yearly investment required by the Mental Health Investment Standard national policy with ensures growth each year and is a significant contribution to Bury commitment to meeting the Mental Health Long Term Plan

Recommendations

It is recommended that the Strategic Commissioning Board:

Adults

- Approve part 1 of the 'Enhanced Staffing options proposal' which will allow the recruitment of 6 Mental Health Practitioner posts (NHS Band 6).
- Approve part 2 of the 'Enhanced Staffing options proposal' - further requirement of an additional 9 staff (NHS Band 6) to make the service safe. Recruitment is likely to take place in Quarter 4 2021/22 for an intention to employee 2 Mental Health Practitioners.
- Recognise the expansion of the service with the redesign of the CMHT service and development of the Community Mental Transformation.

Children and Young People

- Approve the actions and investment set out within this report for Children's and Young Peoples Mental Health investment
- Acknowledge the complexity and timeliness of the task at hand and endorse the use of any additional slippage in recruitments to be redirected to shore up the children's system within the ascribed financial costs

Links to Strategic Objectives/Corporate Plan	Yes
Does this report seek to address any of the risks included on the Governing Body / Council Assurance Framework? If yes, state which risk below:	Choose an item.
Add details here.	

Implications						
Are there any quality, safeguarding or patient experience implications?	Yes	☒	No	☐	N/A	☐
Has any engagement (clinical, stakeholder or public/patient) been undertaken in relation to this report?	Yes	☒	No	☐	N/A	☐
Have any departments/organisations who	Yes	☒	No	☐	N/A	☐

Implications						
will be affected been consulted ?						
Are there any conflicts of interest arising from the proposal or decision being requested?	Yes	☐	No	☒	N/A	☐
Are there any financial implications?	Yes	☒	No	☐	N/A	☐
Are there any legal implications?	Yes	☐	No	☒	N/A	☐
Are there any health and safety issues?	Yes	☐	No	☒	N/A	☐
How do proposals align with Health & Wellbeing Strategy?						
How do proposals align with Locality Plan?						
How do proposals align with the Commissioning Strategy?						
Are there any Public, Patient and Service User Implications?	Yes	☒	No	☐	N/A	☐
How do the proposals help to reduce health inequalities?	Yes					
Is there any scrutiny interest?	Yes	☐	No	☐	N/A	☒
What are the Information Governance/ Access to Information implications?						
Is an Equality, Privacy or Quality Impact Assessment required?	Yes	☐	No	☐	N/A	☒
If yes, has an Equality, Privacy or Quality Impact Assessment been completed?	Yes	☐	No	☒	N/A	☐
If yes, please give details below:						
If no, please detail below the reason for not completing an Equality, Privacy or Quality Impact Assessment:						
Are there any associated risks including Conflicts of Interest?	Yes	☒	No	☐	N/A	☐
Are the risks on the CCG /Council/ Strategic Commissioning Board's Risk Register?	Yes	☒	No	☐	N/A	☐

Implications	
Additional details	*NB - Please use this space to provide any further information in relation to any of the above implications.*

Governance and Reporting		
Meeting	**Date**	**Outcome**
Add details of previous meetings/Committees this report has been discussed.		

1. Adults Investment Proposal

2. Introduction

2.1. This briefing outlines the resource and capacity issues within the Bury Community Mental Health Team (CMHT) resulting from increased demand which risks impact on waiting lists, staff capacity/moral and overall quality of care being delivered to patients. To aid staffing capacity issues in the CMHT in partnership with the CCG, have developed an 'Enhanced Staffing proposal' for the SCB to consider

2.2. Part 1 of the Enhanced Staffing proposal highlights the need for the service to recruit 6 Mental Health Practitioner posts (NHS Band 6). Without these additional staff measures the capacity of the team would be stretched and the current waiting lists could rise. The current use of agency staff presents a significant risk to service delivery not just in the risk of turnover but also because the use of agency staff cannot be permanently funded by the Trust.

2.3. Part 2 of the Enhanced Staffing proposal also identifies recurrent funding for 9 additional staff (NHS Band 6 Mental Health Practitioners). This would be carried out in a phased approach and aligned to the redesign of the CMHT service and in the future with the Integrated Neighborhood Team (INT) function, Primary Care Network (PCN) development and Mental Health Community Transformation as part of the Bury Mental Health Living Well Model.

3. Background

3.1. Bury CMHT is an integrated health and social care workforce within PCFT to support patients aged between 16 to 64 years of age. It is currently provided under a block contract arrangement. The team provide a range of interventions including assessment, care planning, treatment, support and care for adults with severe and enduring mental health problems. The CMHT Social Workers are employed by Bury Council and are under a single line management structure of PCFT.

3.2. Bury CMHT cares for people in Bury and/or registered with a Bury GP (as per the GM cross border arrangements), who are suffering from severe and enduring mental illness, typically those with schizophrenia, severe affective disorder or a complex personality disorder, but this does not yet extend to the structured clinical case management programme for personality disorder. It provides a service for people with a substantial disability and/or vulnerability as a result of their illness, such as an inability to care for themselves independently, maintain relationships or sustain employment.

3.3. The CMHT is a multidisciplinary service that consists of Team manager, Community MH nurses, MH Social Workers (some qualified AMHPs). The CMHT can only accept referrals from the Access and Crisis service that have been assessed as requiring secondary care mental health services and meets the CMHT enhanced criteria for CPA coordination.

3.4. The CMHT service provides for people aged 16-64 years old. Once a service user has

been assessed as appropriate for the service they are allocated a Care Coordinator who can either be a mental Health Nurse or a Mental Health Social Worker. The Service operates Monday to Friday 9am to 5pm.

