SCRUTINY REPORT

Bury COUNCIL

MEETING: **Health Scrutiny Committee**

DATE: March 2022

SUBJECT: Mental Health

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1.0 Background

1.1 This report provides an update following the report in November which detailed the investment plan for the adult community mental health system and developments and investment into the children's mental health system.

1.2 This report provides a mid-year summary of provision and impact as well as a forward view for the additional investments across the system. It highlights provision to deliver the Long-Term Plan deliverables against the backdrop of the impact of the COVID pandemic for adults and children and young people (CYP)

2.0 Introduction

2.1 The impact of the pandemic has influenced Adult and CYP's emotional wellbeing and mental health nationally, regionally, and locally. This briefing is to update on the developments, impact, and progress of the agenda since the last report in November 2021.

2.2 This report provides a further update on Bury's progress in growing provision and meeting the deliverables within the Long-Term Plan.

2.3 It's essential the population of Bury have good positive mental health and recognising that promoting and supporting positive emotional health and wellbeing is everyone's business.

2.4 There is a need to build more capacity across other parts of the system to meet increased need and build a stronger system. The COVID 19 pandemic significantly impacted upon the delivery of acute and community services across the NHS.

2.5 National prevalence of childhood mental health disorders increased from 1:10 to 1 in 6.

2.6 Nationally evidence suggests COVID-19 has and will continue to impact mental health with higher prevalence and acuity. This has resulted in a 'backlog' estimate ~1.4m people have been accepted for / are eligible for care but are yet to receive it. An additional 8m people would benefit from care if access barriers were reduced based on national morbidity studies and prevalence data.

2.7 Increased complexity and acuity are evident in services such as IAPT and CYP, but even more so at the acute end, creating significant urgent pressures, and the growing backlog and acuity is translating into higher numbers of inappropriate Out of Area Placements.

2.8 Covid changed the nature of this demand with increased urgent and emergency presentations, due to crisis, increased eating disorders and anxiety. The most vulnerable cohorts of young people most severely negatively impacted by covid are children with SEND and those Looked After Children.

2.9 Locally, Omicron resulted in Pennine Care Foundation Trust (PCFT) operating under their business continuity model due to high numbers of staff illness.

2.10 A recent British Medical Journal article [1] into the impact of the pandemic on children's health found that Nationally :

- Between April and September 2021, there was an 81% increase in referrals for children and young people's mental health services compared with the same period in 2019.The increase for adults (19 years and over) in the same period was 11%
- During the same period, there were over 15 000 urgent or emergency crisis care referrals for children and young people, a 59% increase compared with the same period in 2019
- One in five children and young people waited more than 12 weeks for a follow-up appointment with mental health services between April 2020 and March 2021
- The number of children and young people waiting to start treatment for a suspected eating disorder quadrupled from pre-pandemic levels to 2083 by September 2021
- During the pandemic, the number of children and young people attending emergency departments primarily for an eating disorder doubled from 107 in October 2019 to 214 in October 2021.

2.11 Systems are experiencing increased mental health pressure brought about by increased complexity and demand because of the pandemic. Therefore, to support systems to address these pressures, as per the 2022-23 Priorities and Operational Planning Guidance, the following mental health system priorities have been agreed at a national level: **Mental Health Priorities**[i]

- Continue to expand and improve their mental health crisis care provision for all ages, including improving the operation of all age 24/7 crisis lines, crisis resolution home treatment teams and mental health liaison services in acute hospitals, as well as increasing alternatives to A&E and admission, and ambulance mental health response

[1] (Iacobucci G. Covid-19: Pandemic has disproportionately harmed children's mental health, report finds *BMJ* 2022; 376 :o430 doi:10.1136/bmj.o430)

- Ensure admissions are intervention-focused, therapeutic, and supported by a multidisciplinary team

- Continue to grow and expand specialist care and treatment for infants, children, and young people by increasing the support provided through specialist perinatal teams for infants and their parents up to 24 months and through continuing to expand access to children and young people's mental health services

- Continue the expansion and transformation of mental health services, as set out in the NHS Mental Health Implementation Plan 2019/20–2023/24, to improve the quality of mental healthcare across all ages

- Subject to confirmation, encourage participation in the first phase of the national Quality Improvement programme to support implementation of the Mental Health Act reforms

- Continue to support the health and wellbeing of our staff, including through effective health and wellbeing conversations and the mental health hubs

These national drivers are integral to the work articulated here alongside future continuing support for the Bury population.

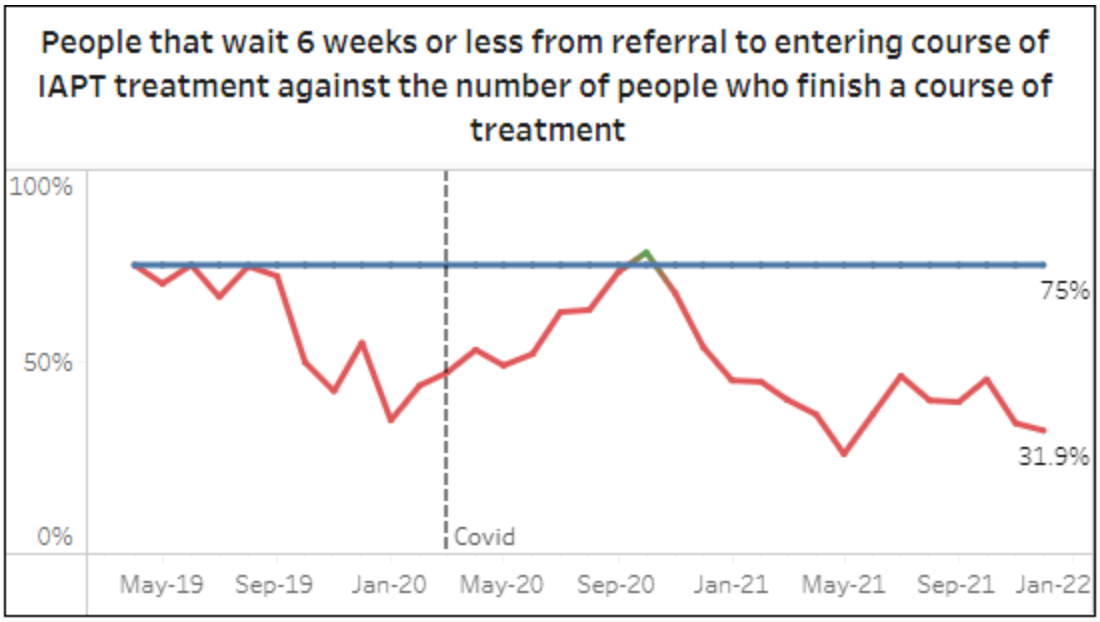
3.0 **Adult Mental Health – Ongoing Developments**

3.1 Recruitment for the additional 15 Mental Health Practitioners approved in September 2021 has commenced to bolster the Community Mental Health team (CMHT) and ensure demand can be met and deliver the CMHT restructure ensuring improved links with our neighbourhood system (See further update below).

