Manchester City Council
Report for Information

Report to: Children and Young People Scrutiny Committee – 6 December 2016

Subject: Children's and Young People's Mental Health

Report of: Craig Harris, Executive Nurse, Director of Commissioning and Quality and Executive Director of Safeguarding, North, Central and South Manchester CCGs, the Director of Public Health and the Director of Children's Services

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Summary

This paper aims to give Members an overview of provision in support of children and young people's mental health across the City of Manchester. This includes provision from the health sector, from the social care sector and from the voluntary sector. The paper identifies the current challenges and also describes the transformational programme that is underway across the whole system.

Recommendation

To consider and comment on the information in the report

Wards Affected: All

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Background documents (available for public inspection):

The following documents disclose important facts on which the report is based and have been relied upon in preparing the report. Copies of the background documents are available up to 4 years after the date of the meeting. If you would like a copy please contact one of the contact officers above.

None

1.0 Introduction and Context

1.1 Mental Health affects all aspects of a child's development including their cognitive abilities, their social skills as well their emotional wellbeing. With good mental health, children and young people do better in every way. They enjoy their childhoods, are able to deal with stress and difficult times, are able to learn better, do better at school and enjoy friendships and new experiences.

1.2 Childhood and teenage years are when mental health is developed and patterns are set for the future. So a child with good mental health is much more likely to have good mental health as an adult, and to be able to take on adult responsibilities and fulfill their potential.

1.3 Over half of all mental ill health starts before the age of 14 years and 75% has developed by the age of eighteen.

1.4 The most recent national prevalence data comes from the Millennium Cohort Study. This highlights that overall, the mental health of 11 year old children was broadly the same in 2012 as in 1999 and that 10% of 11 year old children experienced a mental health problem during that year and over 20% of children experience a mental health problem at some time between 3 – 11 years old. Mental health problems were shown to be twice as common in boys as in girls.

1.5 The consequences of untreated mental health problems in children and young people are long lasting and far reaching. The life chances of those individuals are significantly reduced in terms of their physical health, their educational and work prospects, their chances of committing a crime and even the length of their life. As well as the personal cost to each and every individual affected, their families and carers this results in a very high cost to the economy. The life time cost of a one-year cohort of children with conduct disorder is estimated to be £5.2 billion. Therefore not investing properly in prevention and early intervention is a false economy.

1.6 There is a significant treatment gap for children and young people with mental health problems. The most recent study suggested that at the time, less than 25% - 35% of those with a diagnosable mental health condition accessed support.There is emerging evidence of a rising need in some groups such as increasing rates of young women with emotional problems and young people presenting with self harm.

1.7 Manchester's approach to supporting the mental health of children and young people is rooted within the partnership based Early Help Strategy in which the needs of children and families are identified early allowing for preventative support and intervention before problems become more complex and entrenched. The Children's Board agreed the following definition of 'Early Help';

1.8 ‘Early Help is intervening early, and as soon as possible, to tackle problems emerging for children, young people and their families (or with a population most at risk of developing problems). Effective intervention may occur at any point in a child or young person’s life’.

1.9 In 2014, Ofsted carried out a single inspection of Manchester City Council’s arrangements for children in need of help and protection, looked after children and care leavers. Ofsted recommended that the local authority and it’s partners needed to ensure that Early Help is targeted and coordinated effectively, so that families receive support when need is first identified and the number of referrals to children’s social care is reduced as a result. The reworked early help offer now includes; working differently with schools and universal services, establishing effective early help hubs that support local school clusters and a broader range of interventions at an earlyhelp stage, particularly those provided by voluntary and community organisations.

2 Background

2.1 Common mental health issues affecting children and young people include:

2.1.1 Conduct disorders: are the most common reason children are referred to mental health services. It is characterised by repeated and persistent misbehaviour that is far worse than would be expected of a child of that age. Behaviour may include stealing, fighting, vandalism and harming people or animals. Around 5.8% of children are thought to have a conduct disorder

2.1.2 Anxiety: Around 3.3% of children of children have an anxiety disorder.

2.1.3 Depression: 0.9% of children are seriously depressed

2.1.4 Hyperkinetic disorder (severe ADHD): 1.5% of children and young people have severe ADHD

2.1.5 Transition

All children and young people need preparation for adult life, but for some the challenge can be greater. Issues related to the transfer from children and young peoples to adult mental health services are longstanding. The current system is age-based – ordinarily happening at 18 – rather than developmental – at an appropriate time for the young person. Alongside this many young people will be concurrently facing other transitions and stresses such as housing and welfare benefits.

2.1.6 Risk Factors

There are a number of risk factors that make mental health conditions more likely in children and young people. These are:

- Having a long term physical illness
- Having a parent with mental health problems

- Experiencing the death of someone close
- Separation or divorce of parents
- Severe bullying, physical or sexual abuse
- Living in poverty or being homeless
- Experiencing discrimination
- Acting as a carer
- Having long standing educational difficulties

2.1.7 The Millennium Cohort Study reported that children from low-income families are four times more likely to experience mental health problems than children from higher-income families.

2.1.8 Looked After Children have often been exposed to a multitude of complex mental health risk factors prior to entering care, making them some of the most vulnerable young people.

2.1.9 Having one or more of these risk factors does not make a mental health problem inevitable or even probable. Emerging evidence on resilience theory highlights the importance of focussing on children and young people's strengths and building resilience rather than just focusing on reducing risk factors.

2.1.10 Things that can help children and young people stay mentally well include –

- Being in good physical health, eating well and being physically active
- Having freedom and time to play
- Being part of a family that gets on most of the time
- Attending a school that looks after the wellbeing of its pupils
- Taking part in local activities for young people
- Feeling loved, valued and safe
- Being supported to learn and succeed
- Having a sense of belonging
- Having some control over their lives
- Having the resilience to cope when things go wrong and being able to solve problems.

2.1.11 There is strong evidence that building resilience is an effective approach in supporting mental wellbeing, helping children and young people manage symptoms and preventing mental health problems occurring in the first place.

2.2 Suicide and Self Harm

2.2.1 Suicide remains the second most common cause of death of young people. Suicide is a complex issue and one which requires further research to understand better the specific risk factors associated with it. Looking at suicides in the UK between 1997 and 2003, one study has made the following observations:

- Three times as many young men as young women aged between 15 and 19 died by suicide
- Only 14% of young people who died by suicide were in contact with mental health services in the year prior to their death, compared with 26% in adults.
- Looking at the difference between sexes, 20% of young women were in contact with mental health services compared to only 12% of young men

2.2.2 According to Office of National Statistics (ONS), in 2014 there were 476 deaths of 15 to 24 year olds from intentional self-harm or undetermined intent in England and Wales. This is a rate of 6.6 deaths per 100,000 population aged 15 to 24 years.

2.2.3 Recent research examined reports from a range of investigations and inquiries on 130 people under the age of 20 in England who died by suicide between January 2014 and April 2015, extracting information about their personal circumstances that the reports highlighted. This is the first time there has been a national study of suicide in children and young people in England on this scale.

2.2.4 The researchers found that 28% of the young people who died had been bereaved, in 13% there had been a suicide by a family member or friend. 36% had a physical health condition such as acne or asthma, and 29% were facing exams or exam results when they died. Four died on the day of an exam, or the day after.

2.2.5 Self-harm is a related issue as it increases the likelihood that the person will eventually die by suicide by between 50 and 100 fold above that for the rest of the population.

2.2.6 ‘Self harm’ is defined as ‘intentional self-injury or self-poisoning, irrespective of motivation or degree of suicidal intent’ and encompasses both suicide attempts and acts with other motives or intentions.

2.2.7 Levels of self-harm are higher among young women than young men. The rates of self-harm in young women averaged 302 per 100,000 in 10 to 14 year olds and 1,423 per 100,000 in 15 to 18 year olds. Whereas for young men the rates of self-harm averaged 67 per 100,000 in 10-14 year olds and 466 per 100,000 in 15 to 18 year olds Common characteristics of adolescents who self-harm are similar to the characteristics of those who commit suicide

2.3 Manchester Data

2.3.1 Pre-school children: There is relatively little data about prevalence rates for mental health disorders in pre-school age children. A national literature review of four studies looking at 1,021 children aged 2-5 years old found that the average prevalence for any disorder was 19.6%. Applying this rate to the Manchester population gives a figure of an estimated 5,800 children aged 2-5 years living in Manchester with a mental health disorder.

2.3.2 **School age (5-16) children and young people:** The following prevalence estimates are based on well respected national work carried out by Green and others in 2004, applied to 2014 population figures.

2.3.3 Prevalence varies by age and sex, with boys more likely (11.4%) to have experienced or be experiencing a mental health problem than girls (7.8%). Children aged 11 to 16 years olds are also more likely (11.5%) than 5 to 10 year olds (7.7%) to experience mental health problems.

2.3.4 The table below gives estimated prevalence rates for each Clinical Commissioning Group (CCG) area using GP registered populations (Oct 2014) and therefore will take into account patients who may live outside Manchester but won't take into account those who live in Manchester but are registered with GPs outside the city.