3.5. The NHS Long Term Plan sets out the ambition for the integration of primary and community care services for adults and older adults with severe mental illness (SMI). There is a requirement from the NHS long term plan and the recently announced Mental Health Transformation Programme for CMHT functions to work in collaboration with neighbourhood teams and primary care partners, where possible working across a neighbourhood footprint. Currently Bury CMHT is a single centralised specialist service that facilitates the borough however this proposal will facilitate further integration with our neighbourhood system.

3.6. Bury Local Authority have carried out a Service Review of CMHT from a Social Care perspective however, the scope has also taken account of the health and clinical provision. The review highlighted a number of clear themed areas for development with specific actions aligned to each theme. The service has been working over the last nine months to streamline systems, processes and functions and build collaborative relationships and pathways with VCFA partners in the locality. This has alleviated some of the historical pressures and a number of service users have had safe transitions into other supportive services.

3.7. Appendix 1 showcases the proposed new CMHT model that PCFT have been developing across the Trust footprint. The service model components effectively ensure that the two groups of service users (short term/long term group) benefit from assessment and formulation with input from a multi-disciplinary team (MDT).

3.8. The short term group will compromise of service users with conditions that require time-limited interventions, with discharge on completion or move to substantial intervention into the long term support. The long term service users will require ongoing treatment, care and monitoring for prolonged periods but managed within a recovery model to eventually discharge. This includes severe and enduring mental health disorders with an assertive outreach team for those who require intense one to one support or are difficult to engage. Care will be centred around an individual's needs and will be stepped up or down based on need and complexity, and on the intensity of input and expertise required at a specific time.

3.9. PCFT are confident that the Trusts proposed new CMHT model is consistent with the design principles outlined within the new national Mental Health Community Framework. Moreover, the GM Innovation Unit, which has been commissioned by GM Health and Social Care Partnership to support the Mental Health Community Transformation Programme, have reviewed the Trust's model in detail and agreed that it is entirely consistent with the new CMHT service approach. However, they also advise that the context in the new Mental Health Community Framework provides greater opportunity to consider new roles, increased integration and partnership approaches, and that the Trust need to review this with regards to the staffing models in particular, the role of VCFA partners to support with the non-clinical aspects of provision. These recommendations along with neighbourhood and place based principles will be followed as the Trust redesigns the Bury CMHT offer going forward. The recruitment of the 15 Mental Health Practitioners is required as well as to ease the immediate

pressures within the service but also to facilitate this continued development and transformation of the Bury CMHT.

3.10. Community care for adults and older adults with Serious Mental Illness (SMI) is one of the key priorities from the NHS Long Term Plan (LTP) because of historic timely access and quality gaps. Covid has only added to existing pressures with this group among those most adversely affected by the pandemic.

3.11. There are currently no national targets set against CMHT services however, NHS England is currently consulting on new Mental Health standards which have been piloted by Mental Health providers in collaboration with acute NHS Trusts and are backed by clinical and patient representatives. It is expected that these new standards will come into effect from April 2022. The following new standard relates to the CMHT service which given the current pressures would not be met:

3.12. "Adults and older adults presenting to community-based mental health services should start to receive help within four weeks from referral. This may involve the start of a therapeutic intervention or a social intervention, or agreement about a patient care plan"

4. Enhanced Staffing proposal

4.1. Bury CCG has worked with the CCG to develop an Enhanced Staffing proposal from which is requesting funding approval from the CCG for 15 additional Mental Health Practitioners (NHS Band 6) required to provide a safe CHMT service in a phased manner over the next 3 financial years

4.2. Following conversations with PCFT colleagues, it is clear that the immediate requirement is to allocate recurrent funding for the recruitment of 6 Mental Health Practitioner posts (NHS Band 6). The additional 9 staff required will need to be recruited in a phased approach. Both Commissioner and Provider have agreed to work together on mobilisation plans and progress recruitment along a phased approach.

4.3. It is acknowledged that there is a shortage of MH practitioners nationally and recruiting all 15 Mental Health Practitioners would be a challenge. PCFT have agreed to phase the recruitment over a 12 month period. This would mean recruiting 2 MH Practitioners per quarter – starting from Quarter 4 of 2021/2022.

4.4. The following table is the breakdown of funding required from October 2021 to March 2022 and recurrent pickup:

PCFT Community MH Service - Funding Request

Establishment	Period	CYR £000	PYR 22/23 £000	FYR £000
6 wte Band 6 MH Practitioners	Oct 21 - Mar 22	125	250	250
2 wte Band 6 MH Practitioners	Jan 22 - Mar 22	20	80	80
7 wte Band 6 MH Practitioners phased - Q1	April 22 - Mar 23	-	80	80
7 wte Band 6 MH Practitioners phased - Q2			60	80
7 wte Band 6 MH Practitioners phased - Q3			40	80
7 wte Band 6 MH Practitioners phased - Q4			10	80
Non pay costs		14	20	20
Sub-Total (Pay & Non-pay)		**159**	**540**	**670**
Contribution to overheads/surplus at 14%		22	76	94
Total cost		**181**	**616**	**764**

Notes :

The above does not include any estates costs originally estimated £100k pa - to be discussed with PCFT.
AFC uplift 21/22 not applied in above figs.

4.5.

MH funding request	CYR £000	FYR 22/23 £000	FYR £000
CMHT	181	616	764
CYP	247	464	464
Total request for funds	428	1,080	1,228

More detailed overview of the financial overview is available on request

4.6. The commitment form the Mental Health Investment Standard is as follows for the next 3 years

	Yr 22-22	Yr 22-23	Yr 23-24
Required from MHIS	-	1080	148

4.7. Please note the finance table does not yet include estates costs for the adults proposal which are yet to be calculated but will not exceed the funding available.