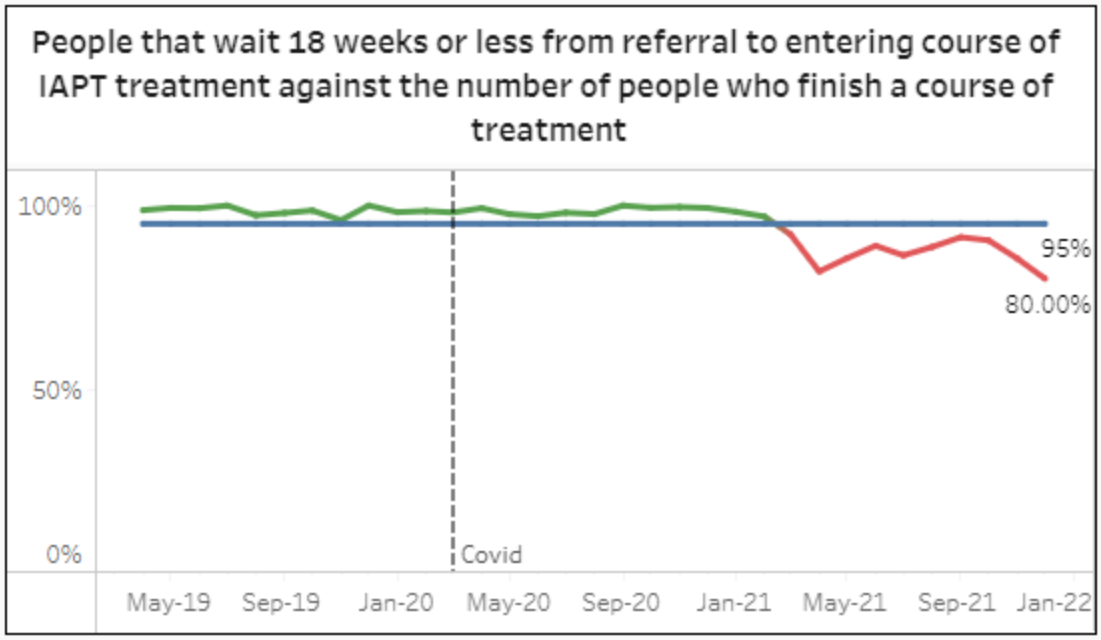
3.2 PCFT has recruited 5 Primary Care Networks (PCN) Mental Health Practitioners (1 per PCN) who start in February / March. They will support individuals in primary care and prevent people escalating to community with acute Mental Health needs. The number of practitioners will increase each year for the next 2 years.

3.3 Access to Healthy Minds / Improving Access to Psychological Therapy (IAPT) remains significantly below standard. PCFT has started to offer group therapy and people are offered digital support via Silver Cloud. An Action Plan is in place to address access and a review of staffing levels is being conducted based on demand due to staffing shortages.

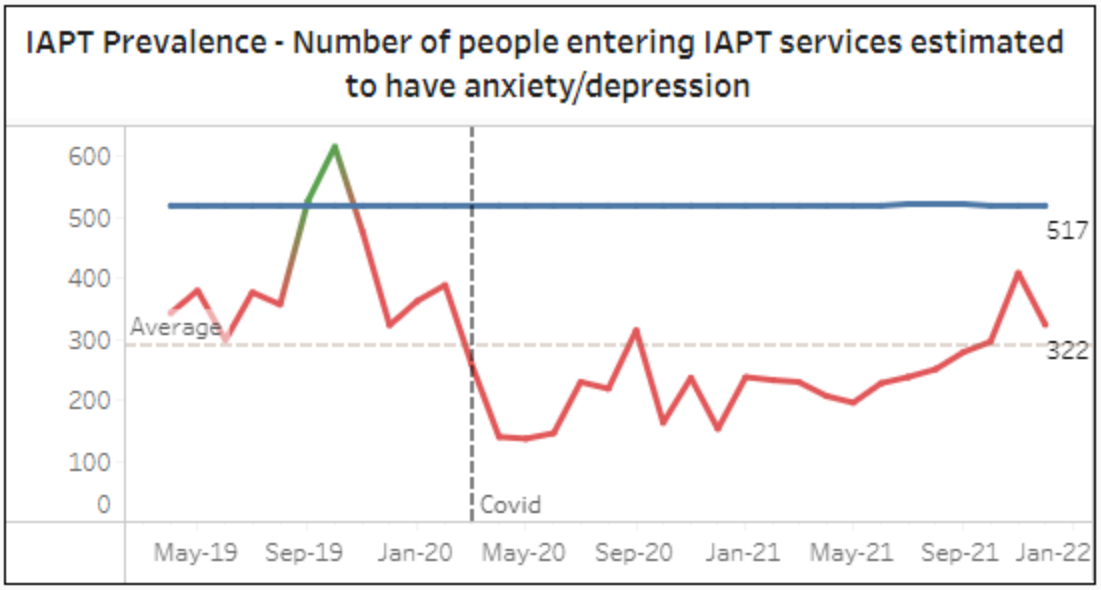
3.4 Indicative Data for the Provider - PCFT. There is a one-month lag in receiving this data. Latest data available is January 2022. The dotted vertical line relates to when the Covid Pandemic hit in March 2020.



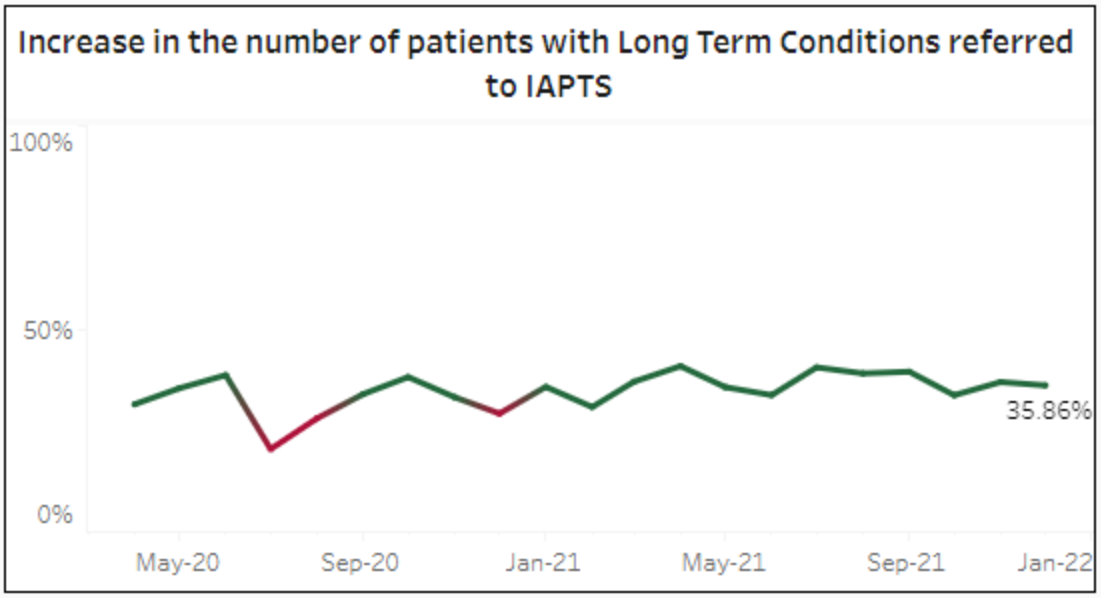
3.5 The above graph shows the proportion of people who wait 6 weeks or less from referral to entering a course of IAPT treatment. The performance of which has been consistently below the national target of 75%. Only once has the target been meet since April 2019 in October 2020 at 78% and was at its lowest in May 2021 at 26%.



