

## Manchester City Council Report for Resolution

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| <b>Report to:</b> | Children and Young People Scrutiny Committee – 4 September 2018                        |
| <b>Subject:</b>   | Children and Young People’s Health Including Mental Health Programme                   |
| <b>Report of:</b> | Executive Director of Nursing & Safeguarding, Manchester Health and Care Commissioning |

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### Summary

The core purpose of the children and young people’s transformation programme is to ensure the system provides the best support for all children and young people and the right support at the right time for those who are most vulnerable. The integrated commissioning strategy, across Manchester City Council (MCC), Manchester Health and Care Commissioning (MHCC) and its partners, sets out the joint commitment of all key partners to improve the lives and life chances of all children and young people in Manchester. It seeks to create and secure a shared vision across a wide range of agencies; to create a whole system approach to strengthen the service offer to meet all levels of need. We want children, young people and their families to experience a positive journey through a pathway of services that helps build their resilience and enables them to meet their full potential.

The ambition is to commission, deliver and effectively manage an integrated health and early help services for children, young people and families to bring positive change in the city from birth to adulthood. This ambition will complement and sit within the ‘Our Manchester’ asset-based approach, support Manchester Health and Care Commissioning (MHCC) strategic objectives and the city’s ambition to test new ways of working which improve outcomes, as well as contributing towards improved population health and safe, effective and affordable services.

The Strategic goal of the Manchester Health and Care Commissioning (MHCC) commissioned and Manchester Foundation Trust’s (MFT) children and young people’s mental health and wellbeing redesign programme (CYP MHWB RP) is to deliver a cohesive iTHRIVE model of care for children and young people that focuses on: prevention, early identification, early intervention and self-care.

We acknowledge that the experience of children and young people and families is vital. Therefore engagement, co-design and working together are an essential part of the children and young people’s work streams. This includes engagement with:

- Children and young people
- Families and carers
- General Practitioners
- Police
- Schools and colleges

- Early help
- Voluntary and community sector

An engagement and communication strategy for co-production and to gain workforce, children and young people, families, service user and stakeholder views for the wider programme is in development.

The children and young people’s transformation programme is in its early stages of development but significant agreements have been reached in regards to the progression of the work. Agreement on how to progress and implement a transformation programme has been agreed with a realistic timeframe for full implementation of a redesign being 3 years.

### Recommendations

It is recommended Scrutiny committee members consider, debate the information contained in the report and seek an update on progress after April 2019.

**Wards Affected:** All

### Alignment to the Our Manchester Strategy Outcomes (if applicable)

| Manchester Strategy outcomes  | Summary of how this report aligns to the OMS |
|---|--|
| A thriving and sustainable city: supporting a diverse and distinctive economy that creates jobs and opportunities |  |
| A highly skilled city: world class and home grown talent sustaining the city’s economic success                   |  |
| A progressive and equitable city: making a positive contribution by unlocking the potential of our communities    |  |
| A liveable and low carbon city: a destination of choice to live, visit, work                                      |  |
| A connected city: world class infrastructure and connectivity to drive growth                                     |  |

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**Background documents (available for public inspection):**

None

## **1.0 Introduction**

- 1.1 As a city, we are jointly committed to transforming outcomes for children and families. The Children and Young People's plan flows from the ambition contained in Our Manchester, focusing the city on the outcomes that really matter for children and young people, and connecting children and young people to the growing number of opportunities in the city over the next decade. Alongside this, Manchester's Locality Plan sets out our vision for integrated, place-based working and commissioning in health and social care. The plan, which is jointly owned by a range of partners sets out a shared ambition that children and young people in the city are safe and have the opportunity to thrive as they become adults. The development of a Single Hospital Service (SHS) and Local Care Organisation (LCO) will also provide a number of opportunities to shape the delivery of health services for children and young people. All parts of the city have a role in supporting our children and young people, not least families.
- 1.2 Children services in health have been subject to a review process and an improvement/transformation plan is in development following the 'children's summit' in October 2017. The programme is overarching and does not currently impact on "business as usual". It will complement the "Our Manchester" asset-based approach, support MHCC strategic objectives and the city's ambition to test new ways of working which improve outcomes, contribute towards improved population health and safe and affordable services. It has an ambition to deliver and effectively performance manage easily accessible integrated health and early help services for children, young people and families to bring positive change in the city from birth to adulthood. Whilst we acknowledge that the children and young people's transformation programme is in its early stages, significant agreements have been reached in regards to the progression of the work. This paper will inform Manchester Children and Young People Scrutiny Committee of the progress made to date.