4.8. SCB should be aware of the continued funding pressures on Mental Health. It is expected that the CCG/ICS will still have to meet a Mental Health Investment standard for future years. Currently guidance is not available on how this will be calculated. However, if the calculation is similar to that for previous years i.e. spending more than the CCG's allocation growth, then it is likely that the overall target spend will be similar. This target spend will need to pick up inflationary costs

(pay and prices) and in addition the full year effect of schemes funded in 2021/22 namely the CMHT discussed here and the other priority scheme for the CCG namely Children and Young (CYP).

4.9. When the totality of the costs are taken into account, this will likely account for most of the CCG's MHIS target for 2022/23 leaving little resource to meet other known pressures such as EIP, Eating Disorder, Mental Health Liaison, CAMHS etc. These form part of the Mental Health commitment and priorities outlined in the NHS Long Term Plan as well as identified local service gaps. Further, it is not clear whether the CCG/ICS will need to make current year Service Development Fund (SDF) schemes recurrent in future years.

5. Associated Risks

SCB are asked to be aware of the potential risks associated with the CMHT service pressures:

- Significant patient risk – if staffing is not increased there is a significant risk of a number of patients being on the waiting list without an allocated Care Coordinator. There is a risk of patient conditions deteriorating and reaching crisis with a potential to have an impact on other services and the wider system.

- Staffing risk - staff well-being is a concern as CMHT managers may see staff requesting a reduction in working hours due to the pressure and demand of the work which may impact on staff moral and staff resilience.

- Service provision risk – there is a possible risk for the service to become non-operational if the current risks are not mitigated.

- Organisational reputation risk – there is a risk of adverse publicity and regulatory scrutiny if the service does not mitigate emerging pressures.

- Financial risk – Mental Health funding pressures exceed the expected MHIS target in 2022/23 and subsequent years.

6. Adult Recommendations

- It is recommended that SCB approve the recurrent amount of £181,000 required for the PCFT CMHT service to recruit 6 MH Practitioners from October 2021-March 2022 and to also recruit 2 additional practitioners with an expected start date in quarter 4 of 2021/22.

- It is recommended that SCB approve the incremental staffing increase to the total ask of 15 MH Practitioners required in the CMHT service at a part year cost of £616,000 in 2022/23 and full year recurrent costs of £764,000 from 2023/24 as part of the Mental Health Investment Standard.

1. Children's Investment Proposal

1.1. Introduction

1.2. This briefing outlines the resource and capacity issues within the local Bury Children's mental health system and the proposed series of interventions in the paper will start to address the system redesign in accordance with the Thrive framework.

1.3. We want the children and young people of Bury to have good positive mental health and we recognise that promoting and supporting positive emotional health and wellbeing is everyone's business. The aim is to move away from a system defined by services and organisations to one built around the needs and lived experience of children, young people, and their families, offering increased choice and control, intervening early, and building long term resilience. In achieving this we must work differently as a system and jointly own all our Bury children; to support this, we will develop a single shared vision for CYP in Bury to expect and receive the very best services and support, advice and guidance from Schools local health and care agencies including VCSE partners.

1.4. We also need to be building more capacity across other parts of the system to meet increased need and build a stronger system for children. The COVID 19 pandemic significantly impacted upon the delivery of acute services across the NHS.

1.5. Despite Bury having high quality health services across primary, community, secondary care and the third sector the scale and the depth of the impact of COVID means that the current models of care can't address the problem and support the recovery required. Added to this the exacerbation of pre-existing access and waiting time pressures has caused a considerable increase in the time children are waiting to receive non-urgent treatments.

1.6. Within this work we will always maintain a key focus on addressing health inequalities and inclusion at a neighbourhood level and becoming trauma informed in our approaches is needed as we progress.

2. Background

2.1. National context

2.2. The pandemic has had a devastating impact on many of the young people. The national charity YoungMinds have surveyed children & young people in early 2021. They reported feeling deeply anxious, resumed self-harming and are having panic attacks. They are losing motivation and hope for the future. Some young people will be dealing with multiple pressures, especially those who have been bereaved or experienced other trauma during this time. When asked what the main pressures were during the current lockdown, respondents mostly spoke of loneliness and isolation, concerns about school, college or university work and a breakdown in routine. Many young people also expressed fears about the future, and although some were optimistic about the vaccine roll out, others were concerned that easing restrictions too soon could lead to further restrictions in the future.

2.3. The YM survey of 2,438 young people aged 13-25, between 26th January and 12th February 2021 shows:75% of respondents agreed that they have found the current lockdown harder to cope with than the previous ones including 44% who said it said it was much harder. (14% said it was easier, 11% said it was the same)

2.4. 67% believed that the pandemic will have a long-term negative effect on their mental health. This includes young people who had been bereaved or undergone traumatic experiences during the pandemic, who were concerned about whether friendships would recover, or who were worried about the loss of education or their prospects of finding work. (19% neither agreed nor disagreed, 14% disagreed)

2.5. 79% of respondents agreed that their mental health would start to improve when most restrictions were lifted, but some expressed caution about restrictions being lifted too quickly and the prospect of future lockdowns.

2.6. GM policy and context The Northwest NHS Regional Office has produced a comprehensive analysis which describes how and why the region has been disproportionately affected by the COVID19.pandemic over the last 18 months.

2.7. Overall, GM has seen unprecedented growth in demand for mental health services during the COVID period, in key areas such as eating disorders, IAPT and inpatient care. Waiting lists have increased, with some individuals waiting more than 18 weeks in core community services and waits exceeding 1 or 2 years in highly specialist services such as ADHD assessment. The acuity of patients has also increased.

2.8. Higher rates of Mental Health Act detention and complex presentations have impacted on flow through the system and the ability to facilitate timely discharge. Pressures have been reported across the system, by both statutory providers and VCSE partners where increased demand, acuity and complexity, and long waiting times, are impacting on the wider system's ability to respond.