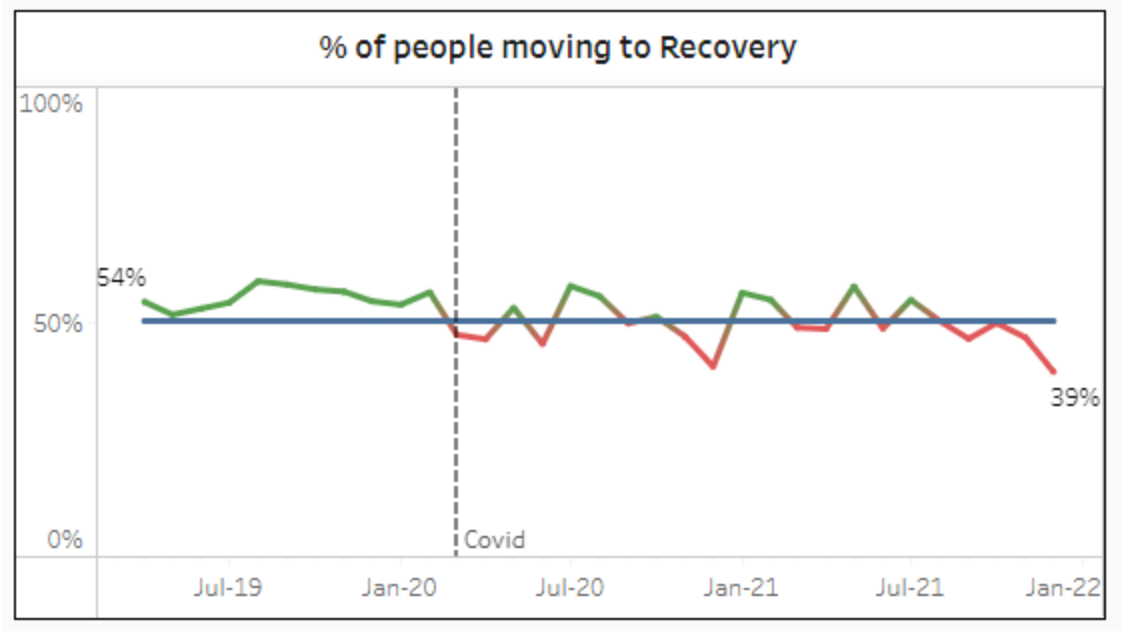
3.6 The above graph shows the proportion of people who wait 18 weeks or less from referral to entering a course of IAPT treatment. The performance of which has been above the national target of 95% up until March 2021 (92.11%) when the performance has been consistently below target.



3.7 The above graph shows the number of people entering IAPT services estimated to have anxiety/depression. There is a monthly target of 517 persons to be seen, for which we have not been achieving. Since April 2019 a monthly average of 322 persons were seen. At its highest 614 persons were seen in October 2019.



3.8 The above graph shows the number of patients with Long Term Conditions referred to IAPTs. There is no target for the measure. From April 2020 the monthly average referrals seen with a Long-Term Condition was 96 out of an average monthly referral total of 277. Consistently giving a % of around 34.81% referred into IAPTS.



3.9 The above graph shows the proportion of people moving towards recovery, for which there is a target of 50%. The performance of which was consistently just above target pre Covid and has since fluctuated around the target line, being both above and below target. The latest position as of January 2022 is 47.55%.

3.10 Community Mental Health Transformation and the development of the Bury Adult Mental Health "Living Well Model" has started, PCFT has recruited a Project Manager who is due to start in April 2022 to lead this work. This work aligns with the Bury place-based neighbourhood approach linking universal clinical services, VCFE, Physical health, Social Care, PCN's, INT's and wider public sector partners.

3.11 The Housing Learning & Improvement Network (HLIN) has been commissioned to prepare a housing accommodation assessment that will inform the supported Bury Housing Strategy. It will include accommodation for people with enduring mental health support needs.

3.12 Continued working to achieve the priorities in established Bury partnership groups such as Suicide Prevention, Homelessness, Drug & Alcohol, Police Partnership.

4 Adult Community Mental Health Team Update

4.1 Community Mental Health Team progress towards implementation

The additional investment allowed for the recruitment of 6 Mental Health Practitioners by March 2022; however, it has not been possible to fill these roles due to the poor quality of candidates and low number of applicants. The posts are currently occupied by agency staff to ensure that the resource is in place. This situation isn't unique to Bury, nationally there is a skills shortage. A high number of agency workers doesn't offer the service and their client's stability, the temporary staff are reluctant to move to permanent contracts.

4.2 The workforce lead is working with the PCFT recruitment team to explore joint recruitment opportunities to help fill the vacancies.

4.3 In addition, 3 CMHT Managers resigned in the last 4 months, securing new roles outside of Bury. The CMHT Service Lead has successfully recruited 2

replacements so far and is in the process of recruiting a 3rd. The Service Lead has been under pressure to support staff and lead on recruitment.

4.4 The service has successfully recruited several social workers, who will progress to become Approved Mental Health Practitioners.

4.5 Recruitment to vacant nursing posts has been challenging due to the national shortage of qualified nurses and is on-going.

4.6 The service is developing a Structured Clinical Management (SCB) team to support the personality disorder pathway, the new Consultant Psychologist will start in March 2022 and 2 practitioners to support the development of this pathway have also been recruited.

4.7 Two Trainee Associate Psychological Practitioners (TAPPs) have been recruited for Bury CMHT, which supports the CMHT re-design work and addresses some of the workforce challenges. However, it is recognised nationally that there is a shortage of mental health nurses and clinicians and so opportunities to train are integral to address this, on a national and regional level.

4.8 Caseloads are still high, with too many on waiting lists, the Service Lead has provided assurance regarding safeguarding, Care Act compliance and commissioning of care.

4.9 The CMHT team has good links with the INT's and will work closely with the PCN Mental Health Practitioners once in post. The team continues to use recognised techniques to better manage the improved flow of patients through the service; initiatives like caseload cleansing, providing regular supervision and regular staff supervision for its staff.

4.10 **The Getting Help line** The "Getting Help Line" was launched in April 2020 in response to the pandemic to support health and social care professionals with non-clinical emotional wellbeing clients, and in August 2020 it was expanded to accept calls from the public.

4.11 The service delivers a national, regional, and local priority: to support the crisis pathway by providing triage and managing all non-urgent, non-clinical mental health support for everyone.

4.12 Interventions include emotional support, advice and guidance, self-help tools, signposting to other organisations and formal referrals.

4.13 Between April '21 and December '21 (Q1, Q2 & Q3) there were 711 referrals.

4.14 The service is an integral part of the Bury Mental Health pathway and is a local single point of contact for the public and professionals seeking non-clinical mental health support and advice.

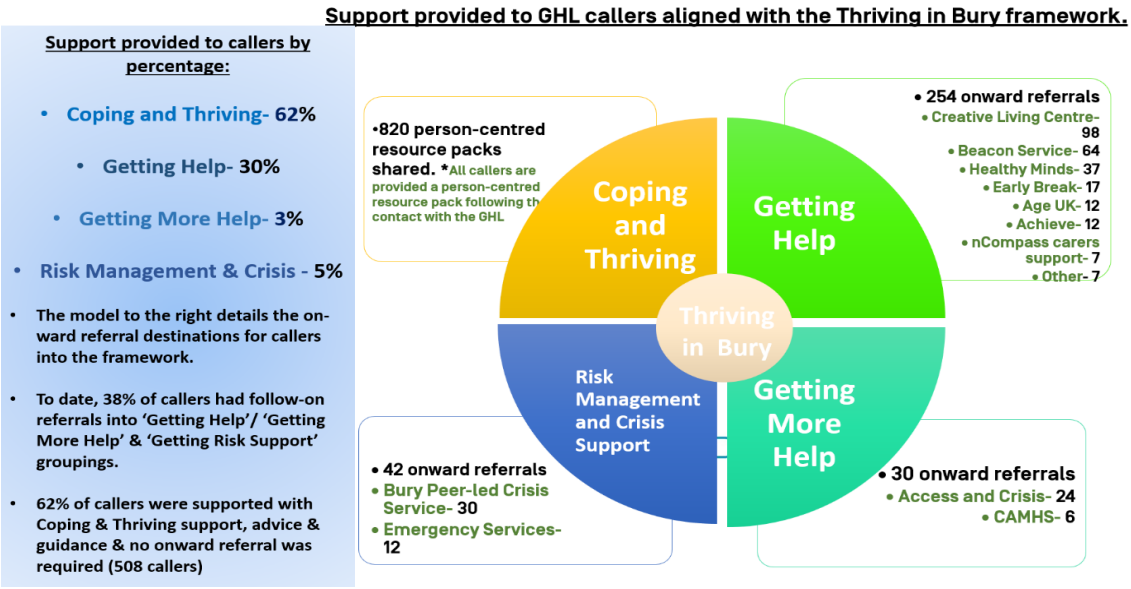
4.15 Following a formal service evaluation, the service has been re-commissioned for a 12-month period in 22-23' with some changes to the original model.

