

**Draft Children and Young People's Emotional Wellbeing and Mental Health
Local Transformation Plan Update** **April 2018**

1. BACKGROUND

- 1.1 The report update continues the emphasis for joined up provision and commissioning for the delivery of the proposals as set out in Future in Mind published in March 2015. The proposals set out a series of transformation and improved outcomes for children and young people with mental health problems which were further endorsed by the Five Year Forward View for Mental Health published February 2016.
- 1.2 The Tameside and Glossop Local Transformation Plans (LTPs) was finalised in October 2015. This included reference to how local areas would deliver the national ambition through extra capacity and capability in relation to new funds agreed by NHS England (NHSE) announced in the Autumn Statement 2014 and Spring Budget 2015.
- 1.3 LTP's require active engagement led by Clinical Commissioning Groups (CCG'S) working with all stakeholders. Government and national public interest surrounding children and young people's Mental Health ensures that robust assurance and auditing remains in place; with additional scrutiny from Greater Manchester Health and Social Care Partnership.

2. INTRODUCTION

- 2.1 The LTPs are 'living' documents that need to be refreshed as required and delivered through action plans for the 5 year life span of the programme. In support of this at the start of 2016 CCGs were advised of rising baseline funding for the next five years for implementing Future in Mind and the Five Year Forward View for Mental Health; providing the assurance and confidence for commissioning of increased resources to improve capacity and capability of LTPs.
- 2.2 Our LTP was finalised in October 2015 and assured at the end of 2015/16 through NHSE bespoke process, with a view to align in 16/17 with mainstream CCG planning and assurances cycles. An update was published in November 2017.
- 2.3 The refresh of the LTP reflects the local progress and further ambition going forward for 2018/19 and is seen by NSHE as the evidence that progress is being made, that the funding is being spent as intended.

3. TRANSPARENCY AND GOVERNANCE

- 3.1 Following the initial implementation of the Transformation Programme Board for Children and Young People's Emotional Wellbeing and Mental Health, work has continued, through a number of subgroups. The aim of these groups has been to agree a number of overall high level objectives and key tasks with action plans and timelines for implementation.
- 3.2 Governance structures are maturing ensuring we fully realise the benefits of the additional investment agreed by the CCG/Strategic Commission. At GM CYP MH Programme and implementation plan has been developed. The delivery of this is being overseen by the GM CYP Mental Health Board, which in turn reports into the GM MH Programme Delivery Board and overseen by GM Joint Commissioning Board (GM JCB).

4. INVOLVEMENT OF CHILDREN AND YOUNG PEOPLE

4.1 Tameside and Glossop continue to undertake a variety of engagement activities with CYP to inform the development of its LTP. The original 'I Statements', developed by children, young people and their families in 2016 remain at the core of all commissioning and outcome monitoring:-

Figure 1: The Voice of the Child I statements

1. *I should be listened to, given time to tell my story and feel like what I say matters.*
2. *I want my situation to be treated sensitively and I should be respected and not feel judged.*
3. *I want the professionals that I come into contact with to be kind and understanding and realise that I need to trust them if they are going to help me.*
4. *I should always be made to feel safe and supported so that I can express myself in a safe environment.*
5. *I should be treated equally and as an individual and be able to shape my own goals with my worker.*
6. *I want my friends, family and those close to me to understand the issues so that we can support each other.*
7. *I want clear and up to date detailed information about the services that I can access.*
8. *I want to get the right type of help, when things first start to be a problem, at the right time in the right place and without having to wait until things get worse.*
9. *I want to feel that services are shaped around my needs and not the other way round, but I also want to know that I am not alone in how I am feeling. I want my support to feel consistent and easy to find my way around.*

4.2 Future in Mind sets out a clear rationale that;

“All services give you the **opportunity to set your own treatment goals** and will **monitor with you how things are going**. If things aren't going well, the team providing your care will work with you to make changes to achieve your goals. You have **the opportunity to shape the services you receive**. That means **listening to your experience of your care**, how this fits with your life and **how you would like services to work with you**. It means giving you and those who care for you the **opportunity to feedback and make suggestions** about the way services are provided”.