Estimated number of children with mental health disorders by age group and sex

	All 5-10	All 11-16	All 5-16	Boys 5-10	Boys 11-16	Boys 5-16	Girls 5-10	Girls 11-16	Girls 5-16
North	1,500	1,810	3,305	1,010	1,020	2,030	490	790	1,280
Central	1,455	1,695	3,145	985	965	1,945	475	730	1,200
South	960	1,210	2,170	650	680	1,330	315	530	840

Source: CCG population estimates aggregated from GP registered populations (2014) (Green et al 2004)

2.3.5 The table shows that North Manchester is estimated to have the highest numbers of young people with mental health disorders across all age groups for both boys and girls with Central Manchester having slightly less and South having the lowest numbers.

2.3.6 **Suicide and Self Harm in Manchester**

2.3.7 Data collected by Manchester Safeguarding Children Board (MSCB) Child Death Overview Panel shows that the number of deaths by suicide in children and young people in Manchester between 2008 and June 2015 was low – the specific number cannot reported as individuals can be identified. For children and young people bereaved by suicide, the impact can be severe and long lasting.

2.3.8 Within Manchester, studies by the Manchester Self-Harm (MaSH) Project highlight that individuals aged 15-19 have the highest rate of self harm than other adult age groups. In females aged 15-19 rates were higher than in males –. The charts below (provided directly by the MaSH Project) highlight the trends in self harm across age groups and gender.

2.3.9 It is important to note that the 15-19 data is part of the 15-24 age grouping.

Figure 1: Rates of self-harm by sex 2003-2013

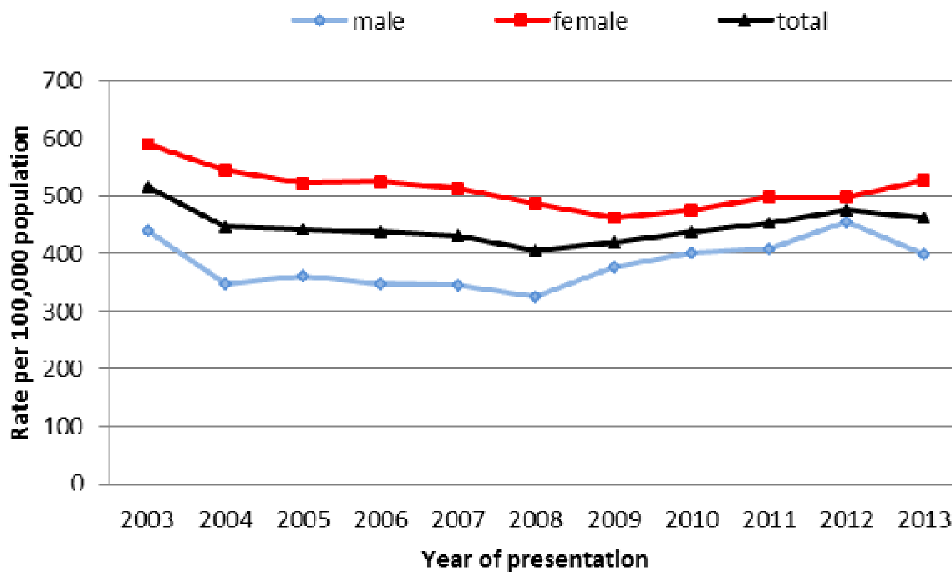
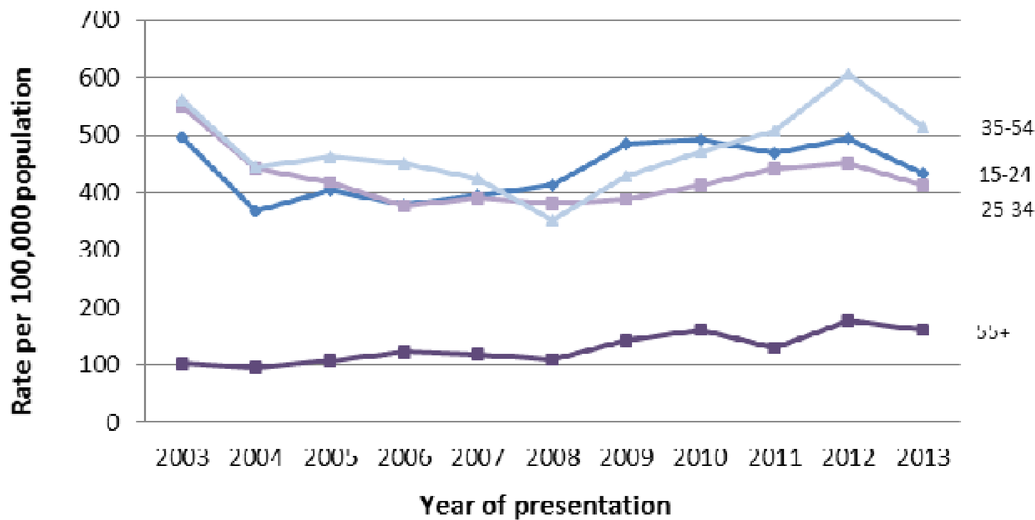


Figure 2: Rates of self-harm among males, by age group, 2003-2013



2.3.10 Future Plans (Suicide Prevention and self harm)

2.3.11 In August 2016, the Health and Wellbeing Board endorsed a multi agency suicide prevention plan for Manchester. This plan covers all ages and recognises the devastating impact suicide has families and communities. Most suicides occur in people who are not in contact with Mental Health Services and this is true both in adults and children and young people so a broad based approach is essential.

2.3.12 The following actions are planned over the next 12 months:

- Development of a clear pathways and postvention support services for schools and the wider community if a suicide occurs.
- A resilience and anti-stigma campaign and peer support programme across the city aimed at children and young people. This will incorporate suicide and self harm prevention messages
- Broader suicide prevention awareness sessions across a range of workers and volunteers across the city to increase knowledge and confidence in talking about suicide and reducing stigma

3.0 The Current Offer in Manchester

3.1 Children and Young Peoples Mental Health and Wellbeing provision in Manchester is complex. It is commissioned at a local, regional and national level and has multiple funding streams including Manchester CCGs, Manchester City Council, and NHS England. In addition to this, there are multiple relationships and interfaces with a large number of Public and Third Sector agencies. These include Manchester City Council (MCC) Children's Services, MCC Education for specialist provision and the Federation of Schools, mainstream school provision via School Nurses, MCC Youth Offending Teams, Sure Start Centres, Primary Care General Practitioners ,Secondary and Tertiary health care providers including Adult Mental Health Services for transitioning children.

3.2 The Children and Young Peoples Mental Health Service (CAMHS) provides a wide range of evidence based interventions across the spectrum of mental health diagnoses including: anxiety, phobias, obsessive compulsive disorders, depression and low mood, self-harm, suicidal ideation, eating distress, personality conditions, trauma, identity concerns (including LGBT), ADHD, autistic spectrum disorders, moderate and severe mental health problems and inpatient provision. It also provides services to children with severe learning disabilities and children with acquired brain injury to ensure they have the same opportunity to access mental health provision.

3.3 Historically CAMHS services are organised around a four tiered system of interventions reflecting increasing input, complexity and cost at each stage. It is currently accepted that this articulation is outdated and problematic.

3.4 The existing system provides both a locality based community and outpatients service (Tiers 2 & 3) to Manchester CCG's and Salford CCG's and also a nationally commissioned specialist Tier 4 inpatient provision to the North West Region. Services across health, education, youth offending and social care work closely with their respective locality based CAMHS teams. Additionally there is a level of integrated provision with MCC staff forming part of the workforce of the Looked After Children's Teams and CAMHS CMFT Directorate.

3.5 **Core CAMHS** are provided on a locality basis in North, Central and South Manchester. They provide comprehensive coverage for the emotional, psychological and psychiatric needs of children and young people between the ages of 5 and 18 years, from consultation to Tier 1 professionals and brief interventions for identifiable conditions, to serious and/or enduring psychiatric presentations. CAMHS provision is also integrated within Manchester City Councils Youth Offending Service and The Federation of Schools, providing consultation and direct referrals. This model recognises the links to mental health prevalence in youth offending and children with special educational needs.

3.6 The **Children and Parenting Service (CAPS**) is a pre-school service offering a multi-agency and multi-disciplinary service model with a range of evidenced based clinical interventions to pre-school children and their families. CAPS service include a 14 week evidenced based Incredible Years parent course (for 2-12 year olds) and a 10 week course for under 2 years old. Referrals for CAPS services are generated by a wide range of professionals working across different agencies.

3.7 The **Emerge Service** is a Community Mental Health Team which delivers interventions for hard to reach 16-17 year old who are experiencing their first instance (or in some cases first diagnosis) of mental ill health. Emerge is commissioned by Manchester and Salford CCG's and is provided by Central Manchester Foundation Trust. Within the context of the National Service Framework for Children, Young People and Maternity Services the Emerge service delivers a number of outcomes from this framework to promote the Mental Health and Psychological well-being of children and young people aged between 16 and 17 years old.