## **2.0 Project Vision/Strategic Goal and what does success look like**

- 2.1 The ambition of the CYP transformation programme is to improve the lives and life chances of all children and young people in Manchester and to deliver integrated services for children, young people and families.
- 2.2 Childhood presents a significant opportunity for prevention and early intervention with the potential to dramatically improve long-term outcomes into adulthood. There is a challenge, however, as the window of opportunity for identification, assessment and intervention to achieve optimal impact may be short, and therefore, effective systems of support are needed at the right time.
- 2.3 The programme is driven by Manchester's intent to ensure we provide the best support for all children and young people and the right support at the right time, all of the time for those who are vulnerable. It is driven by the Manchester Children and Young People's Plan, Joint Strategic Needs Assessment and Manchester's Locality Plan, including and incorporating their inclusion strategies for closing inequality gaps and improving life chances. It seeks to create a shared vision across a wide range of partners; children,

young people and their family or carers, GPs, the police, schools, health services, early help and the voluntary and community sector, to create a whole system approach to strengthen the service offer to meet all levels of need.

- 2.4 We want children, young people and their families to experience a positive journey throughout the system of services they might require and need that builds their resilience and enables them to meet their full potential.
- 2.5 The ambition is to commission, deliver and effectively performance manage easily accessible integrated health and early help services for all children, young people and families to bring positive change in the city from birth to adulthood.
- 2.6 We recognise that inequalities in children and young people's development originate in multiple disadvantages, which compound to affect children's long-term outcomes.
- 2.7 These inequalities undermine the development of human potential, and children from disadvantaged families quickly fall behind. It is therefore central to our ambitions to ensure that that since inequalities are multidimensional, so too must be our response. Equitable growth policies, education and health services, underpinned by effective social protection, all have a role to play.
- 2.8 This ambition will complement the 'Our Manchester' asset-based approach, support MHCC strategic objectives and the city's ambition to test new ways of working which improve outcomes, contribute towards improved population health and safe and affordable services; acknowledging that the experience of children young people and families is vital.
- 2.9 The vision and aim for the programme is based on the "Our Manchester Our children" and "Our healthier Manchester" vision for the city. As any future models of care must align to existing corporate strategies  
*"Building a safe, happy, healthy and successful future for children and young people"*
- 2.10 This will be achieved by delivering models of care that reflect best practice and value for money with services that improve the health and wellbeing of the population by providing more health and care in our community when we need it. With a strategic goal to ensure Manchester's children and young people's services:
  - Focuses on person centred outcomes across all sectors
  - Reduces fragmentation between services
  - Promotes an integrated approach to service delivery and pathways through a model of integration
  - Provides clear pathways through services and systems
  - Support self-resilience of the people of the city
  - Improves access to services and avoid duplication

### **3.0 Children and young people's summit September 2017**

- 3.1 The children and young people's summit held at the end of September

enabled us to engage with wider stakeholders, parents and children and young people. The summit's aim was to encourage discussions to address the city's biggest challenges in respect of children and young people and where collectively we can potentially improve connectiveness across the system and make significant improvements in care and service provision, communication and influence long term gains in family outcomes and to inform the future direction re the commissioning of services and approach. The summit was well attended with approximately 90 people from across education, health, care, voluntary sector, parents and young people attending. It gave the opportunity to discuss "our Manchester", "A Healthier Manchester", community services review, opportunities for integration and current challenges in the city. Discussions were held with participants to ask the following in relation to the "our Manchester system"

- 3.2
- What is important?
  - What should a transformation programme look like?
  - What are the priorities linked to transformation?
  - How will this work help us achieve the Our Manchester Our Children strategy?

3.3 The key themes from these discussions have been taken forward in the development of the CYP transformation programme and workstreams.