4.3 With the points above in mind, work to incorporate outcome led commissioning has enabled emerging and growing evidence indicating that services are:

- establishing good therapeutic alliance – vital in helping recovery
- helping CYPF to recover together and demonstrating effective services
- aiding CYPF to progress towards their self-identified goals
- offering a positive experience according to CYP and parent feedback through a range of Routine Outcome Measures (ROM)– Experience of Service Questionnaire (ESQ), Young Child Outcome Rating (YCOR), Young Child Session Rating Scale (YCSRS), Goal Based Outcome (GBO)

4.4 We have established whole system outcome monitoring, working in partnership with CORC. Data is being collected by all providers, using pertinent outcome measures. An example of the report can be found in the **Appendix**.

4.5 Throughout 2017/18, Action Together have further developed work around the voice of the child establishing a young people’s emotional wellbeing voice and influence forum. The forum has worked alongside Tameside Youth Council and Tameside Children in Care Council to develop a Voice of the Child Strategy for the wider Tameside Partnership.

5. LEVEL OF AMBITION

5.1 As detailed above, our LTP has been structured in line with the five priority areas set out in the Future in Minds and the Five Year Forward View for Mental Health. Our ambition is for a children and young people’s emotional wellbeing and mental health system that is truly personalised, joined up, supports all children and young people to stay well and provides the very best support and care when and where they need it.

5.2 It is expected that by 2020/21, there is a significant expansion in access to high-quality mental health care for children and young people. At least 70,000 additional children and young people each year nationally will receive evidence-based treatment – representing an increase in access to NHS-funded community services to meet the needs of at least 35% of those with diagnosable mental health conditions. The expectation in Tameside and Glossop is as follows:-

Objective	2017/18	2018/19	2019/20	2020/21
At least 35% of CYP with a diagnosable MH condition receives treatment from an NHS-funded community MH service	30%	32%	34%	35%
National Target- No. of additional CYP treated over 2014/5 baseline	35,000	49,000	63,000	70,000
T&G Target - No. of additional CYP treated over 2014/5 baseline				

5.3 Our ambition, through working collectively to create an integrated system requires the following aims to be achieved and embedded in order to deliver a seamless service:

- To improve access and partnership working to bring about an integrated whole system approach to promoting emotional well-being and resilience and meeting the emotional wellbeing and mental health needs of children and young people.
- To ensure children, young people and families have:
 - Access to timely and appropriate information and support from pregnancy to adulthood;
 - Clearly signposted routes to support, including specialist CAMHS;
 - An ‘open door’ into a system of joined up support that holds a ‘no wrong door’ approach, which is easy to navigate;
 - Clear understanding of the service(s) offer (what support should be received and what the expected outcomes are);
 - Timely access to this support that is as close to home as possible.

5.4 Maximising success is a key driver in delivering success at Greater Manchester level which recognises the need to improve access and partnership working through an integrated whole system approach to meeting the emotional and mental health needs of children and young people.

- 5.5 This is a five year programme of change and our successes to date should be viewed as the start of a longer planning process with subsequent year on year updated action plans to follow; ensuring a phased approach that addresses not just system changes, but also develops the culture for sustainability and learning.
- 5.6 Our LTP is extremely ambitious both in its desire to effectively implement the recommendations set out in Future in Mind but also changes the model of care for CAMHS to the Thrive model fully incorporating universal, community and voluntary sector provision, and also the pace and volume of supporting activity required to make this happen. Our plan includes a mix of redesign, underpinned by the transformational restructure of our specialist Healthy Young Minds (CAMHS) service, and additional investment to increase capacity in specific pathways and services such as Eating Disorders and Neurodevelopmental conditions (ADHD and ASC). Details of all investment areas are provided in the finance section.
- 5.7 These investments have reduced waiting times and enabled the wider offer for this client group in partnership with Paediatric services (if no co morbidity of MH needs) and education. Those with other identified MH needs are seen and held by HYM through the offer of post diagnosis parenting support/ workshops.
- 5.8 Within HYM, all care pathways have been redeveloped and aligned to the Thrive model. This has ensured that further development of close working alliances with our partner agencies remains crucial to ensure that care is coordinated and comprehensive across all levels of need.
- 5.7 While last year's nationally mandated priority was for the design, development and delivery of extended specialist Eating Disorder Teams for children and young people (which we have delivered), this year's focus is on ensuring 'Better Crisis Care support'.