2.9. Within Greater Manchester Mental Health NHS Foundation Trust (GMMH) waits exist in a number of different pathways, and snapshot figures show over 1300 people waiting for ADHD and ASC assessments, 400 adults on community eating disorder waiting lists, and over 100 people awaiting admission to the substance misuse beds at the Chapman Barker Unit (CBU), among other areas.

2.10. With an investment of £20m revenue and £0.76m capital GM can support the increased levels of demand for mental health services through assessment and treatment pathways, facilitate earlier discharge and improve access times. In addition, targeted support for 7,000 existing long waiters will be provided. This investment will support additional capacity beyond that provided by Long Term Plan monies.

2.11. GM have seen unprecedented growth in demand for mental health services during the COVID period, in key areas such as eating disorders, IAPT and inpatient care. Waiting lists have increased, with some individuals waiting more than 18 weeks in core community services and waits exceeding 1 or 2 years in highly specialist services such as ADHD assessment.

2.12. The acuity of patients has also increased. Higher rates of Mental Health Act detention

and complex presentations have impacted on flow through the system and the ability to facilitate timely discharge. Pressures have been reported across the system, by both statutory providers and VCSE partners where increased demand, acuity and complexity, and long waiting times, are impacting on the wider system's ability to respond. Investment in additional capacity will improve access for target groups, reduce health inequalities, and improve both patient experience and outcomes. A similar picture can be seen in Pennine Care Foundation Trust (PCFT) with current waiting lists in CAMHS at 1000+ and particularly pressures in the ADHD/ASC pathways. There are also currently 2700 patients waiting for IAPT with key pressures accessing Step 3 pathways. Additionally, there are around 150 patients in the community pathway waiting for secondary care psychological therapy intervention. GM have requested funding to address these long waits. This report has been drafted with this investment in mind.

2.13. Whilst the GM proposals focus on waiting lists and specific groups and managing the demand the system is experiencing, it does not address stemming the flow of demand, which the proposals with this report address.

2.14. The impact of the pandemic in Bury has influenced children and young people's emotional wellbeing and mental health in Bury. It has brought to light system pressures that were perhaps previously being managed. However, Bury system pressures are increasingly evident with stress on emergency departments, schools, primary care, and the wider system.

2.15. This manifest in a range of ways, including, long waiting lists- Pennine Care NHS Foundation Trust enacted their business continuity plan in November 2020 and unfortunately there is still no mitigation or trajectory of recovery. This means that currently only risk management support is being provided. This a service to the highest risk young people who present in crisis.

2.16. Many children are in distress but don't have a diagnosable mental health condition. The service offer to these young people is within Early Break who are sub-contracted by PCFT but who also have waiting lists and reduced capacity to deliver more within the current funding envelope.

2.17. Schools report children acting out, with an increase in self-harming behaviours in young women and an increase in anger and aggression in young men. In one Bury high school alone, there had been 6 suicide attempts since schools returned in March 2021.

2.18. Schools are asking for increased support and guidance regarding CYP presentations with some schools not currently equipped to manage these issues confidently.

2.19. Upon review and gap analysis it appears there is a limited offer for children to access emotional wellbeing support before they fall into crisis. The recently commissioned Utilisation Management review highlighted the opportunities to meet need earlier by considering young peoples lived experiences in what drove them to crisis point.

2.20. We have seen a significant increase in the number of children and young people presenting at emergency departments in crisis. The personal circumstances that led

those young people to fall into crisis included: Increased anxiety, Loss of freedom, Self-isolating, or covid-19 symptoms, Parental anxiety, Family bereavement.

2.21. Key messages of what matter to Young people were:

2.22. Service provision; Face to Face Not being able to have face to face consultations had a detrimental impact on care for some young people. They felt not being able to assess someone's body language, surroundings, facial expressions, and other non-verbal communications created barriers.

2.23. A reliance on the Voluntary Sector provision which is a small component part of the HYM pathway for which demand outstrips capacity.

2.24. A lack of School based support.

2.25. The need for a community-based offer.

2.26. Children and young people within the Circle of Influence events told us that they wanted mental health provision within the school environment. They didn't want to wait for long periods on waiting lists with no contact.

2.27. School staff have detailed to us the lack of capacity and confidence in dealing with children and young people's emotional health and wellbeing needs. The professional help line pilot may support this but as, yet it has not gone live. Crisis pathways are not clear. Lastly, young people reported a lack of out of hours provision.

2.28. The impact of Covid-19 on young people has worsened with each wave. The UM review was initiated in 2021 and used data from the first wave in 2020 , we have since had wave 3 and nationally Young people report "Groundhog Day"; "No progress"; "no end in sight"; no "light at the end of the tunnel." (youngminds.org.uk, p8)

3. Service proposal

3.1. The proposal within this brief is to build capacity in what was typically Tier 2 (Getting Help Quadrant) provision to bolster and increase early low level provision , so that more children and young people have access to support mechanisms and trusted adults before their needs exacerbate into crisis resulting in the need for high level and high cost interventions. The proposals will secure increased provision in this quadrant to help mitigate Covid impact and provide early intervention and prevention. It builds and supports the THRIVE approach for CYP being developed as part of the Children and Young Peoples Mental Health Charter workstream. (A more detailed overview of the iThrive framework is within appendix 2.)

3.2. One of the additional wider system impacts of Covid has been recruitment and retention of staff, mental health providers are reporting a challenge with recruitment and retention of staff. However, CVS organisations can recruit and operationalise delivery of provision in a responsive and agile manner utilising a range of skill sets to meet need, developing a range of emotional support provision , rather than clinical based interventions.