#### **4.0 CYP Integrated commissioning strategy**

4.1 The strategy sets out the joint commitment of all key partners to define an "Our Manchester" joint commissioning approach to deliver integrated services for children, young people and families drawing on existing strategies from MCC and MHCC. The document will be simple and generate a delivery plan indicating commissioning activity and outcomes for CYP and families.

#### **5.0 CYP transformation steering group and programme work streams**

5.1 The Children & Young people's Transformation Steering Group (CYPTSG) provides system leadership to maximise partnership working and support effective commissioning and provision of services for children and young people. The CYPTSG is the corporate vehicle to drive and manage work with partners and has oversight of the implementation and delivery of all CYP transformation programme across health and care in the city.

5.2 The following initial programmes of work have been agreed steering group and will provide the basis of the initial work of the programme. The work streams, all of which have a compelling moral case behind them, are now being developed, some are more advanced than others, but it must be recognised that we cannot address all of the areas at once. However, we are looking to address this issue and strengthen CYP joint commissioning across the partnership through the redesign of vacant posts (MCC & MHCC) and some fixed term roles.

A summary of the aim of each work stream is as follows:

#### **5.3 Data analysis and spend**

A greater understanding of need and spend across the city is required to help

plan for the provision and redesign of services. The work stream will map the demographics of the children and young people's population including acute and secondary care usage, education information, vulnerable children and family information and finance across the LCO model of care at a citywide, locality and neighbourhood level. In addition, the mapping of commissioned services from across education, health and care to gain an understanding of what as a partnership we commission and identify any potential overlaps or gaps in provision.

A profile has been developed to inform and support the delivery of that programme. It provides key datasets in relation to children and young people and analysis that helps to inform the work streams outlined in the operational plan. It focuses on the demographics of children and young people, secondary care usage, the index of deprivation, school & safeguarding data and community activity & referrals. The data, where possible, is split across the localities and neighbourhoods within Manchester. Work has also commenced with the partnerships business intelligence teams to look at how a common data set can be produced for children and young people along with a library of agreed data sources. The mapping of services has also been completed to help understand what we commission across the partnership and identify any gaps or duplication of services.

#### 5.4 **Target operating model**

The Manchester Local Care Organisation (MLCO) model of care has been developed for adult care on a citywide, locality and neighbourhood model. This work stream will define how children and young people's services will be delivered across the city aligning, where possible, to the adult models of care. This will take a think family approach and take into consideration families, carers, schools and the prevention, self-help, preventing avoidable admissions, early help, adverse childhood experience and safeguarding agendas. This will need to be aligned to the phasing of the MLCO role out for services.

Initial discussions have been undertaken between the MHCC programme manager and representatives from the LCO. Discussions have focused on gaining an understanding of the transformation programme and the aim of the work stream.

#### 5.5 **SEND & children and young people's transforming care**

There are increasing numbers of children and young people in the city with complex and additional needs along with the increase in the numbers of specialist schools in the city. Special schools and resourced provision in Manchester are now reaching capacity with few options remaining to create additional places in existing accommodation and an expansion of schools. Data shows that there is continuing demand which correlates with growth in the City's population and mainstream pupil cohort as well as earlier identification of children who will require specialist provision. Meeting the needs of this vulnerable cohort will require that Specialist provision is organised effectively and efficiently across the City. This increase in the SEND population year on year (64% increases in requests for education, health and care plans since the implementation of the reforms in 2014)

impacts upon all services that provide support to this population.

This work stream will define what the current and future demand of need is in relation to children and young people with SEND and complex and additional needs, highlighting any gaps in demand and supply and designing pathways and a model of delivery that can be flexible to meet the changing needs of this population. A baseline SEND demand mapping document has already been produced that will inform this work.

#### **5.6 Preventing avoidable admissions and reducing length of stay**

Within Manchester children and young people admissions are higher than the national average with reported variance across the city. Pathways and models of care to be developed for children and young people with an acute or ongoing health need (long term health condition) to have an integrated response in order for them to improve their health and remain well at home without the need for a hospital admission. If a hospital admission is required we want the admission to be for as short a time as possible with discharge home and ongoing treatment and support provided through an outcome focused integrated response to their health, education and social needs, parenting and care needs, condition management and improved school attendance. Greater Manchester Health and Social Care Partnership (GMHSCP) have reviewed practices both within Greater Manchester and nationally and provided a suite of documents as a care bundle which will form the basis of this work.