6. WHERE ARE WE NOW (APRIL 2018 UPDATE)

- 6.1 **Access** – Improving access to mental health support for children and young people is at the heart of our LTP ambition, with transformation money being invested to ensure far more children with a diagnosable mental health condition will get support where and when they need it. At a CCG level and Greater Manchester STP level we are aware that the data quality reported through MHSDS does not reflect the completeness of the activity taking place. The known reasons for discrepancies in the data being submitted centre around the difficulties and complexities with the submission of data to the MHSDS capturing all NHS funded activity that should also include the Voluntary, Community and Social Enterprise (VCSE) sector, education settings and paediatrics. As such locally we are confident that as a locality we reaching the required access target our lined in the 5yFV (outline in 5.2). However this needs to be captured (evidenced) through the MHSDS.
- 6.2 **Referrals** - The number of referrals for part year 2017/2018 (February) were 1439 and those accepted for HYM were 747. A further 316 referrals were picked up by partner agencies from (SPOE). The current wait times to first meeting have reduced to an average of less than 6 weeks for a first appointment and there is less than 2% which have exceeded the 18 week target which have been due to delays in getting further information to enable an informed decision being made.
- 6.3 **Data Quality** - Improvement actions for reducing variation and improving data quality and completeness have been instigated. Under the improvement plan 4 phases/domains are identified:
- Phase 1: NHS CAMHS Provider Assurance
 - Phase 2: Commissioning Review
 - Phase 3: VSCE Reporting
 - Phase 4: Other NHS Provider Reporting (e.g. Paediatrics)

To date work is underway under phase 1 and 2 that has included participating in GM wide data masterclass, which was supported by NHS Improvement's Intensive Support Team (IST). In addition, actions are being worked through to improve the reporting on to the MHSDS by providers and the CCG with a GM CYP mental Health data group established to support this work. A single pan-GM commissioning outcomes and performance framework has been developed based on the work initiated in Tameside and Glossop, which will be implemented from the 1st April 2018. This will enable coherence in the information to be collated locally and reported at a whole system level. Through our LTP Business Intelligence is being enhanced to enable from April 2018 a review of VSCE activity and establish its reporting, which will further support improved date quality completeness.

6.4 **Waiting times** - Reducing waiting times was identified in the LTP as a key priority for 2017 and beyond. Moving to a Single Point of Access (SPOE) where all referrals to HYM are reviewed by a multi-disciplinary and multi-agency team which includes representation from local 3rd sector representatives, Local authority and education this has resulted in a reduction in those referrals that would have not been accepted or an instruction "you need to refer to another service" it has aided partnership relations and reduced waiting times for a response to individuals requiring a service therefore offering the right support in the right place within a timely manner. These responses are fully integrating the Thrive model approach of support / response to the presenting needs.

6.5 **Growth in Specialist CAMHS** - In order to sustain delivering increased timely access to mental health services a significant expansion in the workforce (and associated investment) is required. Following publication of the FYFVMH and more recently Stepping Forward to 2020/21: The mental health workforce plan for England (July 2017), GM as an STP area has been asked to submit returns to NHSE/ HEE on how we are planning to grow the mental health workforce to enable us to deliver the FYFVMH objectives. Our Tameside and Glossop LTP year on year has realised this aspect with an uplift in the specialist HYM workforce from 23.7 FTE in 2014/15 to 32.5 FTE in 2016/17 (a 37% increase on base line year) and in 2017/18 34.5 FTE (a 0.66 increase on baseline year). This is a total of 45.6% increase

CYP Workforce Expansion 2016-2021	Medical	N&M	AHP (STT)	Total Clinical
Tameside & Glossop (8.3%)	0.7 FTE	5.4 FTE	3.1 FTE	9.2 FTE

6.6 **Growth in Community Services** Key community and voluntary sector providers continue to support the delivery of The Getting Help (Coping) element of the Thrive Model. This steering group continues to align and review its priorities outlined as follows:

- CYP Voice: Raise the profile of those services who are providing mental health support - who can help
- CYP Voice: Let us know who can help
- Continuation of the engagement of Children, Young People and Families in the co-production of the CAMHS Service to ensure the Voice of the Child is embedded
- Continuation of drop-in/open access support from Third Sector organisations, before during and after treatment
- Ensure promotion of mental health and emotional wellbeing through tackling stigma campaigns, workshops and local events (e.g. World Mental Health Day)