3.3. It is proposed to work directly with one of our CVS organisations, to increase provision to intervene earlier and prevent poor mental health. Building on the long-standing partnership, it is proposed to inject investment in the wider system to support earlier interventions and to prevent CYP going into crisis.

3.4. Enabling the children's mental health system to rebalance, aiding mental health practitioners to focus on those children with diagnosable mental health issues and providing support across the wider system to those who do not.

3.5. It is pertinent to report that the overall offer from our colleagues in the CVS was more substantive and has been considerably amended to meet the current funding envelope. And as such there is a rolling priority of needs to be addressed should more funding become available.

3.6. There is still much more needed to be done across the children's mental health agenda, but this investment marks a step change in systems thinking and coming together as a single care system with equity of influence to deliver better systems and provision for Children in Bury. Should additional monies be identified there are a range of priority areas we would further build into the children's system. It is underpinned by an emerging strategy for children's and young people's mental health across Bury locality.

3.7. The following details proposals from a CVS organization in consultation with commissioners, in response to the current system pressures within the Children's Mental Health system. Supporting the delivery of a CYP Mental Health system more flexible, agile, and responsive.

3.8. The commissioning need is to develop and build capacity in traditional T2 provision as a significant gap is present. This is to prevent children and young people from falling into crisis and requiring higher acuity interventions further in the pathway.

3.9. The original proposal was designed to match the current level of need noted across the system but was more than the current funding envelope. Therefore, a review of what is currently essential provision has been applied. Below details a commissioner revised proposal, identifying what is needed within the system. However, those offers currently out of our financial scope can be prioritised as we progress into the next financial year. This paper offers a mix of additionality and innovations which help to address the current challenges we face in Bury, and which will lead us towards a robust sustainable children's iThrive model.

3.10. **Community support** in mental health provision. Supporting referrals, including pathways with: complex safeguarding, MASH, risk-taking behaviours, non-school mental health support and harm-reduction advice guidance and support via low-level interventions in school around mindfulness, self-care and wellbeing. Offering a group cycle- 6 weeks on anxiety management/ anger management/ self-injury/ peer-support.

3.11. **This investment will lead to the following outcomes**: Children and young people aged 14-25 would have access to community-based interventions to support lower level emotional and mental health needs. These needs would be met earlier, and those

needs would not exacerbate to reaching crisis point before they get access to support. This increasingly would support those young people who do not have a diagnosable mental health condition, but who are at high risk of developing one. It will provide children and young people with a seen presence of support in schools and communities. This investment would see the reach of the provision increase capacity by 240 YP. Added value, this would be supported by the already commissioned Getting Help line and social media presence of the provider, delivering wider messages on multiple platforms. **Cost £86,634 for 2 x EHWB workers**

3.12. The children and young people who presented in emergency departments or who have successfully completed suicide have predominantly come from this age group. It is recognised that more bolstering of the transition age group needs to be undertaken for those children who don't have a diagnosable mental health issue. The CVS organisation have previously secured external funding from a national charity to bridge this gap, however this funding is due to end in September 21, it is proposed that this be maintained and increased to meet demand.

3.13. Closing the Gap – This is a Grant funded transition pathway is due to end September 2021 – this has provided a F/T role for the last two years but a change in the funders priorities means this is to end. Enquiries and referrals are being directed to Access and Crisis and A&E at present putting additional pressure on the system. 10 referrals redirected into the system in the last week. Additional Investment -Transition EHWB workers- community -serving 16-25-year old's where there is unmet MH need and linked in with more acute pathways.

3.14. **This investment will lead to the following outcomes**: Working with and supporting those Young People who have undiagnosed mental health issues but who are at risk of falling into crisis will enable Bury to address those young people who present in emergency departments but do not meet CAMHS criteria. These young people are often known to multiple services and have complex needs. The provision will provide age appropriate support for 16-25 year olds who commonly do 'fall through the gap'. The project will provide holistic support for their emotional health and substance use and provides referrals/signposting for education, employment, housing, relationships, social prescribing, financial, sexual health. This provision will support and bridging the gap to deliver alternative support mechanisms and if needed support and transition into adult provision. Improving reach and provision to support more young people per year, delivering better outcomes and savings across the lifecourse. **Indicative costing: -£86,634k for x2 transition workers**

3.15. As Bury moves towards Place-Based working & community assets, it is pertinent to plan to engage and commission with the broader VCSE sector of community and grass roots organisations to further enhance the offer in our communities and neighbourhoods, linked in and supported by the detached and outreach offers across the borough.

3.16. **Bereavement and Loss Counselling**. Now, more than ever before children and young people are experiencing loss and grief on a measure not previously seen. Bury currently have one full time bereavement counsellor supporting approx. 70 young people per year. Additional counselling provision is essential now to prevent long term mental health issues across the life course. It is proposed to double this provision.

Dedicated 1:1 support with a specialist bereavement and loss counsellor delivered face to face or virtually. Currently 82 young people on waiting list/ waiting time of 1 year with expectation of increase in referral. Added capacity into current provision would see an additional : 1 FTE Bereavement and Loss counsellor-delivering an outcomes of - reducing waiting times, increasing reach and offer to community offering case-work and wider-family offer, developing resources and interventions to families and increase accessibility of psycho-education resources for wider community

3.17. **This investment will lead to the following outcomes**: an increase in the number of children and young people experiencing loss and bereavement able to access the right support. an additional 70 recipients of service over the year. **Additional budget request: £43,317 FTE counsellor**

3.18. **Protected cohort's LGBTQ**. Physical distancing, a practice that has been in place now for over a year, has particular consequences to The Proud Trust's primary beneficiaries through a "potential loss of the social connections that protect LGBTQ youth from suicidality" and, "negative consequences related to being confined to an environment that may be unsupportive or abusive" Those that accessed supportive places and services valued them as a safe place away from the homes or to connect with others that understood their lived experience, have been cut off from such assistance for a prolonged period.