3.8 **CAMHS Looked after Children (CAMHS LAC**) provides consultation and therapeutic services to a population of approximately 1220 children (and their carers) looked after by MCC. It also provides consultation sessions to children's homes and training to foster carers, children's service workers and health workers. The CAMHS LAC structure also houses the Adoption Psychology Service, TOPS Service (Therapeutic Foster Care) and KEEP (Foster Care group interventions). Evidence shows that looked after children have incredibly complex health and social needs and this includes much higher prevalence rates of mental illness than children who are not looked after and live with their birth families. (Ford T et al 2007)

3.9 The **Learning Disability Service** provides support to children (up to 18) with severe learning disabilities, acquired brain injury (ABI), Autism and other complex disabilities. Learning disability includes the presence of a: significantly reduced ability to understand new or complex information or to learn new skills, a reduced ability to cope independently; an impairment that started before adulthood, with a lasting effect on development. People with a severe learning disability often use basic words and gestures to communicate their needs. Many need a high level of support with everyday activities. Some have additional medical needs and some need support with mobility. The service ensures that children with disabilities have the same access to CAMHS and interventions recommended within NICE guidelines as their non-disabled counterparts. Clinicians draw on behavioural psychology, skills in functional analysis, cognitive psychology and systematic interventions.

3.10 The **Emotional Health in Schools Service** provides training; consultation and schools based interventions in Manchester High Schools. The service aims to deliver early interventions and improve communication and access to Tier 2/3 core CAMHS district provision.

3.11 **Tier 4 Specialist Provision** is commissioned by NHS England. Inpatient provision is through Pennine Care (Hope Unit) Greater Manchester West (Junction 17) and Central Manchester Foundation Trust (Galaxy House). Galaxy House is a 12 bedded unit predominantly providing provision for under 14 years as well as specialist services for eating disorders. The Paediatric Psycho Social Liaison Team also falls within the remit of Tier 4 Specialist Provision. The team works with children with a primary physical health diagnosis and the associated mental health complications that may arise from this diagnosis. The Tier 4 Social Development Team provides a referral service and is developing, implementing and disseminating new evidence based methods of assessment and interventions in severe and complex disorders of social development in children including Autism Spectrum Disorders and Attachment Disorders. The Chronic Fatigue Service is a regional specialist team for the assessment and treatment of children and young people with CFS in the Greater Manchester locality.

3.12 Manchester CCGs also commission **42nd Street** to support the emotional and mental health needs of young people between the ages of 13 - 25 years .The service is part of the range of services that are focused on early intervention and also offers an appropriate and continuous service that addresses the transition into adulthood for young people between the ages of 16 to 18 years. The service provides evidence based therapeutic interventions through 1:1 and group work, e.g. CBT approach, solution-focused counselling.

3.13 The **Gaddum Centre** provides practical and emotional support to children and young people and their families who are experiencing difficulties coping with the death of someone of significance to them. The service provides information on death, the grieving process and social and cultural rituals to families and others and provides information and advice to professionals in helping them to support a child/ children who have experienced a bereavement.

4.0 Investment

4.1 CCG Investment Profile

Name of CCG	2014/15 CCG EWB & MH Spend	2016/17 CCG EWB & MH Budget	2014/15 CCG NHS CAMHS Spend	2016/17 CCG NHS CAMHS Budget	Trend	CCG 2014/15 Spend per <19	CCG 2016/17 Budget per <19	Trend
Manchester (N C S) CCG	£6,599,213	£7,681,562	£6,300,467	£6,521,550		£46.49	£48.12	

4.2 NHS England Specialist Commissioning Investment

4.2.1 The following table details NHS England specialist commissioning's acute inpatient mental health expenditure for Manchester Children broken down by CCG:

Clinical Commissioning Group	2013/14	14/15	15/16
North Manchester CCG	£727,360	£1,262,067	£1,698,939
Central Manchester CCG	£462,611	£849,126	£1,155,678
South Manchester CCG	£900,220	£1,101,446	£ 404,990
Total	**£2,090,191**	**£3,212,639**	**£3,259,607**

4.2.2 Manchester CCGs sustained significant increases in expenditure in respect of acute inpatient admission as a whole between 2013/14 and 15/16, these have stabilised in 15/16. This upward trend continued for North and Central Manchester In 2015 /2016; this was not mirrored in South Manchester where costs reduced significantly. There is scope for improved management of admissions to tier 4 services and beds.

4.2.3 Activity profiles demonstrate a low level of admissions but challenges in relation to extended lengths of stay and delayed discharges.

4.3 Manchester City Council Investment

4.3.1 Manchester City Concil works in partnership with the City Wide Clinical Commissioning Group (NHS) to provide a range of services to children and young people with emotional and mental health wellbeing issues. This includes some direct CAMHS provision by Manchester City Council. The current arrangement supports six specialist workers and four social workers.- the primary purpose being to work with looked after children around supporting placement stability. The local authority contribution in 2016/17 to CAMHS services as follows;

Tier 3 support plus staffing	£ 631,000
Children and Parenting Service (CAPS)	£1,500,000

4.3.2 The Council is working in partnership with the City Wide Clinical Commissioning Group to review how all CAMHS servcies are commissioned across the city with decsions regarding future budgets still to be finalised

5.0 Prevalence and CAMHS Outpatient Activity

5.1 Prevalence data represents a significant commissioning challenge which is acknowledged by Future in Mind. Current accepted prevalence figures are from 2014. The landscape in relation to mental health and wellbeing will inevitably have shifted in the interim. National prevalence data is due to be updated in 2018 and this will feed in to the commissioning cycle going forward.

5.1.1 Current prevalence figures are detailed below

Prevalence (of all mental health disorders, by age)

	Central Mcr CCG		North Mcr CCG		South Mcr CCG	
Age	**Prevalence**	**Actual**	**Prevalence**	**Actual**	**Prevalence**	**Actual**
5-10	1455	1119	1500	950	960	1007
11-16	1695	948	1810	905	1210	1037
Total	**3150**	**2067**	**3310**	**1855**	**2170**	**2044**

Source CHIMAT (2014)

5.2 CAMHS Outpatient Activity 2015/16

5.2.1 Data challenges also represent a national challenge across the provider and commissioner landscape. This will be addressed by the implementation of a new national CAMHS minimum data set introduced this year. Data flows have yet to be established and will be embedded over the coming months

5.2.2 The following table relates to patients supported by the core CAMHS service based on data provided by the service. Both years have relatively similar proportions from each age group, with the most popular age group being 5 - 10 followed by 11 - 16. There is little variance between the CCGs, although the number of patients on the register has gone up between the years for each CCG (by between 140 and 180 patients).

5.2.3 Local activity data suggests that the core CAMHS service is supporting 2664 less 5-16 year olds in the Service than prevalence figures suggest may need access to mental health services. The CAMHS service supported 1795 under 5s in the core CAMHS service and 293 17-18 year olds in 15/16.

5.2.4 Reliable prevalence comparisons for the under 5s and 16plus age group are currently unavailable

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2014/15

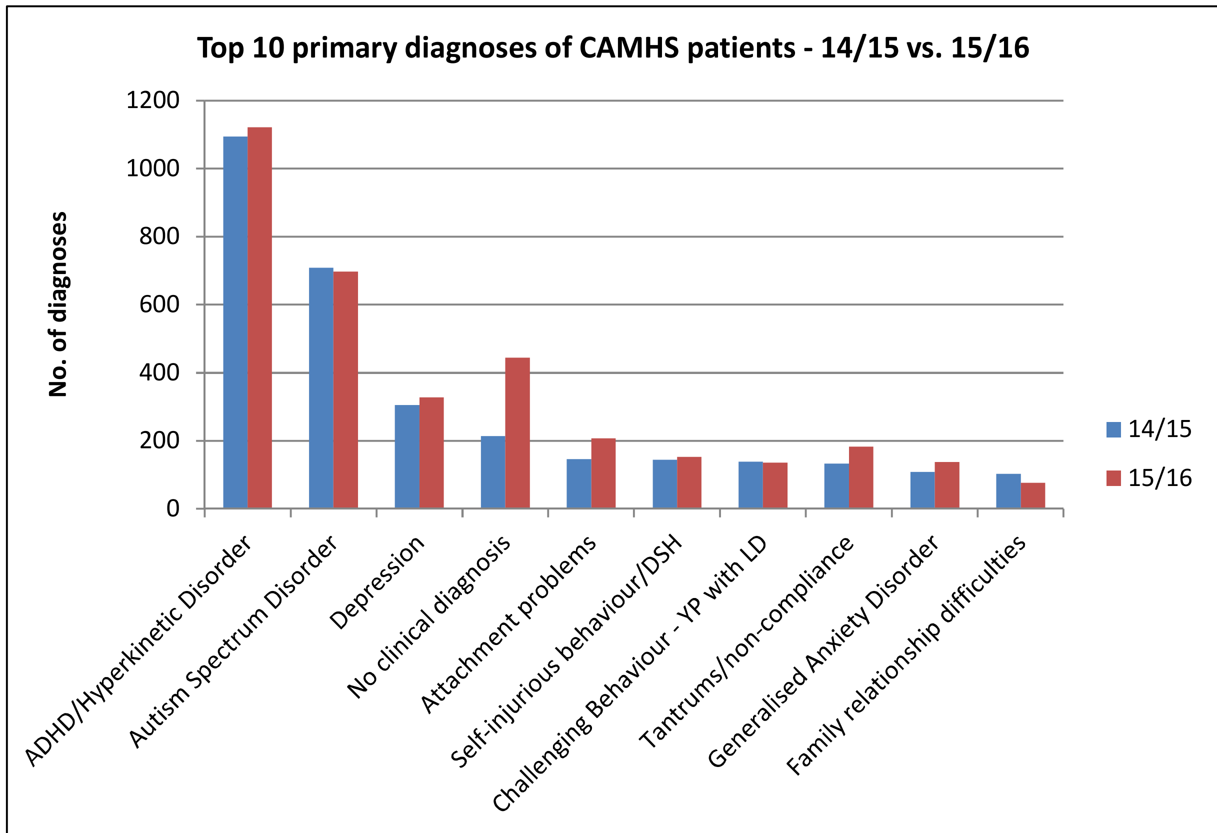
	Central Mcr CCG		North Mcr CCG		South Mcr CCG	
Age	**No.**	**%**	**No.**	**%**	**No.**	**%**
<5	603	22.0	535	21.4	550	20.4
5-10	1119	40.8	950	38.0	1007	37.3
11-16	948	34.5	905	36.2	1037	38.5
17-18	76	2.8	110	4.4	103	3.8
18+	0	0	1	0.0	0	0
Total	**2746**	**-**	**2501**	**-**	**2697**	**-**