- 6.7 Work in this area has included the addition of a website www.youandyourmind.co.uk offering access to local and national support as well as including self-help tools for children and young people. The site was developed by a group of local young people the “Jury riggers” who won Tameside Hack 2017, a 2 day coding competition for 12-18 year olds. The group have worked collaboratively with Public Health, TMBC Employment and Skills and third sector organisations to ensure the implementation and promotion of the website.
- 6.8 Also within the ‘Coping’ offer, ‘The Talk Shop’ has continued to grow. The Talk Shop is a collaborative drop in service for children, young people and their families with Off the Record, Healthy Young Minds and The Anthony Seddon Fund. This runs in partnership with ‘The Hive’ coordinated by TOG Mind.
- 6.9 **Working with Schools** - Tameside and Glossop was selected in 2016 as a national pilot site by the Department for Education and NHSE to test the named CAMHS school link scheme expressed in Future in Minds. In addition to the school link, a programme is also in place supporting Tameside schools to enhance a whole school approach to emotional health and wellbeing practices. The consultancy project offers support to the school in seeking the nationally recognised AcSEED Award, a quality assurance mark presented to schools that have made a substantial effort to support the mental health of their students. So far 25 schools have accessed the programme with funding set to continue to 2021.
- 6.10 **Workforce Training** - The development of a local training ladder and a programme of e-learning and face to face training hosted by Tameside Safeguarding Children’s Board from April 2017 has included a Youth Mental Health First Aid Course delivered by Tameside and Glossop Mind. The course is delivered to workers from across the sector with the aim of the developing people’s knowledge and understanding to best support young people with a mental health problem. Delivery is on target to facilitate 8 courses in 2017/18 and has offered 135 places exceeding a target of 128.

Table1: Evaluation of Youth Mental First Aid Course based on 94 Responses

	Improved	Maintained	Declined
Participants personal confidence of how best to support young people with a mental health problem	100%	0%	0%
Participants knowledge of understanding of how best to support young people with a mental health problem	100%	0%	0%

- 6.11 **Eating Disorder Provision** The launch of the new innovative South Sector Hub Community Eating Disorders Service (CEDS) covering Tameside and Glossop was launched in November 2017.
- 6.12 The continued development and expansion of this service has delivered the following;
- Planned homebased treatment for young people aged under 16 years
 - Ongoing support sessions and workshops to young people aged 14 years and above and families/carers where appropriate
 - Parent support groups for all ages across CEDS and HYM referral routes
 - Partnership work with the eating disorder charity B-eat delivering training to those agencies in contact with young people and an ambassador role
 - An identified eating disorders champion across HYM and CEDS collaborating bi- monthly case support through a Junior Marzipan Meeting
 - Offer seven day triage for 16-18 year olds
 - Further develop close working arrangements with a range of support services from the third sector
 - Completion of 16 days National Eating Disorder Training by the staff team

- 6.13 **Parent Infant Mental Health** Through the LTP the Parent Infant Mental Health pathway has been reviewed in line with national developments, including NICE Guidance on Ante and Postnatal Mental Health and has been mapped to the Thrive model. The pathway in Tameside and Glossop includes a strategic network involving all stakeholders to ensure the functioning of a whole service pathway and to allow for development and innovation as new evidence arises.
- 6.14 It is recognised that intervening early and maximising the impact of change in the first 1001 days of a baby's life is a compelling one in light of the significant impact mental health needs have on parents, their children and the wider health and social care economy. Parental mental health is also a significant factor for children entering the care system. Children's social workers estimate that 50–90% of parents on their caseload have mental health problems, alcohol or substance misuse issues.
- 6.15 Parent Infant Mental Health support continues to develop through the LTP as follows;
- a Vulnerable Families post delivering a partnership approach between Early Attachment Services (EAS) and Children's Social Care. The post prioritises families on the edge of care where there are risks of a second child being taken into care and an overarching women's group for this cohort.
 - a Parent Infant Mental Health Coordinator based in Home-Start working collaboratively with services, volunteers and families to promote the importance of the parent-infant relationship during the 0-2 period.
 - A 1001 Critical Days Action Plan is being taken forward across Adult Mental Health Services
- 6.16 The strength of parent infant services comes from the delivery of a coordinated approach through shared practices and training across a specialist team of clinical and other practitioners and volunteers in recognising the significance of the relationship between parents and their infant. The Tameside and Glossop model is being rolled out across Greater Manchester.