3.19. In a study published in February 2021, the charity Just Like Us reports that, "over half of LGBT+ youth worry daily about their mental health during the pandemic and are twice as likely to feel lonely compared to their straight peers." In the research with almost 3,000 secondary aged pupils, they found that, 68 % of LGBT+ young people said their mental health had worsened during the pandemic, with a similar proportion (70 %) of trans youth saying their mental health had taken a turn for the worse. LGBT+ young people were twice as likely (52 %) as their non-LGBT+ peers (27 %) to have felt lonely and separated from the people they are closest to daily during the lockdown.

3.20. The Bury Emotional Health and Wellbeing Needs assessment highlighted in Bury, 10.4% of Children and Young People identify as LGBT according to the commissioned Bury School Survey, (SHEU, 2019). This is significantly higher than the ONS estimate for adults identifying as LGBT, which was 1.7% in 2015, (ONS, 2015). We currently have no bespoke provision for children who identify as LGBTQ, this proposal addresses this. LGBTQ+

3.21. A bespoke offer from a Partnership with the Proud Trust is vital for our CYP and a rationale for this has been previously shared and the evidence is highlighted above. Suggested quadrant: getting advice and signposting, getting help. Proud Trust offering: youth groups, training, trans-care navigator, outreach.

3.22. **This investment will lead to the following outcomes:** The delivery of Youth groups, training, trans-care navigator, outreach will support children and young people who identify as LGBTQ to feel more connected and experience less isolation and loneliness. Therefore, reducing the emotional distress and mental health pressures this cohort of young people can experience. Reduction in LGBTQ young people falling into crisis. Training into the wider system will support the wider Bury system in

becoming more inclusive and diverse. **Indicative costings: £33,000**

3.23. **The post diagnostic pathway** for families who have children with a diagnosis of ADHD and or Autism, is under increased pressures with families falling into crisis during lock down when the usual support mechanisms, such as respite were unable to be delivered. There has been a surge in demand for ASC ADHD assessment and support. Added capacity in current models of delivery, including is needed including developing a pre diagnosis would help prevent families falling into crisis, it would offer a needs led not diagnosis led approach to support offer: Pre and Post-diagnostic support ADHD/ASD/ Parent-Carer Seminars/ Referrals from School Nursing Team/ Pre-diagnostic parent support. To increase family support and response to safeguarding, risky behaviours and wider family dynamic,

3.24. **This investment will lead to the following outcomes**: Development of a pre diagnosis pathway to meet needs earlier and additional capacity to meet demand within the post diagnostic pathway. Families will be able to access support and advice and will be able to better support their children's needs. Increased family resilience, reduction in distressed behaviours. This would see a doubling of the parents currently supported and work being initialised to provide a pre diagnostic support offer. **Indicative costings: £50,000**.

3.25. **Physical Health and Wellbeing** Its recognised that to support children to develop resilience there are a number of evidence based support mechanisms that help, in particular a universal physical and emotional health offer, into all Bury schools. CVS organisations are working with partners in the sports and physical activity arena to develop assets-based offers to support thrive models- offering support for CYP, linking physical health and resilience.

3.26. **This investment will lead to the following outcomes**: children's will be supported to develop positive wellbeing routines and mechanisms that support resilience. There will be a universal offer that helps to mitigate the impact of Covid. Staff in schools will have increased understanding how they can support positive wellbeing and build resilience within the curriculum. Children and young people will be taught valuable life skills that will help provide some structure to help them maintain health and wellbeing as we build back from COVID-19. This funding would be nonrecurrent to provide proof of concept to schools to support the wider mental health agenda as part of the wider curriculum. This would also help engage schools as wider commissioners of service and help mitigate the impact of Covid on physical and mental health provision. **Indicative costings: £40,000 wider ways to wellbeing.**

3.27. This is in addition to the 3 members of staff previously agreed for within the current provision as part of the children's aspect of the Mental Health Investment Standard, these posts are currently covered with Bank staff.

3.28. The 2 x Mental Health Practitioners' and 1 Psychologist are expected to hold approximately 40 CYP cases each with the aim to reduce the waiting list. **This Investment will lead to the following outcomes:**

- Reduction in the waiting list and reduction in waiting times

- Improved clinical safety in the service
- Provide care coordination for complex patients
- Improved patient experience.

4. **Indicative costings £164.198**

4.1. There is a need to grow provision and offer for children and this proposal is linked into a wider strategy and five-year funding proposal needed to build a children's emotional health and wellbeing offer that meets need. Acknowledging that this is part of the ongoing work in the childrens workstream. This report seeks to alleviate current system pressures to enable this work to be carried on.

4.2. The following table is the breakdown of funding required from October 2021 to March 2022 and recurrent pickup:

CYP MH request	CYR £	FYR £	FYR £ Rec
Community-based CYPMH service	36,098	86,634	86,634
Closing the Gap - Transition	36,098	86,634	86,634
Bereavement and Loss Counselling	10,829	43,317	43,317
Proud Trust	33,000	33,000	33,000
Pre and post diagnostic Family Services	50,000	50,000	50,000
Wider ways to Wellbeing in schools	40,000	40,000	
CAMHs provision THRIVE (PCFT)	41,050	164,198	164,198
Total required	247,074	503,783	463,783

Note - overheads have been excluded from CAMHS costing

4.3. The request for part year funding is £247,074 as outlined in the above and assumes that where recruitment is required there maybe slippage. CVS organisations have recently been on a recruitment drive and will be able to be operational in October. Other recruitment may be staged and only be operational from January, this is built into the figures above.