2015/16

	Central Mcr CCG		North Mcr CCG		South Mcr CCG	
Age	**No.**	**%**	**No.**	**%**	**No.**	**%**
<5	619	21.4	570	21.4	606	21.1
5-10	1184	41.0	1062	39.8	1048	36.5
11-16	1002	34.7	934	35.0	1107	38.6
17-18	81	2.8	100	3.7	108	3.8
18+	0	0	3	0.1	1	0.0
Total	**2886**	**-**	**2669**	**-**	**2870**	**-**

Primary Diagnosis

The following provides a snapshot of primary diagnosis within the core CAMHS service.



Targeted services Activity

In addition 12,457 appointments were attended across the targeted service provision in 15/16 which represents an 8.3% increase in activity

CAMHS Service	Did Not Attend		Could Not Attend		Service Cancelled		Total Appts - Attended		Grand Total - Appts	Trend from 2014-15
	No.	%	No.	%	No.	%	No.	%		
Emotional Health in Schools	302	17.1	170	9.7	24	1.4	1265	71.8	**1761**	↗
Manchester 1617 Service	1004	27.0	480	12.9	51	1.4	2177	58.6	**3712**	↘
Manchester CAPS	679	12.4	855	15.6	78	1.4	3877	70.6	**5489**	↔
Manchester CTLAC	240	9.6	258	10.4	56	2.2	1938	77.8	**2492**	↗
Manchester LD	477	11.8	321	8.0	31	0.8	3200	79.4	**4029**	↘
Totals	**2702**	**-**	**2084**	**-**	**240**	**-**	**12457**	**-**	**17483**	↗

2014/15

Both years have relatively similar proportions from each age group, with the most popular age group being 5 - 10 followed by 11 - 16. There is little variance between the CCGs, although the number of patients on the register has gone up between the years for each CCG

5.3 Other key populations

5.3.1 Children of Prisoners

5.3.1.1 Research conducted by Barnardo's (2009)2, the COPING project (2013)3 and a number of other studies have identified a number of themes relevant to children and young people including the fact that parental imprisonment might cause a range of adverse outcomes, which could include aggressive behaviour, depression, anxiety, sleeping problems, eating problems, running away and delinquency.

5.3.1.2 Higher Risk of Mental Health Issues: Children of prisoners are twice as likely to suffer from mental health issues. The sudden removal of a parent from the family can create feelings of separation and loss similar to bereavement that may affect the emotional health of the child. Children may be anxious that their other parent might also be taken away or about the welfare of their imprisoned family member. Anxiety may result from loss of contact with the imprisoned

parent or, where contact remains, from missing school to comply with prison visiting hours.

5.3.1.3The physical and mental health and wellbeing of women and men in custody is extremely poor, with high rates of alcohol and substance misuse, domestic abuse, mental health problems and self-harming, particularly amongst women. Often linked to this, significant numbers of adults serving custodial sentences have experienced childhood trauma, abuse and maltreatment, and as a result have been in the care system, or 'looked after'. Underlying all of this are high levels of poverty and deprivation. None of these issues prevent someone from having a strong loving and nurturing relationship with their baby. But they can make being a parent a more difficult job, and we know that difficulties such as mental health problems and substance misuse, both especially prevalent amongst women in prison, can affect the quality of infant-parent attachment.

5.3.2 Teenage Mothers and Young Fathers

5.3.2.2 Research shows that teenage mothers are likely to have poor emotional health and well being.
- teenage mothers are 3 times more likely to experience post natal depression
-mothers under 20 have higher rates of poor mental health for up to 3 years after the birth of the child than older mothers

5.3.2.3 The demands of parenthood are significant at any age and may be compounded by other factors experienced by many teenage mothers such as high levels of relationship breakdown, isolation, living in poverty, the likelihood of being NEET, unstable and poor quality housing.Teenage parents may;

- have a number of vulnerabilities and have missed out on protective factors eg strong peer support, positive role models and trusted adults
- anticipate judgemental attitudes from staff
- be anxious about the overlap with social services and
- be wary of asking for help because of the fear of being perceived to not be coping or parenting well

5.3.2.4 These concerns can prevent them accessing a range of services but are especially likely to influence their decision to seek help in relation to their emotional health and wellbeing.

5.3.2.5 Young fathers also require support; a good relationship with the baby's father and supportive behaviour by him is a protective factor for postnatal depression.

5.3.2.6 It's important to recognise that poor emotional health of teenage mothers impacts on the well being of their children and can contribute to higher rates of accidents and behavioural problems. This further strengthens the case for the needs of teenage mothers and young fathers to be considered.

6.0 Schools Health Service (Including School Nursing and the Healthy Schools Service)

6.1 Following a Manchester City Council (MCC) review of the Schools Health Service provided by Central Manchester University Hospitals Foundation Trust the School Nursing Service has undergone an extensive remodelling programme.

6.2 Despite the challenging financial context and year on year cuts to the national public health grant, the development of a new model for school nursing has had a positive impact on the clarification of the key aims of the service. It has presented opportunities for a more robust and integrated approach for improving health outcomes for children and young people as part of the Schools Health Service. This service also incorporates the Healthy Schools Programme. Since the launch of the model in November 2015, there has been a more transparent offer to schools and stronger alignment and integration with the Child and Adolescent Mental Health Service.

6.3 The following key components have driven the format of the new model:

A named school nurse for every education setting in Manchester
- The nurse providing a visible presence for an agreed timeframe
- An appropriate balance of school nurses time spent on safeguarding
- Comprehensive and co-ordinated delivery of The Healthy Child Programme 5-19(HCP)
- Dedicated team who manage and coordinate the health needs of all children on a Child Protection Plan
- An integrated approach with Manchester CAHMS

The new school nursing specification makes provision for improved outcomes for Children and young people's emotional health and wellbeing which is translated into Key performance indicators reported to the public health commissioners. In quarter 2 (2016-17) 252 young people received an intervention from a school nurse for emotional health and wellbeing, 100 young people were signposted to EHWB services (excluding CAMHS) and 89 young people were referred to CAMHS. School nurses also supported (including onward referral to services) 45 children who self harm.

6.4 As a result of Children's Community Services, service improvement strategy, (based on the recommended core competencies of the HCP), the new model focuses on the following:

- Effective Leadership
- Identifying need
- Skills and knowledge
- Team working

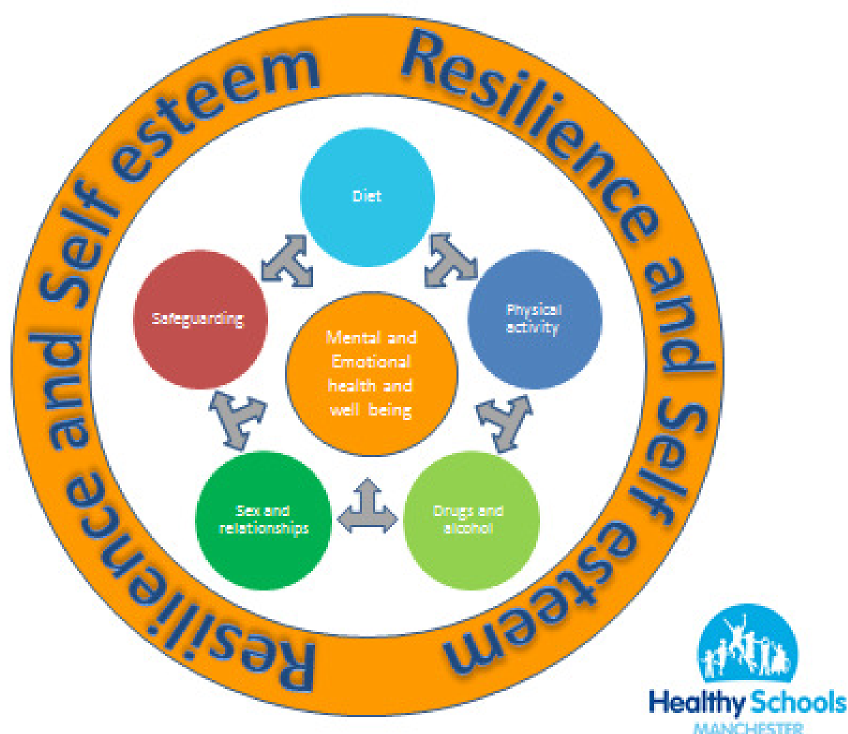
6.5 Manchester's Healthy Schools Programme was re-modeled as part of the new School Health offer in November 2015. The aim of this programme is to work citywide to support schools to adopt a whole school approach to improving the health and wellbeing of children and young people, by encouraging and supporting schools to contribute to key public health priorities for the city.