7. **2018 PRIORITIES AND BEYOND**

- 7.1 The NHS Operational Planning and Contracting Guidance 2017-2019 has set out three national mandates for CCGs to:
- increase access to high quality mental health services for an additional 70,000 children and young people per year. As such local transformation plans need to deliver expanding access to CYP services by 7% in real terms in each of 2017/18 and 2018/19 (to meet 32% of local need in 2018/19).
 - deliver community eating disorder teams for children and young people to meet access and waiting time standards.
 - increase access to evidence-based specialist perinatal mental health care.
- 7.2 Tameside and Glossop, as an early adopter of the Thrive model has shared its learning with GM where the application of this model will also be applied from 2017. There will be a commitment to the continued rollout and embedding of the Thrive Model for CAMHS across a whole system approach to improving access to information, guidance, advice and high quality treatment.
- 7.3 **Community Eating Disorder Service** - The CEDS has a number of priority developments going forward since its launch in 2017. The main areas are; building links with schools and colleges, working closely with HYM for young people under 18 with complex needs, embedding family based treatment and training through a designated post and identifying clear paediatric protocols with partner teams and agencies.

- 7.4 **Parent Infant Mental Health** – with the roll out of the new GM Specialist Community Perinatal Infant Mental Health Team into Tameside and Glossop in late 2018 we will review the integrated PIMH pathway.
- 7.5 **CYP access to care in a crisis** – new crisis services are being developed at a GM level and as a result the support required at the local hospital, Tameside and Glossop Integrated Care Foundation Trust, will change over the next three years. We will integrate existing HS, RAID and paediatric resources in line with the GM developments, thereby ensuring appropriate mental health support within the Locality.
- 7.6 **Transforming Care** for CYP with a learning disability and or autism and mental health needs
- Early Intervention – a small keyworker service will be piloted to work with children under the age of 7 and their families
 - Training – positive behaviour support training for parents and staff will be rolled out across the system
 - Dynamic Register – multi-agency planning for CYP who require additional support

8. **Greater Manchester Strategic Plans to Improve Children and Young People’s Mental Health Services**

Mental health problems in children are associated with educational failure, family disruption, disability, offending and antisocial behaviour, placing demands on social services, schools and the youth justice system. Untreated mental health problems create distress not only in the children and young people, but also for their families and carers, continuing into adult life and affecting the next generation.

Devolution has enabled Greater Manchester to collectively respond to the challenges outlined within Future in Mind and in doing so, make a step change in transforming mental health services for children and young people living in Greater Manchester.

Greater Manchester has developed an all age Mental Health and Wellbeing Strategy that provides a framework to support the transformation of Children and Young People’s mental health at a Local Transformation Partnership level and across the wider Greater Manchester Footprint.

The Greater Manchester strategy focuses on:

- **Prevention** - with an understanding that improving child and parental mental health and wellbeing is key to the overall future health and wellbeing of our communities.
- **Access** – improving our ability to reach all the people who need care and to support them to access timely and evidence-based treatment.
- **Integration** - many people with mental health problems also have physical problems. These can lead to significantly poorer health outcomes and reduced quality of life. Through the strategy we will aim to achieving parity between mental health and physical illness.
- **Sustainability** - In order to effect change for the long term the strategy will build on evidence from the innovations which have proven to have impact either in Greater Manchester or elsewhere, to challenge the way we plan and invest in mental health

The Greater Manchester Mental Health Strategy can be viewed at: www.greatermanchester-ca.gov.uk/downloads/file/161/greater_manchester_mental_health_strategy

8.1 **Collaborative Commissioning across Greater Manchester**

Following the publishing of Future in Mind a collaborative approach to the commissioning and delivery of CYP mental health services across all 10 of GM's Local Authorities/CCGs has been established

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

Working together CCGs/LAs are delivering more efficient use of resources by commissioning and delivering some services at scale. The costs of Specialist CAMH Services are unlikely to be reduced, but efficiency will improve as a result of an implementation of THRIVE informed service delivery which will result in increased throughput. Additional efficiencies will be delivered by reducing the numbers of professionals involved in complex families for whom managing risk is the primary support/intervention.

8.2 Greater Manchester Programmes

The Greater Manchester Health & Social Care Partnership has made £60m available to support Greater Manchester's Local Transformation Partnerships to implement a three year cross sector system transformation programme that is characterised by:

- The development of a single Greater Manchester **Children and Young Person's mental health specification** and a single outcomes and performance framework that will be adopted by all providers of GM's CYP's mental health services. To be implemented from 1st April 2018
- The ongoing implementation of **GM ADHD and Community Eating Disorder** standards across all of GM's 10 localities
- The development of a **GM iTHRIVE Training Academy** that will, using an Organisational Development model, support all 10 Local Transformation Partnerships to develop models of care that are informed by the THRIVE framework which in turn will enable improved access to services for children and young people who require support advice and help.
- The development of a **GM wide Crisis Support offer** that will support an extended offer from community mental health services and includes:
 - 24/7 CAMHS Medical On Call rota
 - All Age RAID (Rapid Assessment Interface and Discharge) – all children and young people presenting at A&E departments within Greater Manchester will receive timely mental health assessments 24/7 and within 2 hours of a child/young person being admitted
 - Four Rapid Response Teams (Crisis Care and Home Treatment Teams) that by 2021 will be available 24/7
 - Safe Zones (to be commissioned from the voluntary sector) and three 72 hour Crisis Beds for children and young people experiencing an emotional or psychiatric crisis to stabilise/prevent deterioration.
 - A GM inpatient Assessment and Inreach Centre – the centre will support decision making relating to admissions and facilitate more informed discharge planning leading to improved patient safety and experience of care
 - As part of an integrated crisis care and inpatient care offer “Care Closer to Home” agreement has been reached with NHSE to collaborate with Greater Manchester Commissioning Hub to develop GM place based commissioning arrangements for inpatient mental health provision within Greater Manchester. This has resulted in agreement for three inpatient beds to be reallocated as 72 hours crisis care beds to support the crisis care pathway

- A **GM wide mental health support in schools pilot**. Lessons learned will be shared across all 10 Local Transformation Partnership and build on a range of education settings mental health support work that has already begun in each local authority area.
- A GM wide development programme to support **Further Education Colleges** to be better able to understand and respond to the impact of Adverse Childhood Experiences and Trauma on staff and students
- The development of GM standards (to be implemented locally) to support the mental health needs of identified **vulnerable groups** (not an exclusive list) including:
 - Looked After Children those adopted and Care Leavers
 - Young people involved with the Youth Justice System
 - Children and young people with Neurological conditions (e.g. Autistic Spectrum Disorders (ASD) and Attention Deficit Hyperactivity Disorder (ADHD). We will build on the standards developed for ADHD to include ASD, with a view to developing commissioning recommendations and guidance for neurodevelopment disorders
 - Lesbian, Gay, Bisexual, Transsexual, Queer, Intersex, Asexual (LGBTQIA)
 - Children and young people with Learning Disabilities
 - Young Carers (someone aged 18 or under who helps look after a relative who has a condition, such as a disability, illness, mental health condition, or a drug or alcohol problem).
 - Children and young people with chronic physical health problems
 - Children and young people who originate from Greater Manchester's Black and Minority Ethnic Communities
 - Children and young people who have experienced abuse neglect and trauma including those who have experienced CSE
- **Transition services** for young people moving from CYP mental health services to adult mental health services. The development of processes and protocols will be informed by the learning gained from two pilot projects up lifting ADHD and Community Eating Disorders to a young person's 25th Birthday All of GM's 10 Local Transformation Partnerships will support the implementation of agreed transition arrangements between CAMHS and AMHS and will work with adult mental health commissioners to achieve the above objectives.
- **Perinatal and Infant Mental Health Services**
GM service components
 - Improving access to Parent Infant IAPT services
 - Develop GM standards
 - Options appraisal of different models of care
 - Develop business case detail as required
 - Developing elements for inclusion in IAPT Service Spec (with performance and outcomes framework)
 - Parent Infant Mental Health Services across GM
 - Draft a Business Case for CCGs to use;
 - Develop GM standards
 - Developing a GM PIMH Service Spec (with performance & outcomes framework)
 - Offer support to localities to take interagency PIMH developments forward
 - Developing a PNIMH training ladder
- **Workforce Development** - the importance of ensuring that organisations have the right workforce with the right skills and knowledge to deliver effective services is recognised by all and is a key ingredient in creating system transformation through building an effective workforce. A whole GM CYP mental health system skills audit that maps onto the iTHRIVE

framework is underway, and the outcomes will be utilised to contribute to the planning of the whole GM children and young person's workforce planning.

Local Transformation Partnerships have agreed to collaborate to ensure that the workforce will grow to meet the planned increase of young people accessing specialist services

- **Youth Justice** – discussions are underway to develop a place based commissioning model of extended support for GM's Youth Justice Service. It is proposed that additional capacity is made available to recruit staff to coordinate and support joint working between GM's Youth Offending Services, Children and Young Person's mental health services and GM's Integrated Health in Custody and Wider Liaison and Diversion Service to better: promote development of early recognition; improve communication between agencies; promote continuity of care and review pathways.
- **GM's Trauma / Resilience Hub** – set up to support those children, young people and families who were affected by the terror attack in Greater Manchester, and options are being considered to determine the legacy arrangements for this highly effective model. A range of options have been developed to support the ongoing function of the Hub to enable a Greater Manchester trauma service, supporting any child, young person or family who has experienced trauma, for example, families coming into Greater Manchester seeking asylum, being established.