4.4. Full year full cost is £503,787. With a recurrent funding request being £463,783 due to the one off nature of the wellbeing in schools workstream.

4.5. In addition, SCB should be aware of the continued funding pressures on mental health. It is expected that the CCG/ICS will still have to meet a Mental Health Investment standard for future years. Currently guidance is not available on how this will be calculated. However, if the calculation is similar to that for previous years i.e. spending more than the CCG's allocation growth, then it is likely that the overall target spend will be similar. This target spend will need to pick up inflationary costs (pay and prices) and in addition the full year effect of schemes funded in 2021/22 namely the CMHT discussed here and the other priority scheme for the CCG namely CYP (separate paper going to SCB September 2021). When these costs are taken into account, this will likely account for most of the CCG's MHIS target for 2022/23 leaving little resource to meet other known pressures such as EIP, AED, MH liaison

etc. Further it is not clear whether the CCG/ICS will need to make current year SDF schemes recurrent in future years."

5. Associated Risks

5.1. SCB are asked to be aware of the potential risks associated with the current service pressures:

- Significant system pressure – there is a significant system pressures number of patients on the waiting list without a diagnosis or support.
- Schools return, commissioners are concerned that as children return to school there will be another surge in distress and demand within the system.
- There is a risk of patient conditions deteriorating and reaching crisis with a potential to have an impact on other services and the wider system.
- Staffing risk - staff well-being is a concern as mental health services and managers are seeing staff requesting a reduction in working hours due to the pressure and demand of the work which is impacting on staff moral and staff resilience**.**
- Service provision risk –The children's mental health provision is already experiencing extreme pressures. The current provider is operating under a business continuity plan which manages risk.
- The associated ask within this report seek to redress the balance, building capacity across the system, supporting more children and preventing exacerbation of need. There is a possible risk for the system to become non-operational if the current pressures are not alleviated.
- Financial risk – Mental Health funding pressures exceed the expected MHIS target in 2022/23 and subsequent years.

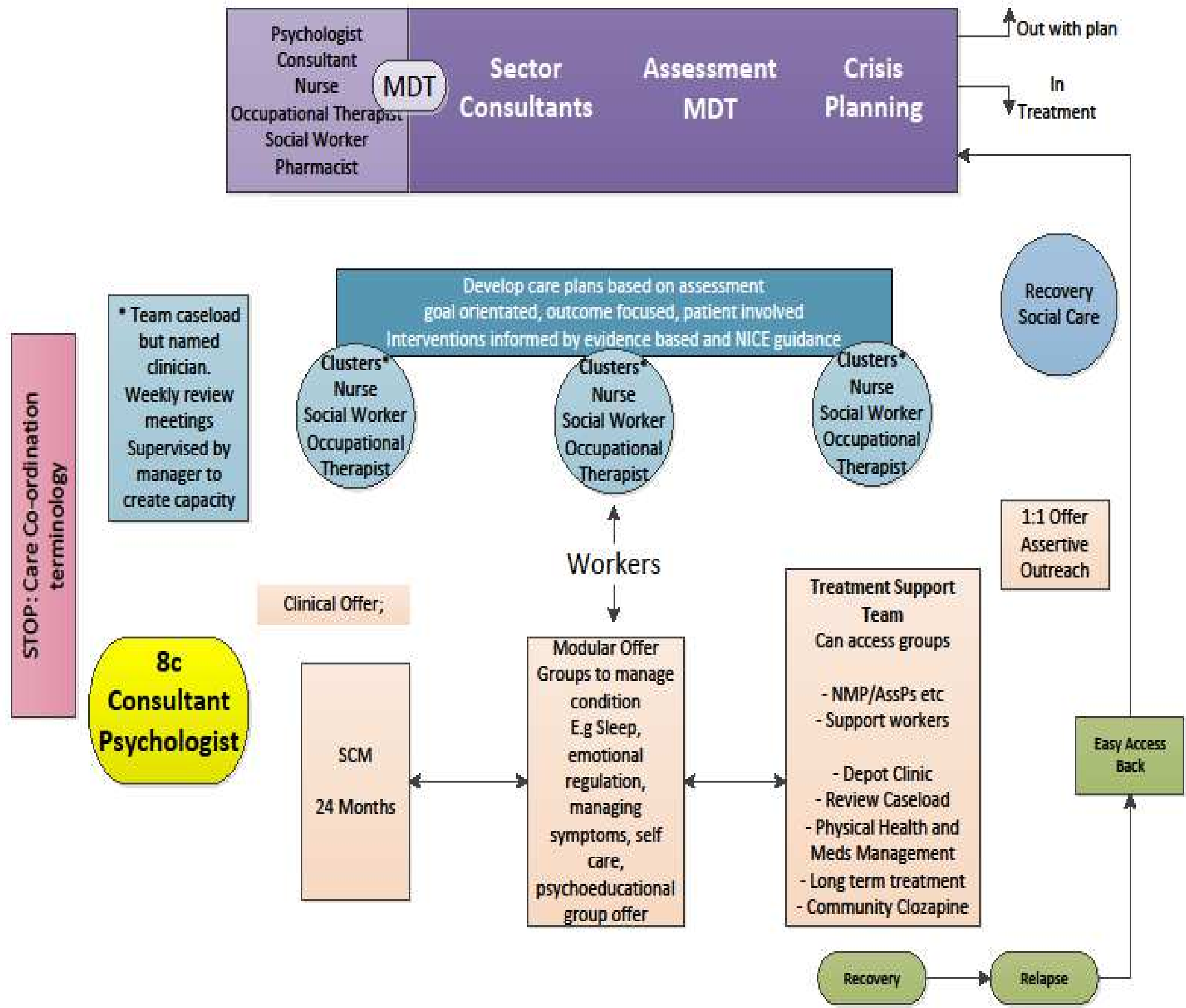
6. Children's Recommendations

- This report has been supported by finance, quality and safeguarding and clinical directors.