4.16 The peak time for calls is between 10am and 7pm, evenly spread over the 6 days. The newly commissioned service will operate during these hours to meet demand (54 hours), this would provide capacity for 108 referrals per month.

4.17 The money created from this change in operating hours will now fund a dedicated Getting Helpline Plus worker to support the vulnerable people with mental health needs, such as the repeat callers and people from ethnic minority groups, men, and young people.

4.18 The service has 13 frequent callers, majority are known to PFCT services, dedicated support from the same caller has reduced the number of times these callers have accessed A&E and police services. The service sits within the Thriving in Bury framework Getting Help offer.

4.19



4.20 The organisation has used a variety of ways to promote the service across Bury to increase awareness and access opportunities for Bury residents. Development of a service brand and patient information resources Information packs and promotional materials distributed to general practices and schools Primary care information webinars (including GP webinars)

4.21 Banners promoting the service are displayed in key areas across Bury (town center, parks) Information packs and presentations to community partners Local press release and radio interviews.

4.22 Extensive social media campaign, links with Bury CCG / Council communications team Development of a webpage

4.23 There is targeted work ongoing to promote the service to have impact on the following groups (inequality issues).

- Young males
- Whitefield residents
- GP practices who have low referrals/uptake
- BAME organisations and communities

4.24 There is follow-up and-holding and support work for repeat callers and those who struggle to access community resources as well as pperson-centered support plans for those with additional needs.

4.25 Deflections from other services - Early data indicates that 56% of people who contacted the service would have accessed statutory services had support not been available. 6% wouldn't have sought any help for their problems.

5 Priorities

5.1 The Getting Help Line service links to the NHS Long Term Plan priorities.

5.2 Responds to GM's ask that each locality provides a local non-urgent, non-clinical mental health telephone support service as part of the GM Mental Health Acute and Crisis model.

5.3 The establishment of an all-age non-clinical mental health helpline also aligns with both the local Bury adults and children's mental health priorities that have been identified as part of the Thriving in Bury framework in 22/23.

5.4 It supports the aims and principles of providing good early access to mental health and wellbeing support in the community with less people requiring urgent and acute clinical provision.

5.5 Re-commission of the service was agreed in Governing body in Dec '21 for a further twelve months and will be reviewed as part of the Living Well Development.

5.6 **The "Peer Led Crisis service"** launched in April 2021 for a 12-month pilot.

5.7 The service provides peer led support to adults experiencing a mental health crisis including those who are at risk of suicide.

5.8 It is a requirement of the NHS Long Term Plan that each locality provides a range of complementary and alternative Mental Health crisis services to A&E.

5.9 The Peer Led Crisis Service is a non-clinical service provided by a local community group BIG in Mental Health.

5.10 Referrals are accepted from clinical and community services. Pathway links with the service are now well established across the mental health crisis care system.

5.11 The service provides one-to-one appointments and uses de-escalation techniques tailored to each visitor, such as grounding techniques and coping strategies.

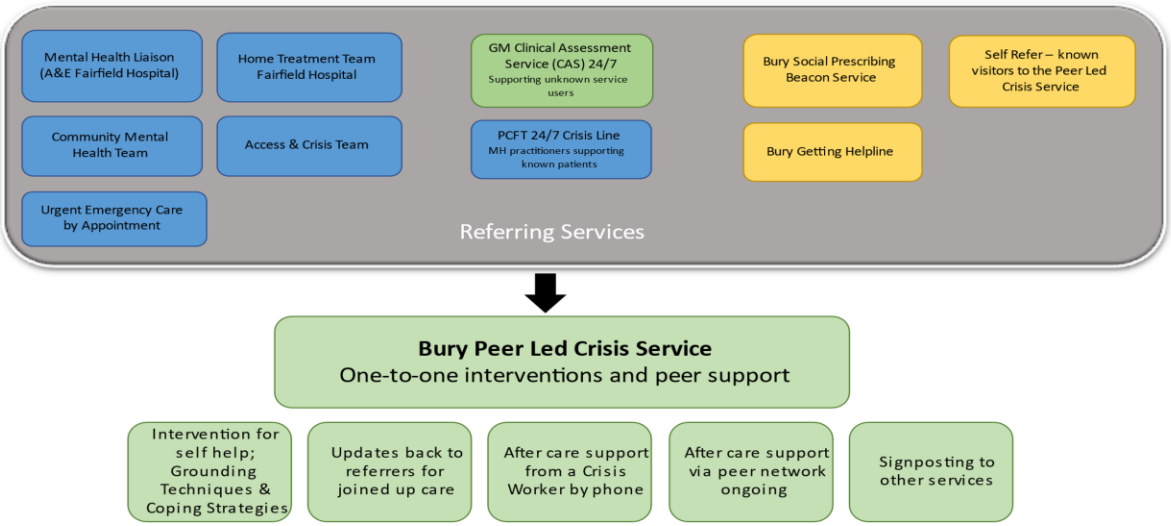
5.12 Service visitors are supported by the same Crisis Support worker for each appointment.

5.13 During the pilot 3 Crisis Support workers were operating 3 evenings per week with a maximum capacity of 7 individual appointments per evening.

5.14 In the first 6 months, 67 people had been supported and projections indicated the service would support 187 people over the full year of the pilot.

5.15 The Peer Led Crisis Service aligns to the local Thriving in Bury framework and sits within the Risk Management & Crisis Support quadrant.

5.16



5.17 The main presenting issues are depression / low mood / anxiety, with some individuals presenting with multiple issues. The service has supported individuals at risk of self-harming and / or suicidal feelings.

5.18 The main contributing factors captured from visitors to date are health worries, loneliness, and alcohol / substance misuse.

5.19 Outcomes / Impact - The outcomes achieved for visitors include reduced distress, suicide prevention, reduced self-harm, reduced isolation, increased ability to cope, increased social confidence and connected to other services. This clear evidence demonstrates the need for this service, and it has become a valuable part of the mental health crisis pathway providing people with the right care at the right time.

5.20 As a result of these outcomes and feedback from service users and health professionals in Bury the Service received additional non-recurrent Winter Pressures funding (until the end of March 2022) from Greater Manchester Health & Social Care Partnership (GM) to fund temporary expansion to provide support for an additional 60 people.

5.21 Following the service evaluation, the service has been re-commissioned for a further 3 years to support sustainability and certainty for this sector.

5.22 Operational hours will increase to 6 sessions per week, supporting 480 people per year. This will offer a mixture of both day and evening appointments with access to drop ins.