9. 2017-2020 FINANCE PLAN

- 9.1 The assurance of the LTP has ensured additional money for the CCG to support delivery and redesign of children and young people's mental health provision. The refresh of the LTPs – and its publication - is seen by NSHE as the evidence that progress is being made, that the funding is being spent as intended and will provide evidence on how services are being transformed.
- 9.2 The table below outlines the NHSE funding received by the CCG to assist in the delivery of the LTP in supporting the assurance that the additional money is delivering the redesign of children and young people's mental health provision through the recommend programme to take forward till 2020.

Table 1: Draft LTP Funding and Recommend Allocation

NHS T&G CCG LTP Funding	2017/18	2018/19	2019/20	2020/21
NHS Tameside and Glossop CCG LTP Income				
Community Eating Disorders (CED)	141,000	141,000	141,000	141,000
Local Transformation Funding	651,000	790,000	883,000	995,000
Total LTP Income	792,000	931,000	1,024,000	1,136,000
Core Programme:				
Financial Plan to follow				
Total Expenditure				
Balance				

10. IDENTIFIED RISKS

- 10.1 **Recruitment** – there are challenges to recruit to specialist posts due to availability of appropriately trained and experienced staff.
- 10.2 **Looked After Children** - access and provision for children who are looked after requires review to ensure that they are provided with timely services to make certain that their emotional health and well-being are promoted.
- 10.3 **Ensuring the Right Help is offered** – a review of how to ensure better alignment of multi-agency responses to referrals to Healthy Young Minds and Children’s Social Care through a review of the HYM daily screening, the weekly Children’s Social Care panel and the developing multi-agency panel in the Hub.
- 10.4 **Integrated Neighbourhood Services for CYP and families** - partnership process of designing a more effective model of partnership working on an Integrated Neighbourhood basis, with a strong emphasis upon more effective early help.
- 10.5 **Children with complex needs** – review of the needs of CYP in high cost out of borough placements and those requiring mental health in-patient care to identify alternative options, notably early intervention.
- 10.6 **Schools & Colleges** – the new Green Paper focuses on the role of schools in mental health. We will review the current position to ensure that every secondary school and college is supported by specialist services to deliver high quality emotional and mental health support to students and their families.
- 10.7 **Youth Offending Team** – integrated support for young people under the care of YOT will be reviewed.