- It is recommended that SCB approve the investment in the children's system to commence the transformation and the recurrent amount of required for the investment in the transformation of the mental health system for children

- It is recommended that SCB recognise the opportunity of the invest to save approach in children's mental health brings across the life course and see this as the beginning of such action to deliver strategic outcome set out in Bury Strategies

Appendix 1 – PCFT CMHT Redesign Model

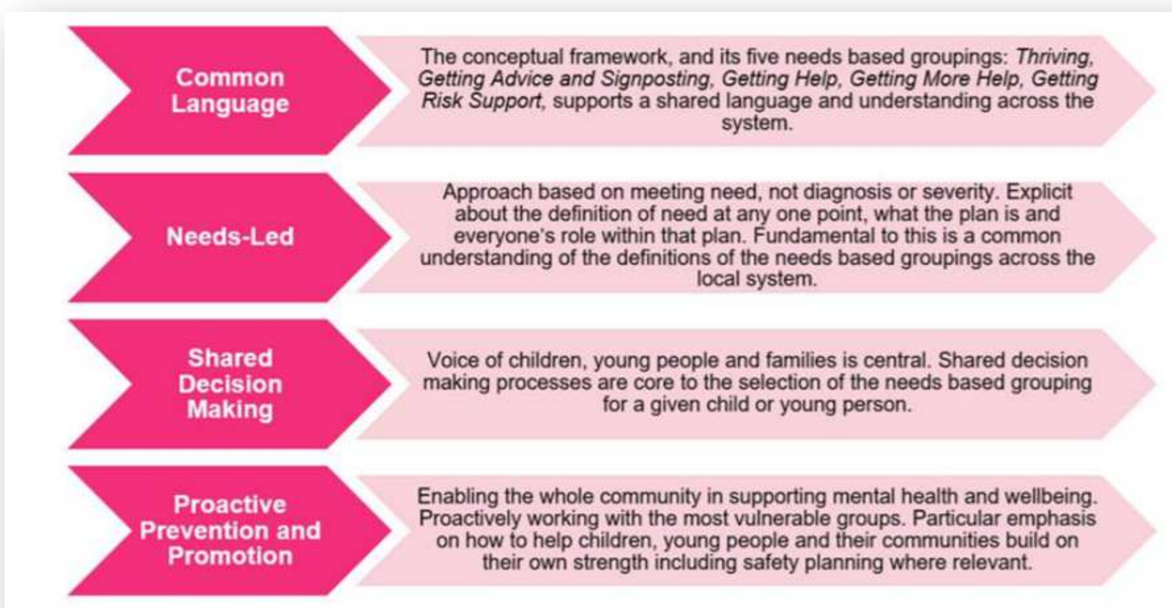


Appendix 2 – iThrive

iThrive

The THRIVE Framework: Replaces tier-based system with a whole system approach. It is based on the identified needs of children, young people (CYP) and their families. It advocates the effective use of data to inform delivery and meet needs and identifies groups of CYP and the range of support they may benefit from. Central to this it ensures CYP and their families are active decision makers.

The Key principles of the Thrive framework are -



What the THRIVE Framework will mean to young people?
No ‘wrong door’, meaning anyone they went to see for advice, whether they were a teacher, a GP or the school lunchtime assistant, would be able to provide support or to signpost a child. Whoever is offering them help would know the best ways to ask for their views about what was important to them and what they wanted to be different, so that there is genuine shared decision making about ways of helping. There will be a particular emphasis on looking at different things the young person, their family and friends could do to help including accessing community groups and resources, from drama, to sport, to volunteering Whoever is providing targeted specific help to address the mental health difficulties would support the young person to evaluate progress and to check that what was being tried was helping. There will be supportive but transparent conversations about what different treatments were likely to lead to, including the limitations of treatment and the possibilities of needing to put in place management of ongoing difficulties as relevant.
THRIVING Around 80% of children at any one time are experiencing the normal ups and downs of life but do not need individualised advice or support around their mental health issues. They are considered to be in the Thriving needs-based grouping. They may however benefit from prevention and promotion and communities implementing the THRIVE Framework should consider how best to support such initiatives at a system level.
Getting advice and guidance
Getting Advice and Signposting includes both those with mild or temporary difficulties AND those with fluctuating or ongoing severe difficulties, who are managing their own health and not wanting goals-based specialist input. Information is shared such that it empowers young people and families to find the best ways of supporting their mental health and wellbeing.
Getting Help comprises those who need specific interventions focused on agreed mental health outcomes. An intervention is any form of help related to a mental health need in which a paid-for professional takes responsibility for input directly with a specified individual or group. The professional may not necessarily be a trained mental health provider, but may be a range of people who can provide targeted, outcomes-focused help to address the specific mental health issue.
Getting More Help is not conceptually different from Getting Help. It is a separate needs based grouping only because need for extensive resource allocation for a small number of individuals may require particular attention and coordination from those providing services across the locality. It is for each community to determine the resource allocation threshold that defines Getting More Help from Getting Help.
The aim of specifying a category of Getting Risk Support is for all partners to be clear that what is being provided is managing risk ONLY. It is important to note that there are likely to be risk management aspects in all groupings. However, in the context of high concerns but lack of therapeutic progress for those in this group, risk management is the sole focus. Children or young people in this grouping may have some or many of the difficulties outlined in Getting Help or Getting More Help BUT, despite extensive input, they or their family are currently unable to make use of help, more help or advice AND they remain a risk to self or others.
The investment need across the children’s system needs to be invested in the Getting advice and guidance and getting help quadrants where there is a need to build support mechanisms for children to access.