5.23 The service could potentially expand the pathway to include Neighbourhood Teams, Healthy Minds, Police Ambulance Service, and other Voluntary Community Social Enterprise partners such as foodbanks and homelessness groups with the expanded service capacity.

5.24 The number of children and young people presenting in crisis has increased and the Peer Led Crisis Service model could be developed to support this vulnerable cohort.

5.25 Deflections - The service has supported people who would have unquestionably accessed universal services had they not received timely crisis care. All people referred to the service are contacted within 24 hours and offered the first available appointment; this is sometimes the same day and always within a week.

5.26 In the pilot within a six-month period between April and September '21, the service recorded the following deflections, 24 from GP, 29 from A&E of which 13 would potentially have been admitted to a ward and 4 from the Home Treatment Team. Approximately 85% of visitors accessing the service were deflected from other services.

5.27 The service has deflected presentations at Accident & Emergency and inpatient admissions and the number of deflections will continue to increase.

5.28 The wider cost to society of each death by suicide is £1.7m, and those affected by the death are at a higher risk of suicide, the ripple effect on society is high.

5.29 Priorities **-** The commissioning of this service is acknowledged as a national, regional, and local priority. Local mental health priorities presented to Local Care Organisation (LCO) Executives in December 2021 included the provision of alternatives to A&E for mental health crisis care, to ensure people receive the right type of care at the right time.

6 Eating Disorder Service investment

6.1 Eating disorders are serious mental health conditions with the highest mortality rate of any mental health problem (BEAT 2015). Effective psychological treatments exist and therefore, early access to these is of paramount importance. Whilst CYP Eating Disorder Services (EDS)have been a focus of the 5 Year Forward View, seeing increases in funding to achieve improved waiting targets, adult EDS have not received the same focus, creating disparity within the offer. Revisions of the National Institute for Health and Care Excellence (NICE) guidance in relation to treatment length and changes to diagnostic criteria have added further pressure to local services.

6.2 In addition, it is recognised that the Bury service had been significantly under commissioned in relation to the level of presenting demand and was not commissioned to provide medical input to support monitoring of people with more complex presentations. This resulted in waiting lists to access the service and a challenge from primary care to ensure that the right treatment, support, and medical oversight was in place for this population.

6.3 Bury CCG received a business case from its Adult Community Eating Disorder provider Greater Manchester Mental Health (GMMH) to consider expanding the current commissioned service offer which reflects the updated clinical guidelines and service gaps. In addition, the following key asks have been specified:

- A clinical model that reflects the same service as approved and invested by the other GM Localities.
- A clinical model that was approved via the GM Eating Disorder Steering Group.
- Medical monitoring as an essential component of this model
- Parity of provision across all GM Boroughs, and as such, commitment to progressing investment to support this.

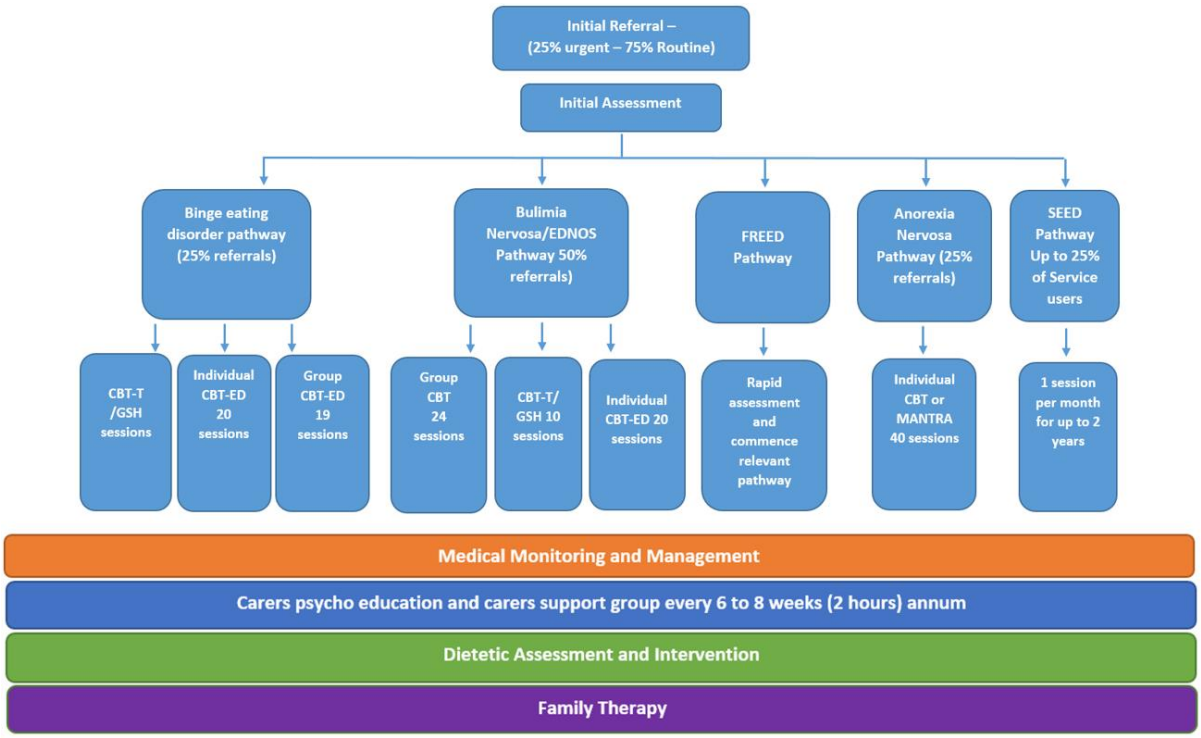
6.4 In December 2021 the additional investment was agreed through Governing Body. For Bury residents this will deliver increased quality through providing a service response time matching CYP services of 1 week from referral to treatment for urgent cases and 4 weeks for routine. There will then be access to a range of evidence-based treatment pathways including individual and group therapy.

6.5 The clinical model was developed from current clinical guidelines (NICE, 2017, Nice Quality Standards, 2018, NCCMH, 2019). An understanding of future changes in provision of adult EDS (waiting times in line with CYP EDS, increases in threshold of inpatient admission due to Provider Collaborative) and stakeholder feedback (service user, carer, GPs/primary care/referrers, providers of intensive parts of eating disorder pathway).

- Increased psychological therapist and dietitian capacity to meet the demand for the service from each CCG. This will enable the service to be responsive and achieve the same waiting times for treatment as CYP.
- It will also allow the service to continue to offer high quality NICE compliant/evidence-based interventions.
- The increased capacity of psychological therapist and dietitian time will allow for the service to have capacity to meet the treatment length of interventions for anorexia nervosa.
- A range of NICE compliant/evidence-based interventions delivered in both group and individual formats. This will enable service user choice.
- Psychiatry/medical input to enable robust medical monitoring and management and support for staff in other setting managing individuals with the physical risks of an eating disorder. As part of the new psychiatry/medical pathway, the service will also be able to offer phlebotomy and ECGs within the service to enable ease of access and more rapid results and therefore a safer pathway.
- Psychiatry time to enhance the service offered to referrals accepted by the service with increased physical/mental health complexity.
- A FREED pathway to enable a responsive service and treatments tailored to the needs to emerging adults with ED to be delivered.
- A SEED pathway to enable a pathway for those individuals who meet criteria for a severe and enduring eating disorder
- The service will continue to attend CPAs of individuals referred to the intensive parts of the ED pathway to contribute to care planning and discharge planning and a smooth transition back to GMMH EDS.
- The service will continue to offer regular coproduced and cofacilitated eating disorder training accessibility to staff, services users and carers in all boroughs via GMMH Recovery Academy and other bespoke training as required.