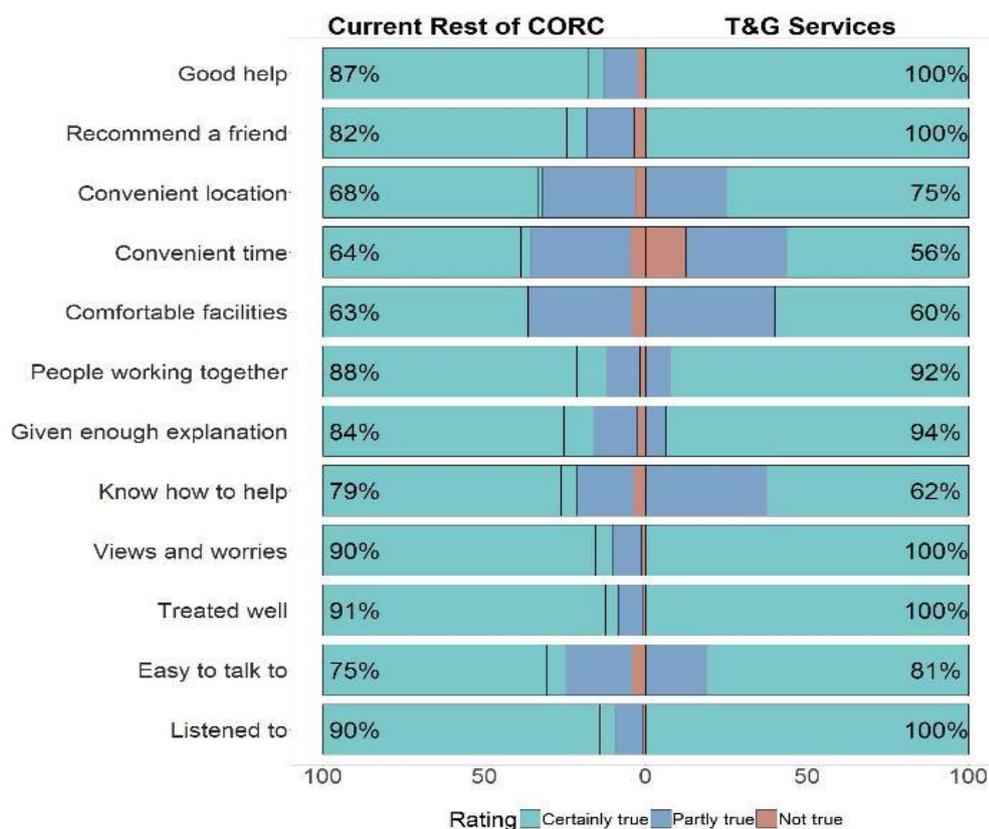
11. CONCLUSION

- 11.1 The aim of the continued work of the LTP is based upon the need to improve and sustain access to children and young people’s mental health provision through a whole-system approach that includes the active participation of all partners and key stakeholders.

- 11.2 Alignment with Greater Manchester Health and Social Care Partnership (GM devolution, GM Mental Health Strategy, GM Children's Review and GM i-Thrive) to maximise success and assist in mitigating any barriers will also be a key feature going forward.
- 11.3 Tameside and Glossop Single Commission is committed to working with children, young people and families and all other partners to deliver the LTP, the recommendations set out in Future in Mind, and to deliver the Five Year Forward View for Mental Health.
- 11.4 In conclusion new money being invested into CYP MH will ensure far greater children with a diagnosable mental health condition will get support where and when they need it and as close to home as possible.

DRAFT

Child Experience of Service Questionnaire

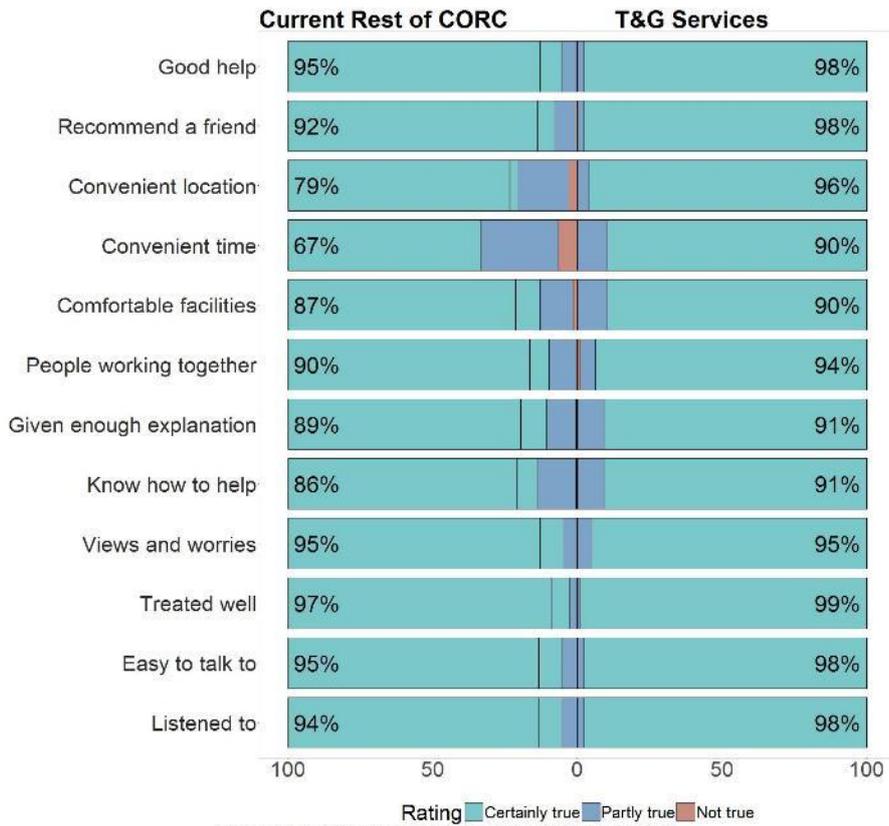


Tameside & Glossop completion rate = 1% out of 2617

Current RoC completion rate = 3% out of 18484

Black lines indicate historical RoC 'Certainly true' responses; completion rate = 6% out of 139088

Parent Experience of Service Questionnaire



Tameside & Glossop completion rate = 4% out of 2617

Current RoC completion rate = 3% out of 18484

Black lines indicate historical RoC 'Certainly true' responses; completion rate = 5% out of 139088