Manchester's Healthy Schools Programme offers the following packages of support to Manchester LA education settings, for all themes within the delivery model:

- Universal policy development
- Universal curriculum resource development
- Targeted direct interventions with pupils
- Training

6.6 The Healthy Schools Programme was re-modelled so that health issues were not tackled in isolation. Evidence tells us that treating different, specific health issues separately will not tackle the overall wellbeing of this generation of young people, this is because young people's mental and physical health are intertwined and young people's exploratory behaviours overlap, for example, early substance use is associated with risky sexual behaviour. The Healthy Schools Programme, is working to a new model of delivery in order to emphasize how the different themes of the programme work together to provide a holistic model of delivery that meets the needs of children and young people in this generation.

The new Healthy Schools Programme delivery model:



6.7 As part of the new Healthy Schools model, all curriculum resources, training and support to education settings will focus on developing a whole school approach to building the resilience and self esteem of children and young people. It is important to have this focus throughout all themes because increased resilience and self esteem has a positive effect on reducing participation in risk taking behaviour's. Reducing these risk taking behaviour's

has a positive affect on the lifestyle choices that young people make throughout their life, and their future health and wellbeing.

6.8 The new Healthy Schools model now includes the mental and emotional health and wellbeing theme at the centre of delivery. Mental and emotional health and wellbeing is at the centre of all other themes because the National Institute for Health and Care Excellence (NICE) advises that primary and secondary schools should be supported to adopt a comprehensive, ‘whole school’ approach to promoting the social and emotional wellbeing of children and young people because this affects all aspects of the child’s life, and influences all other health behaviours.

6.9 Outcomes from the School Health Service:

- 90% have completed the Health Check, developed an action plan and have confirmation of the support they will be receiving from their School Nurse and the Healthy Schools Public Health Practitioners.
- CHAT HEALTH which is a confidential text messaging service to a school nurse was launched on the 25th April 2016 and has had very positive feedback from young people.
- Since November 2015, School Nurses have delivered 859 health promotion sessions to children and young people and 881 teaching staff and over 265 parents.
- 93% of schools are engaged with the Healthy Schools Programme.
- Healthy Schools number of contacts in schools including governors, parents, pupils and staff (Cumulative from January to Sept inclusive) is 3303

7.0 The Voluntary, Community and Faith Sector

7.1 The voluntary, community and faith sector plays a critical role in supporting children and young people living with mental ill health and coping with challenges around their emotional health and wellbeing. Individual organisations within the sector receive funding from a wide range of sources including Manchester City Council, the Clinical Commissioning Groups and local Trusts and Foundation Trusts. A number of groups, particularly those aiming to support youth activities and equalities will have a significant and beneficial impact on the mental health and emotional wellbeing of those who access the offer. There are, however, some specific organisations whose primary function is supporting the mental health of young people, these include

7.2.1 **42nd Street** is a Manchester based organisation which aims to support young people with their emotional well-being and mental health. The approach to this support is person centred and aims to support recovery as well as improving well-being. The objective is also to increase inclusion and accessibility to appropriate services and support as well as increasing awareness in mental health issues and reducing any associated stigma. The organisation embraces the Thrive model which is described later in this paper. The ambition of 42nd Street is driven by the following statistics as listed in research from ‘Young Minds’;

- Over half of mental health problems in adult life (excluding dementia) start by the age of 14 and 75% by 18
- 60-70% of children and young people who have experienced clinically significant difficulties have not had appropriate interventions at a sufficiently early age
- Anxiety: 290,000 children and young people (under 18 years) have a diagnosed anxiety disorder.
- Depression: 80,000 children and young people (under 18s) are seriously depressed.
- Self Harm : Greater Manchester is seeing higher than national average presentations at A and E in 8 out of 10 boroughs
- Suicide rates are almost double the national average across Greater Manchester
- Social factors that contribute to mental ill-health- poverty, exam pressures, unemployment, absence of welfare, sanctions, domestic violence, abuse, bullying.
- 40% of parents are say that their children's emotional health is a concern (Children's Society)
- 42nd Street has seen the young people needing their service double over the last two years, from 1000 to 2000 with issues becoming increasingly complex

7.2.2 The organisation have noted that 64% of the young people with whom work have identified issues which have initiated their safeguarding procedures. Most frequent presenting issues include – parental mental ill health, family physical abuse, engaged in risky behaviour, experience of domestic violence and bullying. 89% of those presenting have had no previous contact with statutory services. 42nd Street offers;

- One to one counselling, therapy, psycho-social support and advocacy
- Therapeutic, issue based and identity based groups and peer support projects
- Creative projects and approaches to wellbeing and mental health
- Residentials/ Getaways
- Social Action Programme
- Bespoke services in schools, colleges. Pupil Referral Units (PRUs) and HEIs

A crisis fund, on-line support, training for professionals and collaboration with partners.

Work with specific groups – young women and LGBTQ groups.

7.3.1 Manchester Mind (YASP) - Manchester Mind has a specifically designed set of services for young people called YASP. YASP works with 15 to 25 year olds and has services targeted at 15 to 18 year olds and a range of services for young people who are transitioning to adult services - or in many cases to a lack of services that meet their needs once they are classed as adults.

The services provided are:

Counselling

Mentoring and befriending

Advice and casework around social welfare entitlement, including benefit and housing rights

Supported volunteering placements

Internet café to drop into for support and access to services (proving peer support and free
internet and phone use)
Peer delivered services
Mental health awareness sessions at schools, colleges, youth groups and specialist services

7.3.2 Analysis of the advice and casework undertaken by the organisation found that 47% of these young people had an additional disability - an increase of 19% on the previous year (a large number of these young people had autism, ADHD, and/or learning disabilities). 50% had a parent who had mental health problems as well (a 16% increase on the previous year), 31% were young parents or carers and 50% had experienced violence and/or abuse from within the family of from partners (a 28% increase on the previous year).

7.3.3 The young people seen at YASP are from a range of communities - 47% from BAME communities, 15% LGBT and a significant number have another disability as well as mental health problems. YASP is a specialist service and the numbers seen are relatively small. However, the numbers being seen are increasing and the needs presented are consistently more complex across all services delivered.

7.3.4 YASP have had an increase in the use of services by young people undergoing transition. They have developed and expanded a peer delivered mentoring and befriending service to meet this growing need. They have a concern that transition around mental health has tended to focus solely on the transition from CAMHS to adult mental health services whereas in reality, many young people they work with do not meet the threshold that would allow them to access adult mental health services.

7.4.1 The Proud Trust (formerly LGBT Youth North West) – has a number of years' experience of lesbian, gay, bisexual and trans (LGBT) youth work and delivers a wide variety of groups for LGBT young people. The organisation works closely with 42nd Street and continues to work closely with CAMHS to deliver and effective and inclusive service to support LGBT young people.

7.4.2 The Department of Health (DoH) recognises lesbian, gay, bisexual and trans (LGBT) young people as a high risk group in terms of poor mental health, including in the National Suicide Prevention Action Plan. National data evidences 73% of trans young people seriously self-harm or attempt suicide, whilst figures for anxiety and depression among LGB people are double that of the mainstream youth population (Queer Futures, DoH funded, 2016).

7.4.3 The Proud Trust is an LGBT youth organisation for the city. It worked directly with 520 LGBT young people last year, and 10,000 pupils through schools delivering LGBT awareness education. Young people are supported through the following youth groups for young people aged 13-25:

- LGBT mixed youth group twice weekly
- Young women's group weekly
- Trans youth group fortnightly
- East Manchester mixed group weekly

- Wythenshawe LGBT group weekly
- Weekly groups in Stockport, Rochdale, Oldham, Bolton – and a runs a network supporting the other 20 LGBT youth provisions in the North West.

7.4.4 The Proud Trust also offers Peer Support where young people are trained to deliver 1-2-1 support with those of a similar age to them, through outreach, detached, and virtual (SMS/online) support. This is run as for a LGBT mixed audience, or as a Lesbian and Bisexual women specific project (Safer Person Project), and as in-house training so schools and youth groups can deliver their own peer support projects (which was piloted in partnership with Gaddum Centre and Mind).

7.4.5 The Proud Trust staff work with young people in a social, not medical model, and where services still exist, often refers young people to specialist mental health services e.g. 42nd Street when needed, whilst also supporting the young people in their own provisions in holistic ways (including group work, life skills, practical support and advocacy).

8.0 Transformation – The National Context

8.1 A five year NHS transformation programme is in progress in respect of Children and Young Peoples mental Health and wellbeing

8.2 The basis for this transformation was articulated in the Select Committee report 'Future in Mind' (2015) which establishes a powerful consensus of the need to make it easier for children and young people to access high quality mental health services.