- The service will continue to offer carer psychoeducation, skills training, support, and a regular carers support group cofacilitated by staff and carers with expertise by experience.

6.6



6.7 Table 1 provides a summary of the service from 2018 to the end March 2020. The new service will be based on a demand of 53 referrals per annum.

6.8 **Table 1 - Activity**

CCG	2018	2019	2020	Average per annum (last 3 years)
Bury	57	82	75	71

4.65 In addition to the service demand there is currently a backlog of waiters due to demand having exceeded commissioned capacity. Therefore, additional non recurrent capacity was required to address these waiting times.

Table 2 summarises the current number of waiters.

Table 2 – Backlog Waiters

CCG	Assessment	Routine Treatment	Urgent Treatment
Bury	20	23	0

4.67 The Mental Health leads at the Greater Manchester Health and Social Care Partnership (GMHSCP) have agreed to fund the investment required to manage the current waiting list to address the current backlog in order that the ongoing service demand could be effectively delivered.

7 Mental Health Core 24 Light

7.1 An All-Age A&E Liaison Mental Health (LMH) service that is Core 24 compliant is a requirement in the NHS Long Term Plan and GMMH Strategy. Its main objectives are to provide an all age 24/7 service to the A&E, and all acute wards in Bury and HMR. Access to medical staff for diagnostic assessment and treatment and to provide a self-harm follow up clinic within 72 hours.

7.2 Funding was secured in December '21 and agreed in Governing Body to enable implementing a Mental Health Core 24 Light model as the initial phase to developing a fully compliant Core 24 Mental Health Liaison service.

7.3 The request to the CCG for a scaled down version of a Core 24 model encompassing the all-age element of a Mental Health Liaison service however recognises the ambition to achieve Core 24 standards as per NICE guidelines over time and taking a phased approach to investment. At some stage in the future the expectation would be that the service is further developed to deliver a full Core 24 service in line with overall mental health long-term plan expectations. This would require further additional funding within the new ICS structure.

7.4 Drivers

- It is in the Long-Term Plan to have a fully functioning A&E with Mental Health Service.
- Bury locality will be meeting the National and GM requirements
- Bury locality will be meeting the Mental Health anticipated demands coming through to A&E with a clinically sustainable model developed with engagement with stakeholders.
- Core 24 Light is replacing our existing Mental Health Liaison service which will be redesigned to be fit for purpose
- It will support the Thrive in Bury work and links with the Bury Urgent Care Redesign Model.

7.5 Workforce recruitment is underway within PCFT.

7.6 The two new schemes to reduce '**delayed transfers of care' (DTOC)** are in implementation phase, staff have been recruited for both schemes and links are being made with PCFT.

7.7 The **Welcome Home** scheme is for people who are in hospital due to mental illness and are medically optimised and ready for transfer back into the community. The scheme will provide person centred nonclinical mental health support for their transition home and the weeks that follow. This is a new scheme for Bury provided by BIG in Mental Health.

7.8 The new **Housing and Welfare scheme** is provided by the Beacon Service and will offer support to those approaching discharge and those with delayed transfers on housing and welfare related matters provide. A Housing & Welfare Support worker will work alongside the inpatient team to help people to navigate social issues, such as tenancies, rent agreements, welfare benefits and help to understand their financial options for a smooth transition home.

7.9 Both schemes work towards **National & Local Context**

- There is significant pressure on the capacity of hospital beds nationally, there are shortages of beds across all types of care including mental health.
- In 2020/21 NHS England awarded funding for schemes which would reduce 'delayed transfers of care (DTOC's) and prevent escalation into crisis.
- In 2021/22, additional funding is available to build on these schemes to continue the focus on reducing the number of days recorded for delayed discharges.
- In Bury, adult acute mental health inpatient wards at Fairfield Hospital have a DTOC average between 2 and 4 people at any one time. DTOC is managed by a multi-agency hospital discharge meeting combined with a weekly Mental Health case planning meeting.
- The VCSE schemes will seek to enhance the discharge process by investing in specialist mental health community support for people, they will contribute to a reduction in delayed transfers of care, improved resilience for patients and their families and provide improved joint working.

7.10 They aim

- To help facilitate a reduction in the number of delayed transfers of care days.
- To improve resilience for patients and their families during hospital discharge and the weeks following.
- To enhance the discharge process by investing in specialist mental health community support for people.
- To work in partnership within the Delayed Discharge pathway to ensure discharge is smoothly co-ordinated across different services.

7.11 Both schemes are for adults, aged 18 years+ and will operate for a 12-month pilot period. Evaluations will inform future commissions; however, it should be noted that the funding from NHS England is non-recurrent.

8 Children's Mental Health

Children's and Young Peoples Mental Health developments and impact Over the last 12 months impact data and analysis

8.1 Over the last year there has been investment in the development and delivery across all the iTHRIVE quadrants commissioned on a locality level, this precludes the risk support quadrant which is predominantly a wider Greater Manchester Combined Authority commission.

8.2 Thriving, Bury Locality aims for all CYP to have the best opportunity to THRIVE, as such when schools returned after lockdown a range of materials and support was collated to better help schools to support children's emotional health and wellbeing. Placed on the Bury directory these are freely available to all. This was also plotted against the Thrive quadrants -

- Getting Advice (theburydirectory.co.uk.
- https://theburydirectory.co.uk/storage/6254/Getting-Help.pdf
- https://theburydirectory.co.uk/storage/6255/Getting-More-Help.pdf
- Getting Risk Support (theburydirectory.co.uk).

8.3 This year there has been investment in two pilots in nurseries and schools, Wellbeing Through Sport and myHappymind, these are currently being mobilised , with impact data to follow. Investing in evidence-based interventions to support resilience building and training within universal provision.

8.4 Kooth is on online digital platform that delivers a range of online activities including, counselling, helpful articles, personal experiences and tips from young people and the Kooth team. It has a range of moderated discussion boards. Messaging or live chat. It also offers Daily Journaling, to support emotional health and wellbeing. To date over the last quarter there were 212 new registrations with a total of 706 young people using the platform over the year. 24.3% of young people are BAME 58.27% of service users are returning to the platform 91.6 % of service users would recommend Kooth to a friend.

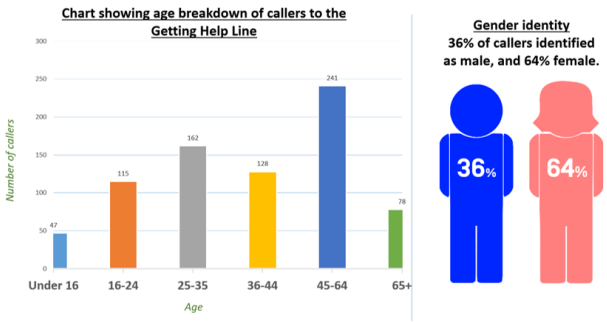
8.5 Top 5 presenting issues are:

- Suicidal Thoughts
- Self-Harm
- Anxiety/Stress
- Sleep Difficulties
- Family Relationships