8.3 The report sets out a series of proposals to implement whole system transformation leading to improved outcomes for children and young people with mental health problems. These proposals were endorsed by the Five Year Forward View for Mental Health published earlier this year (February 2016).

8.4 Future in Mind articulates that nationally less than 25% – 35% of children and young people with a diagnosable mental health condition access support. Data from the NHS benchmarking network and recent audits reveal increases in referrals and waiting times, with providers reporting increased complexity and severity of presenting problems. It references issues in access to; crisis support, out of hours provision and liaison psychiatry services, specific issues facing highly vulnerable groups of children and young people and their families and gaps in data and information

8.5 NHSE committed additional investment to build capacity and capability across the system, contingent on the development of co-produced system wide Local Transformation Plans (LTPs)

8.6 **Manchester Transformation Plan** achieved full NHS England assurance in December 2015

8.6.1 The focus of our ambition is on prevention and moving investment opportunities upstream to build resilience in our children and young people, to promote good mental health and intervene early when problems first arise so that by 2020 measurable progress will be made towards improvements in children and young people's mental health outcomes

8.7 Our Ambition

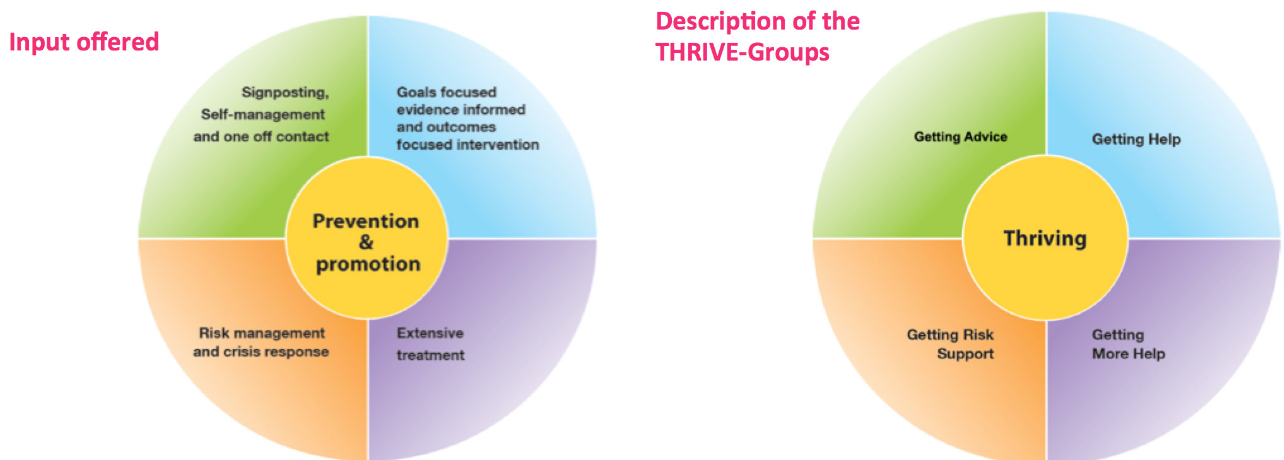
By 2020 we will ensure:

- Children and Young People will have access Mental Health and Wellbeing Services that are defined in terms of their needs rather than in terms of the services organisations provide.
- 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. Mental Health and wellbeing support will be more visible and easily accessible for children and young people and our offer will consistently support resilience, prevention and early intervention.
- Children and Young People will have access to condition specific pathways and evidence based interventions within the community that include; access standards, waiting times and expected outcomes and will be empowered in self-care.
- Children and Young People in Manchester will have the right to mental health and wellbeing support at the right time delivered by appropriately trained primary and community care staff.
- Care close to home supporting children and young people to stay in the community when safe and appropriate but also ensuring access to specialist inpatient care when required.
- A shift in mental health provision towards preventative community-based care and away from acute hospital-centred activity.
- Improved care for children and young people in crisis.
- Parity of esteem. Ensuring early detection and on-going treatment of physical health and mental health problems in vulnerable groups.
- All transitions for Children and Young People will be timely appropriate and planned, through integrated pathways and bringing the parts of peoples care together without them noticing the join.
- A better offer for the most vulnerable children and Young People.

8.7.1 To achieve our ambition we will implement a new model of care across the city called I THRIVE I THRIVE has been developed as a collaboration between the Anna Freud National Centre for Children and Families and the Tavistock and Portman NHS Foundation Trust in recognition that the current system is outmoded. Thrive presents an alternative whole system model. It aims to build on individual and community strengths, and to ensure children, young people and families are active decision makers in the process of choosing the right approach.

8.7.2 It tackles existing challenges within the mental health and well-being system by drawing a clearer distinction than before between treatment and support, and between self-management and intervention.

8.7.3 THRIVE enables care to be provided according to four distinct population groupings, determined by a patient's needs and preferences for care. Emphasis is placed on prevention and the promotion of mental health and wellbeing. The THRIVE framework is shown below; the figure on the right shows the five THRIVE-groups, and the left illustrates the input offered for each group. Each THRIVE-group is distinct in terms of (1) needs and choices of the individuals, (2) skills required to meet these needs, (3) dominant metaphor used to describe needs (wellbeing, ill health, support) and (4) resources required to meet the needs and/or choices.



8.8 Greater Manchester context and System Challenges

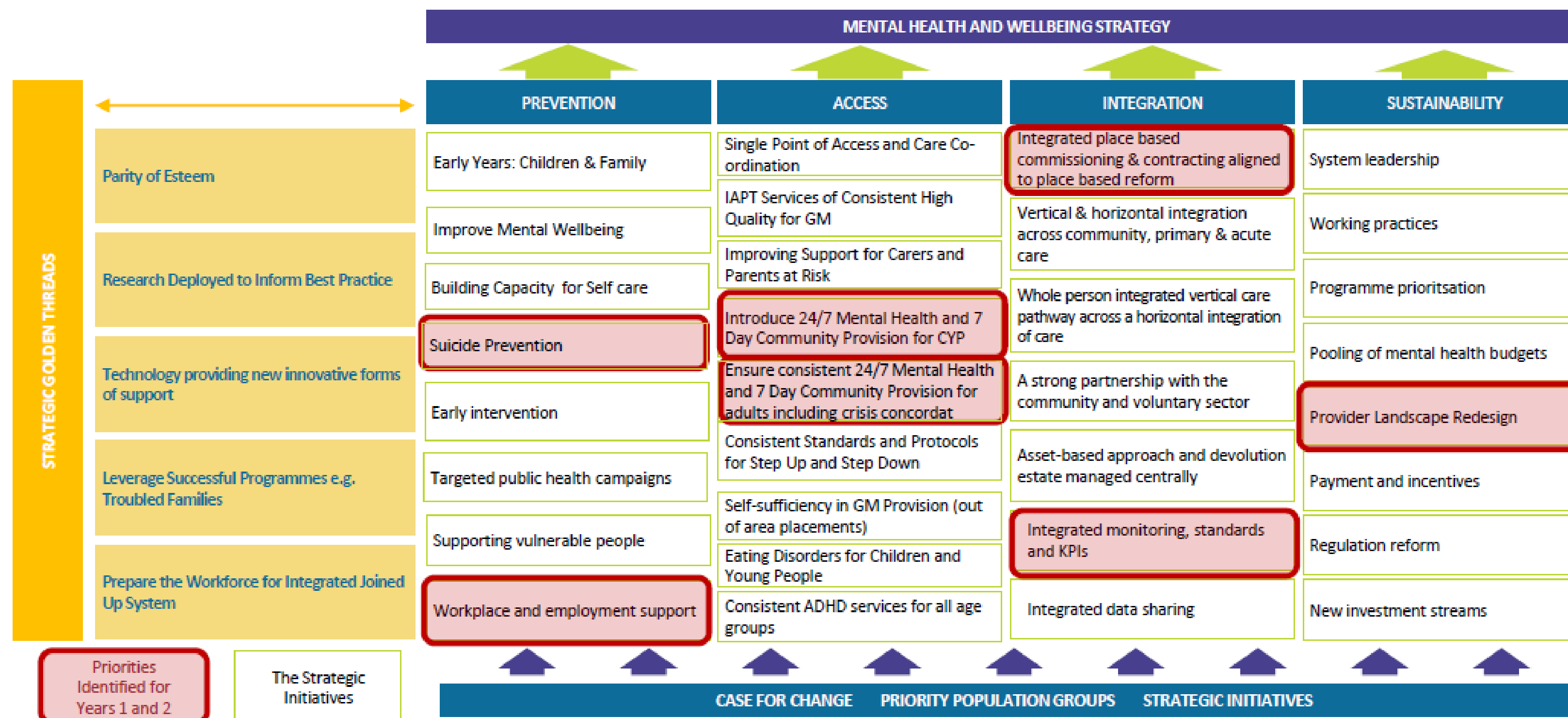
8.8.1 Our ambition does not sit in isolation. The Greater Manchester Mental Health Strategy brings together and draws on all parts of the public sector. This is focused on community, early intervention and prevention and the development of resilience.