8.6 Moving forward from April Kooths age range is growing from 18 to 25.

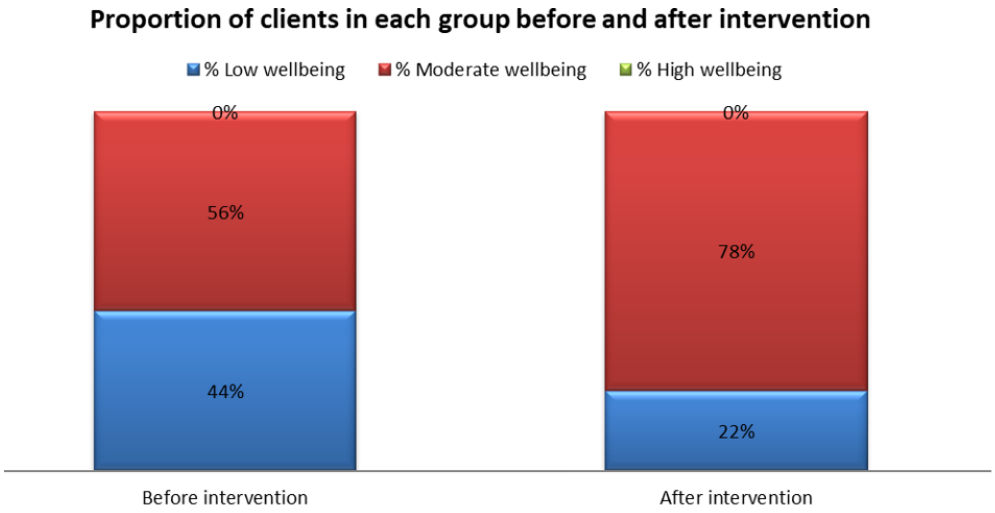
9 Getting Help

9.1 Getting Help. The launch of the All age getting help line has meant that support and advice has been provided to over 1045 people, this includes a growing number of CYP.



9.2 **Early Break** have 4 emotional health and wellbeing practitioners who support all the 13 High schools delivering in Bury. Offering 1-1 support and guidance. The service has supported young people , In a quarter the provision supports 49 active cases delivering 91 face to face support sessions, children and young people report a reduction in Young Persons Core (outcomes measurement tool) on average from 17.8 to 10.4, showing good progress and an increase in wellbeing.

9.3 **Early Break** also provide mindfulness sessions, on average to 23 children per quarter. They hosted 110sessions with an additional 27 virtual sessions delivered. Impact for this is gained via The Warwick-Edinburgh Mental Wellbeing Scales (wemwebs) these were developed to enable the measuring of mental wellbeing in the general population. Below are the pre and post scores.



9.4 **First Point Family (FPF)** deliver pre and post diagnostic support to children and families with ADHD and Autism. Over the last year they have had: 1879 contacts with families. Held 730 virtual meetings and undertaken 871 home visits.

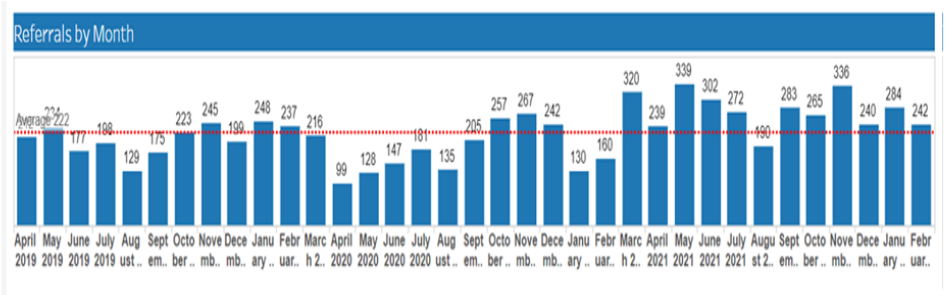
9.5 They have supported families with medical visits (61) They have supported families with school / health meetings (377) .They have supported parents with a range of issues including (495) behaviour, (117) Relationships (30) suicide and self-harm. (69) low mood. ASD post diagnostic (76) ADHD (37) Other issues (229)

9.6 Impact 420 service users said that FPF had helped them with 27 reporting FPF sometimes helped them.

9.7 When asked where they would go if they didn't have FPF most families said in descending order they would have predominantly the majority 267 said that they would have gone to their GP. 74 reported they would have gone nowhere. 47 said they would have gone to their Family with 33 reporting they would have gone to Hospital and 24 reporting they would seek online support.

9.8 **CAMHS delivering Getting More help services**. Over the last year CAMHS accepted 2369 Children and Young People for service.

Impact: Referrals to CAMHS April 19- Feb 22



9.9

9.10 01/04/20 – 31/03/21 – Bury CAMHS accepted **2369** referrals. 01/04/20 – 31/03/21 Bury discharged **794** patients. Out of the **2369** referrals, Bury had the following breakdown:

55% were short term cases (up to 3 contacts)

28% were routine cases (19 sessions at 1 hour per session)
17% were complex cases (56 sessions at 1.5 hours per session)

1131 cases were short term
655 cases were routine.
403 cases were complex

9.11 CYP Mental Health
CYP access rate: There is a monthly national target of 120 with an access rate target of between 35% and 37%. For the first 4 months of 2021/22 both targets were met. However, since August 2021 PCFT did not meet the monthly 120 targets, but have achieved the access rate target. This clearly evidences the impact of the pandemic has had on the provider to deliver and the increased demand.

9.12 The Mental Health Services Data Set (MHSDS) is a PATIENT level, output based secondary uses data set which aims to deliver robust, comprehensive, nationally consistent, and comparable person-based information for PATIENTS who are in contact with Mental Health Services.

	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21
MHSDS FINAL	405	285	215	155	90	80	75	85
MHSDS Published Rolling monthly	48.62 %	49.39 %	49.52 %	49.52 %	48.88 %	48.10 %	47.33 %	46.56 %

9.13 CAMHS: 12 weeks (First contact) target is 95% and 18 weeks (commenced treatment) target is 98%. Both these targets haven't been met in the period April 2021 to December 2021.

	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21
CAMHS: 12 weeks (first contact)	59.85%	90.65%	83.13%	87.34%	89.29%	94.44%	82.43%	72.86%	77.27%
CAMHS : 18 weeks (commenced treatment)	75.61%	71.05%	71.95%	78.69%	79.41%	80.00%	83.33%	66.07%	66.67%

9.14 In this period there were on average 286 CAMH's referrals received monthly of which an average of 0.6 were rejected and 128 did not attend.

9.15 On a GM level a CYP mental health outcomes framework is in development with the business intelligence teams across Pennine and GM CCGs. This will enable outcomes data to be fed through to evidence the impact of provision. This is a work in progress, however there is clear commitment across the children's system to make this happen.

9.16 In Bury the local wait time to see CAMHS is 41 weeks

10 Getting Risk Support

10.1 **Bury Early Attachment Service (BEAS)** was launched during Covid, to date the provision has completed 59 consultations. The provision has 28 cases to work with.

- 11 families are currently open.
- 8 have are having a group intervention (2 groups).
- 5 are having an individual intervention
- 15 cases closed in total – of those .
  - 7 have completed an intervention (group or individual).
  - 3 of those closed have been assessment only.
  - 5 families have dropped out (mental health / child removed / alternative therapy).
  - On a wider system level, the provision has trained 90 people in wider attachment and understanding of perinatal mental health. This will deliver on the Long-Term Plan to increase the number of women receiving one+ contact with specialist perinatal mental health services.

10.2 Over the next year there will be an expansion of this provision to include three of the Local Transformation Plan (LTP) flexible ambitions that directly contribute to the expanding cohort (and so increased access numbers)

10.3 Expansion to 24 months: many women return to work at 12 months, and infant separation anxiety peaks at 12 months. These factors can trigger a relapse of mental health difficulties. Attachment difficulties can be detected from 12 months and referred for evidence-based treatment.

10.4 Increased access to psychological therapies: Evidence-based psychological interventions will be a core element of the work with the expanded cohort. Many women with perinatal mental health needs also experience difficulties in their parent-infant relationship. The couple relationship is one of the most significant modifiable risk factors for perinatal depression.