8.8.2 Greater Manchester's vision and priorities for years 1 and 2 are outlined below.

Compelling Vision

Strategic Plan on a Page

CHARACTERISTICS TO UNDERPIN VISION	
PREVENTION	Place based and person centred life course approach improving outcomes, population health and health inequalities through initiatives such as health and work.
ACCESS	Responsive and clear access arrangements connecting people to the support they need at the right time
INTEGRATION	Parity of mental health and physical illness through collaborative and mature cross-sector working across public sector bodies & voluntary organisations
SUSTAINABILITY	Ensure the best spend of the GM funding through improving financial and clinical sustainability by changing contracts, incentives, integrating and improving IT & investing in new workforce roles



8.8.3 Improving child and parental mental health and wellbeing is recognised as key to the overall future health and wellbeing of Greater Manchester communities and therefore forms a significant focus within the strategy. Delivery of the strategic initiatives is overseen by the Greater Manchester Strategic Mental Health Partnership Board, and individual strategic initiatives have now been assigned to a network of relevant stakeholder clinician, provider and commissioner groups.

8.8.4 To support this system alignment, the GM Future In Minds (FIM) Delivery Group has been instigated as a consortium of all 12 GM CCGs/10 LAs with representation from the Strategic Clinical Network, NHSE Specialised Commissioning and Public Health. The programme of work aims to build on good practice, cross cutting themes and opportunities to scale up transformation schemes on a GM footprint

8.8.5 Strategic Initiatives relating to children and young people are the responsibility of the GM Children and Young People's Mental Health Board, chaired by Simon Barber (Chief Executive, 5 Boroughs Partnership).

8.8.6 Current GM work streams in progress are as follows

1. Development of a GM specialist Community Eating Disorder service model in line with agreed GM standards
2. The development of 24/7 Mental Health Crisis Services and 7 day community provision

3. Collaborative Commissioning of Tier 4 inpatient provision so that Children and Young People from Greater Manchester who require an inpatient bed can access one within GM boundaries.
4. Improved outcomes for Children and Young People with ADHD include; standardised assessment protocols, specialist clinics and shared care protocols, and development of self-help information and implementation of local agreements in relation to the role of each stakeholder in monitoring and prescribing through.
5. Development of a GM workforce strategy promoting MindEd e-learning platform as a training resource for the whole workforce. Plans are in progress to agree what will be the core mandated components.

8.9 CCG Transformation Investment

Transformation Schemes	**Additional CCG Investment 16/17**
Children and Young Peoples Eating Disorder Service *	£355,022.00
Rapid Access Frist Response service *	£350,000.00
Enhanced access via E-platforms and alternative technologies	£316,020.00
Vulnerable Groups	£150,000.00

Resilience, Anti Stigma and Peer Support	£110,000.00
Integrated School Heath	£100,000.00
Crisis Intervention/ Liaison	£100,000.00
Transition	£75,940.00
I Thrive Implementation *	£38,000.00
Workforce / Training & Development	£50,000.00

*co commission with Salford CCG. Figures represent Manchester CCGs combined investment

8.10 Transformation Programme Progress

8.10.1 Access and delivering evidence based practice

8.10.2 The pace of change in relation to translating the IThrive concept to a local reality has increased and is supported by engagement with the national team and a toolkit for implementation.

8.10.3 We have commissioned a social research company to; support a high profile Launch event and embed the model across the workforce.

8.10.4 The commission also includes a piece of research to enable us to better understand: prevalence of emotional health and mental health issues among children and young people, the numbers of children and young people we would expect to feature in each quadrant of the model, current service provision pathways and activity and how far this maps i-Thrive. The view is that this will evidence accepted assumptions that children and young people are over represented incorrectly in wrong parts of the system. The report will be produced in April 2017.

8.10.5 A review of commissioned community services has been initiated in partnership with Manchester City Council In preparation for the children's phase of the "one team". The timeline for completion is 31 March 2017. The strategic goals are to ensure services focus on person centred outcomes, promote Integration, and support self-reliance and that our services are accessible and responsive to current and predicted population. The ambition includes a commitment to ensure that the CAMHS offer and transformation outcomes are aligned.

8.10.6 Nationally our transformation programme will be measured against improvements in access and waiting standards in as follows

- An increase of the number of children and young people receiving treatment from an NHS community funded service of at least 7% in each year of the reporting period
- Number of Children and Young people with a suspected eating disorder receive urgent treatment within 1 week of referral
- Number of Children and Young people with a suspected eating disorder receive routine treatment within 1month of referral
- 5% reduction in referral to treatment times

8.10.7 The critical measure of our success by 2020 will be evidence that our transformation investment is making a positive impact on the treatment gap that our system is geared towards intervening at the right time, and is not systematically geared towards crisis. CAMHS provision is only part of the response.

8.10.8 In response we have utilised some of our transformation investment to commission KOOTH to pilot a 24/7 early help offer utilising alternative technologies and providing direct routes into online counselling and therapies, messaging services , information resources and moderated safe chat room facilities 24/7. A blended delivery model includes full time integration officer who ensure their services are fully integrated with others including Manchester's early help hubs, high schools, CAMHs and social care.

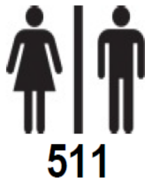
8.10.9 See below an extract from our performance report which demonstrates a very positive picture at the end of quarter 2 of the pilot. A full evaluation is to follow which will inform future commissioning intentions.

"I feel much better now! Y'know that weird sad stomach dropping feeling? It's gone :P"

Quarter Summary

New Registrations

Total



511

New Registrations

Gender

1 in 4 New Registrations were Male

BME

28%

Age

Most Frequent Age was 14/15

Age	
10/11	4%
12/13	28%
14/15	39%
16/17	25%
18/19	4%
Total	100%

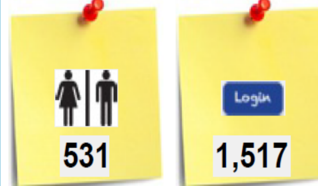
Heard From

op 3 Heard From		
1	School	52%
2	Internet	11%
3	Friend	11%

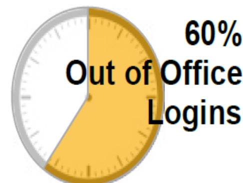
Logins

Total

Unique YP | Logins



Out of Office Logins



60% Out of Office Logins

Office hours are 9am-5pm weekdays.

Returning YP Logins

66% Returning YP Logins

***Note:** Returning YP logins are logins from YP who have logged in at least once before. New logins are classed as the first time new YP use the site. Therefore this percentage is (total logins - number of new users)/total logins.*

Outcomes

Goals

Avg. Improvement	Number of Moved Goals
2.8	23

Feedback

96% are planning on coming back soon*

97% would recommend this service to a friend*

**From 65 responses from 45 YP.*

Usage

Chat

Unique YP	Sessions
161	216

Messages

Unique YP	Messages
262	1,034

Articles

Unique YP	Views
86	754

Self Help Documents

Activities YP	Times Accessed
171	215

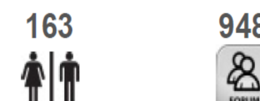
Times accessed is the number of logins where self help documents were accessed.

Ask Kooth

Unique YP	Views
9	17

Forum

Unique YP	Views
163	948



8.10.10 This year CMFT CAMHS has achieved an outstanding rating in the Trusts Care Quality Commission Inspection. This is testament to the dedicated team who are committed to our shared transformation objectives. As a parallel to I thrive the team have given significant focus to capacity mapping, the development of Initial assessment models, integrated care pathways and self-referral mechanisms. The team are fully engaged at a Greater Manchester level and in particular Crisis, Tier 4 , Eating Disorder and ADHD work streams, and are driving key work streams of the Strategic Clinical Network, in particular around Workforce Development and there is a culture of continuous improvement . Our Third sector commissioned providers report unprecedented demand on their services. We are reviewing our business intelligence and will be working with our third sector partners to understand demand, review pathways and delivery models. In the context of austerity the role of the third sector in providing community thickness, and layers of support that bind, protect and support recovery cannot be underestimated. Our third sector providers are fully engaged in our Governance structures and transformation planning.

8.10.11 In partnership with Salford CCG we have commissioned the service to establish the new Children and Young Peoples Eating Disorder as an extension of their current offer and expertise and look forward to the service being fully operational in April 2017. In our commissioning conversations we have been clear on our delivery model expectations that this will be a community service that will add capacity and capability in primary care supporting our GPs to identify and support children and young people with disordered eating early and in the community.

8.11 Further ambition

8.11.1 In 2016 and in collaboration with Salford CCG we will commission a Rapid Access and Home to create a truly flexible front door into our IThrive system. Our vision is to ensure that children and young people experiencing a mental health crisis, psychiatric episode or social care emergency are supported to recover and thrive as close to home as possible. It will provide an integrated response to those young people currently not accessing services that might not meet diagnostic thresholds but require assessment and holistic intervention. It will also provide a safety net to those children who are accessing services but are struggling and in particular those at risk of admission or receiving treatment in an inpatient unit. A visioning session took place in October with key provider stakeholders from which we have requested proposed delivery model. We intend to commission this service on a lead provider/alliance contract type commissioning arrangement.