10.5 Establishing MMHS??: for women who have moderate to severe or complex mental health needs with a significant association with a trauma or loss in the maternity/perinatal/neonatal context (e.g., birth trauma, baby loss or removal, tokophobia)

10.6 Offering partner assessments: while this ambition does not directly increase the number of women supported, it is essential to offering a holistic "think family" service. And a national FAQ on delivering this ambition is in preparation.

10.7 Increasing access by reducing health inequalities. Reaching women from groups who are currently under-represented in services is an essential element of the LTP expansion. Consider in particular:

- Women from **ethnic minority backgrounds**, particularly Black African, Asian, and White Other (*who have lower rates of access to MH services in the perinatal period*)
- Young mothers (*45% PMH needs in 16–25-year-olds*)
- Women living in deprived areas
- Women in the criminal justice system or prison estate
- Migrant or trafficked women

- Women escaping domestic abuse
- Neurodivergent women
- Women with learning disabilities
- Parents from LGBT communities

11 **Community Eating Disorders** : The activity number are relatively low to this service for Bury CCG CYP. From April 2020 until December 2021 there were a Total of 42 new routine cases for PCFT, on average 2 new routine cases each month. New Routine cases must be seen within 4 weeks, with a target of 95%. We regularly achieved 100%, with only 2 months not achieving the 95% target. Over the same period there were a Total of 3 New Urgent cases. New Urgent cases must be seen within 1 week, with a target of 95%. We achieved 100% for these 3 persons.

11.1 However, over the last two years there has been a significant increase in eating disorder presentation at a national and GM level and much work is ongoing on the Pennine footprint.

11.2 Noting the pressures relating to young people with eating disorders, additional GM resources will be used to develop a Daily Home Intensive Treatment (DHIT) pathway. Staff will support young people in their homes before, during and after meals. This will be a bespoke team that will concentrate solely on support young people in their homes with young people identified by the CEDS team. The proposal has been approved the mobilization of the team/service is beginning with the team currently working up the model including pathway development, SOP, as well as job descriptions/adverts etc. for the recruitment to staff. It is planned that commencement of the DHITT will be July 2022 and a project plan being developed working back from this date. This will aid the CED Daytime service which is an LTP deliverable.

11.3 Support is also available for young people who present in crisis via the GM Crisis pathway. Hope & Horizon/ Home treatment Team.

12 **Additional Investment in the Children's workstream**

12.1 Looking ahead additional funding has been secured to deliver more services to children in the getting help quadrant. Providing opportunities to meet need earlier and explore invest to save models.

12.2 The Bury Domestic Abuse needs assessment, highlights that domestic abuse is increasing more quickly in Under 18s than in the rest of the population and has increased by 69% on the previous year.

12.3 In comparison with other Greater Manchester authorities, Bury has a high proportion of 'Repeat' cases recorded by the borough's Multi-Agency Risk Assessment Conferences (MARAC): Which means we are losing vital opportunities to provide the right support at the right time.

13 **Support for children who are victims of domestic abuse**. The CCG has invested in Talk Listen Change (TLC) to provide an enhanced offer to support children who are victims of domestic abuse, this will include support to children who use harm and those who are victim survivors.

13.1 By building additional capacity into the current 14 plus, pathway, Bury will be able to address the significant impact of domestic abuse and trauma earlier

within a child's life. Minimising harm by offering a comprehensive system wide support offer 5 -18. Linking the investment to the Bury LA contribution.

13.2 It's worth noting that between April 20 – March 21 there were 2,290 Operation Encompass notifications , the provision will provide support to those children known to be victims of domestic abuse as well as those using harm and system wide training and support.

13.3 Domestic abuse, future cost benefit and impact - What we know:

- It costs on average 14k to support a victim of domestic abuse
- 13 adult victims cost on average £182k (14K X 13 victims)
- Children are 50% more likely to be a perpetrator or victim of domestic abuse if they witness it within the family home.
- System wide cost of 200 victims-£2800,000
- This combined provision is calculated to support **200 young** people per year
- If this is funded for 2 years with the expectancy to support 400 young people
- Statically over 50% of these children may become victim or perpetrator of abuse- which equates to 200

13.4 Added Value The 200 figures of engagement does not include:

- The challenge on social norms
- Training delivered to professionals to enable them to support victim better through social care
- Group delivery within Schools to Young People

13.5 Estimated save to the future system**; £2,622,000** if all children supported did not go on to become a victim or perpetrator of abuse.

13.6 However, if even only 25% of the children supported didn't go on to become a victim or perpetrator of domestic abuse the long-term saving would be **£522,000.**

13.7 If provision was able to prevent only 13 children in Bury from becoming victims or perpetrators in the future, the service would pay for itself.

14 CYP early mental health hub. Another area of investment is the piloting of a CYP early mental health hub.

14.1 Building on all age Getting Help line, this early help hub would support face to face and guided digital support and therapy as well as advice and guidance for children and Young people, offering bookable appointments to receive low level support.

14.2 In Bury there is an opportunity to pilot this early support hub as we are developing a neighbourhood-based pilot for children and young people.

14.3 It is crucial that early intervention and prevention services can help children avoid reaching crisis point. Making an early support hub available for young people in Bury to have access mental health support without referrals will help reduce delays in receiving support. Linking the face-to-face offer with increasing access to digital therapies to address digital inequalities this provision will support access to provision up to 25 years

14.4 Areas that have already set up hubs – such as Southwark in south London– have seen the benefits, with some reporting a social return on investment of more than £3 for every £1 invested.

14.5 This pilot will enable Bury to explore proof of concept of this model with a view to wider role out subject to evaluation.

15 **Mental Health in Schools Teams**. One of the most exciting developments this year is the development of the Mental Health in Schools Teams.

15.1 This GM funded initiative will see the development of two new mental health teams in Bury operating in 30% of schools. These will deliver evidence-based interventions for mild to moderate mental health issues.

15.2 The new teams will carry out interventions alongside established provision such as counselling, educational psychologists, and school nurses building on the menu of support already available and not replacing it.

15.3 The MHST will provide:
Individual face to face work for example,

- effective brief, low-intensity interventions for children, young people and families experiencing anxiety, low mood, friendship, or behavioural difficulties, based on up-to-date evidence
- Group work for pupils or parents such as Cognitive Behavioural Therapy for young people for conditions such as anxiety.
- Group parenting classes to include issues around conduct disorder, communication difficulties
- Giving timely advice to school and college staff, and liaising with external specialist services, to help children and young people to get the right support and stay in education: Work as part of an integrated referral system with community services to ensure that children and young people who need it receive appropriate support as quickly as possible. External support could include more specialist NHS mental health support, support for Learning Difficulties and Autism, or physical needs, or for issues such as substance misuse. Ensure smooth transition from specialist services
- One of the key elements of this model is the Education Mental Health Practitioner (EMHPs). The EMHPs will start as a Band 4 whilst in training and move to a Band 5 once qualified. Throughout training and once in practice the EMHPs will be supported by a trained Supervisor. This is fully funded training by Health Education England which aims to address the workforce gap within mental health

15.4 This work has been mobilised and will launch this year.

16 CONCLUSIONS

16.1 Bury is committed to a programme of transformation and is determined to continue its work to deliver the long-term plan deliverables for Bury communities. An ongoing investment plan is being developed to ensure, as we

progress, we can continue to respond to the impact of Covid whilst building stronger pathways and provision for those who need support.

List of Background Papers:

Adult Mental Health Investment - GB Dec 2

Contact Details:

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Mental Health Operational Planning 2022/23