8.12 Integrated Emotional Health and Wellbeing in School

8.12.1 On 1 July 2016 Manchester launched a new Integrated Emotional Health and Wellbeing School Health Service. The offer extends into all high schools in Manchester and combines provision from School Nursing, Healthy Schools and the Emotional Health in Schools Service. All high schools now have direct access to CAMHs including a named CAMHS lead, training and consultation

and liaison. The model is being piloted and will evolve on the basis of continued engagement with the high school heads reference group established for this purpose.

8.12.2 Aligned to this in April the school nursing service launched a secure messaging service Chat Health In quarter 1 the service received 424 text messages, 21% of the messages received related to emotional health self-harm and bullying.

8.12.3 In October Healthy Schools launched “I Matter” a Safeguarding resource for teachers and nurses, based on the PHSE study programme including modules on self-esteem, assertiveness and emotional and mental health and designed to equip children with the resilience they need to deal with the challenges of growing up in the 21st Century. 500 children have piloted the resource, initial staff and pupil feedback has been excellent.

8.12.4 Plans are in progress around extending their capability into Further Education Colleges and Primary Schools.

8.12.5 In November we brought together school stakeholders to review current resources and begin the conversation around designing a Manchester Anti stigma, Resilience and Peer Support product that is sustainable and oriented to the school environment and workforce. In response to the results of a system wide training needs analysis we are also in discussion with Healthy Schools around developing a training offer into our Early Helps as a compliment to MindEd.

8.13 Support for Vulnerable Groups.

8.13.1 In order to implement i-Thrive, we need to better understand how children and young people with protected characteristics, additional vulnerabilities and those young people likely to transition to adult services are currently reflected across the system. Our Ithrive research Project, mentioned previously, makes provision for this.

8.13.2 Our IThrive commission report will inform future commissioning intentions in relation to enhancing the offer for vulnerable children across the city and in particular our looked after children.

8.13.3 There are a small yet significant number of young people in the city with additional vulnerabilities, high levels of complex need and challenging behaviour for whom more positive outcomes could be achieved by an integrated approach to commissioning. Manchester CCG commissioners and Manchester City Council are working on proposals for a collaborative approach to the provision of placements and packages of care across the education, health and care systems. The CCG have committed an element of transformation investment to bring in additional case management capacity to work in partnership with providers to ensure that packages of care are outcomes focused and evidenced based and that a system wide approach is taken to supporting these young people in the community as far as possible.

8.13.4 To complement this strategic review is underway in relation to services for children on the edge of care including current commissions, interventions evidence based interventions and outcomes. A series of recommendations have been developed and plans are in place to link this to the I thrive work stream.

8.14.1 Developing the Workforce.

8.14.2 A workforce development strategy is in production as part of our IThrive Project. We are working with our CAMHS provider to establish activity and workforce trajectories as part of our local transformation plan refresh.

8.14.3 The national ambition is to extend the reach of the Children and Young Peoples Increasing Access to Psychological Therapies (IAPTs) programme.

8.14.4 Central Manchester Foundation Trust was an early adopted of this programme and is fully engaged in the North West collaborative. IAPTS training opportunities are available and staffing backfill costs are supported through national investment which is managed in the localities.

8.14.5 Further ambition

8.14.6 Training our workforce is a high priority and it is essential to make best use of our highly trained professionals. This requires existing and new staff to be flexible in reviewing and changing their roles. With regards to recruitment, we now need to recruit from a wider pool of the population into health and social care and draw on people without the present minimum qualifications and graduates in health and social sciences (for example, psychology graduates), who may not want to train in the traditional professions.

8.14.7 We need to explore new ways of working and the development of new roles within CAMHS. Recruitment and retention is a significant challenge as is the need to recruit more people into the CAMHS workforce, offer more flexible entry routes and ensure retention of staff. To support the development of new models of practice, which are envisaged, we will need to promote stronger leadership, management and commissioning and sustain these changes.

8.14.8 A number of initiatives are in progress to address in part these challenges including CMFT CAMHS recent successful application to develop the role of Psychological Wellbeing Practitioner role and an initiative to invite CYP IAPT partnerships to recruit new staff into CYP IAPT therapy ‘training roles’, to undertake evidence-based therapy training and work in partnerships sites whilst completing the training.

The intention behind this is to:

- Further embed evidence-based practice in partnerships.
- Increase the roles of ‘change agents’ to accelerate transformation in services through use of feedback and outcomes tools and collaborative practice and participation with children, young people and families.

- Allow services to take up the offer of training places without the need for backfill roles.
- Increase capacity in services by increasing the workforce within the partnerships.
- To build capacity within the North West of skilled practitioners and clinicians who could be employed to backfill future training roles (if the new workforce were not taken on by the employing partnership).

8.14.9 We plan to work with GM Health and Social Care partnership's workforce development team to support the development of a GM strategy for the whole Children and young people's emotional wellbeing and mental health workforce.

8.15 Engagement

8.15.1 Our local partnership has a wide membership including; 3rd sector organisations, schools colleges , commissioning and provider organisations and we are working with stakeholders to ensure that the views and opinions of Children and Young People and their carers are utilised to review and develop transformation plans and activities.

8.15.2 The views of Children and Young People have been critical in the formulation of need across the city as evidenced by our substantial programme of engagement and report "Tell Us" commissioned jointly by the Local authority and CCG and delivered by 42nd Street.

8.15.3 Our transformation plan is organic, contingent entirely on on-going collaboration and coproduction with a range of stakeholders including children and young people their parents and carers.

8.15.4 Our CAMHS provider systematically harnesses patient feedback through a number of mechanisms including Child Experience of Service Questionnaires and ensures these are reflected in service review and planning. Patient complaints/Satisfaction are reviewed at City wide Quality and Performance meeting and Commissioner Contract review meetings, and discussed in the context of service design and development.

8.15.5 We have ensured their views inform new delivery models as evidenced in the implementation and delivery of our new Eating Disorder Service, utilising the current eating Disorder Patient Group and we will continue with this direction of travel as new services are commissioned.

8.15.6 Patient feedback is a key contractual reporting element in our transformation commissions and is reported on routinely at quarterly performance meetings.

8.15.7 The following is a summary of patient feedback from our latest KOOTH performance report.

"... I feel like even though you haven't met me you can see who i am and ... you understand how i feel ..."

"I feel like i can look after myself and get through tonight now I've come on here"
"Three months since I've actually logged in, but [worker] reminded me to log in once
In a while in the hard times..."

"I haven't forgotten what you did for me with all the Chats and the goals"

8.15.8 We have inbuilt engagement mechanisms within our I thrive programme of work including engagement with the youth council, schools councils and patient/ user groups.

8.15.9 We recognise the need to give young people a stronger voice in relation to governance and service evaluation as the programme expands and commitment has been given by our Emotional Wellbeing and Mental Health Partnership to pick this up as a separate work stream.

8.16 Accountability and Transparency

8.16.1 Manchester CCGs and Manchester City Council have a strong relationship as evidenced by our integrated governance arrangements through the Joint Commissioning Executive. Our ambition is aligned to the JSNA which we have co-produced with the Local Authority and the Authorities senior management team is fully engaged and inputs in the Emotional Wellbeing and Mental health Partnership Board.

8.16.2 Our Transformation Programme is supported by a comprehensive set of coproduced outcomes metrics. Clear reporting and data collection is critical in evidencing the impact of our investment. We have worked with our providers to assure compliance with the National Minimum Data set reporting requirements and will be analysing data flows as they become available with particular reference to activity and waiting times as, going forward.

8.16.3 As reflected above we have invested in meaningful stakeholder engagement and will continue this with the expertise of our communications and engagement teams.

8.16.4 The Local Transformation Plan Implementation group, reports to the multi-agency Children's Maternity Neo Natal Sub Committee which in turn reports to Manchester's Joint Clinical Commissioning Committee, Joint Finance Committee and Joint Commissioning Executive. We have attended Joint clinical Commissioning Committee to provide updates and seek investment approval on 4 occasions since securing the additional transformation investment, and have reported to and sought approvals from joint finance committee. The Joint Commissioning Executive is an integrated committee comprising Manchester's 3 CCGs and the LA. The executive reports in to the Children's Board which we sit on .We have reported to the Board on progress against Transformation Priorities. The children's board provides a link in to the Health and Wellbeing Board and Children's Scrutiny Committee. Updates

against the project implementation plan are provided regularly, and we have been asked to present a substantive report for the December scrutiny committee.

8.16.5 Our robust governance arrangements and accountability will assure that our plan is delivered. Risks and mitigation are reported to joint clinical commissioning committee on a quarterly basis and discussed at the Local Transformation.

8.16.6 The CCGs Children and Young Peoples Emotional Health and Well-being Commissioner represents the Greater Manchester East Cheshire and Lancashire Strategic Clinical Network and CAMHS Advisory Group and ensures we are fully engaged in the Greater Manchester children's commissioners group and Greater Manchester Future in Mind Implementation Group.

9 Conclusion

9.1 The paper has described a system which whilst performing relatively effectively has a number of challenges to address – there are issues of capacity, issues of timely access and issues around the need to provide effectively for a range of vulnerable populations. These challenges are being at a locality level, at a city level and at a Greater Manchester level. Partners are working hard to achieve transformation through the embracing of the Thrive model described in the paper.

10 Recommendation

10.1 To consider and comment on the information in the report