#### **5.7 Children and young people complex placements**

MHCC, Education and Children's Social Care have establish a shared understanding of approach and objectives and are working together to ensure that there is an integrated approach to the development of robust protocols, procedures and quality assurance for children with complex needs in high cost placements. A Standard operating procedure (S.O.P) for the Multi Agency High Needs Funding Panel, has been agreed in principle; the S.O.P. will ensure that Manchester City Council (MCC) and Manchester Health and Care Commissioning (MHCC) have a joint and consistent decision making process for allocating resources to meet the complex care needs of children and young people in a transparent, fair and equitable manner, where those needs cannot be met by currently commissioned services.

A review of 50 % of the current high cost placements has commenced to identify the children and young people's needs and how these are currently being met. This review in conjunction with engagement from children, young people, families and professionals will inform future commissioning needs and service development.

#### **5.8 Children and young people mental health**

The Manchester CAMHS Transformation Programme Schemes are in various stages of formulation and development and significant progress has been made since our initial submission in December 2015. The Local Transformation Plan is a 'living' document, which is refreshed annually and delivered through action plans for the life span of the programme (2015/16-20/2). Additionally, there are several new drivers both nationally and regionally that need to be considered in reviewing the CAMHS Transformation



Plan.

The Strategic goal of the MHCC commissioned and MFT's CYP Mental Health and Wellbeing redesign programme is to deliver a cohesive iTHRIVE model of care for children and young people that focuses on prevention, early identification, early intervention and self-care. The programme will be delivered by an MFT Manchester IThrive training and implementation team supported by a programme management function. A set of commissioner expected deliverables within the programme have been shared with the provider and work is currently underway in the design of the programme.

#### 5.9 **Vulnerable groups (including safeguarding & Looked after Children)**

The work stream will define what the current and future demand around vulnerable groups is and will design appropriate pathways and a model of delivery that can be flexible to meet the needs of the population. This work stream links closely to each of the others therefore the service delivery models for safeguarding children in the community and Looked after Children must be carefully considered to align with the workforce in its entirety.

There are gaps and challenges relating to current safeguarding children and looked after Children models. These indicate that the current service delivery models for these contracted services could be better aligned with developing partnership models to meet the needs of the target population of children in the city.

The citywide community safeguarding children and Looked after Children teams are both co-dependant on other parts of the community children's contract, particularly lead health professionals from the Health Visiting and School Nursing service.

This work stream will achieve the following:

- A model that will align to the 10 priorities of the GMHSCP Children's Health and Wellbeing Framework
- A model that will meet needs of the population in the locality bases, in alignment with partnership/ integrated teams for MASH and Complex Safeguarding Hub.
- A model that will align closely with Population Health commissioned services.
- A model that will provide the right connectivity and safeguarding oversight to the children's workforce in the community.
- A model that will meet the needs of Manchester Looked After Children flexibly

A proposal is currently in development for presentation to MHCC executive.

- 5.10
  - Population Health - The scope of this work stream is to be confirmed
  - Parent & carer support - The scope of this work stream is to be confirmed
  - Workforce - The scope of this work stream is to be confirmed

5.11 A number of overarching themes/considerations for all working groups include - safeguarding, outcomes, early help, prevention, self-care, transition to adult services, parent/family support and the outcomes of the children's community services review.

5.12 In addition the Manchester communications team are developing an engagement and communication strategy for co-production and to gain the wider clinical workforce, Children and young people, families, service user and stakeholder views for the programme.

## **6.0 GMHSCP children and young people health and wellbeing framework**

6.1 A Greater Manchester Children's Health and Wellbeing Framework was presented to the Greater Manchester health and care board in May 2018 to guide the work of the Greater Manchester Children's Health and Wellbeing Board, identifying areas requiring wider partnership working and system improvement whilst contributing to the ongoing and important work of our statutory agencies.

6.2 There are 10 Greater Manchester priorities for the work and there is an expectation that areas align to this work and the Manchester work streams align as below

- Inclusion of children and young people in planning supported by a children and young people's charter
- Early life course and school readiness
- Mental health and resilience
- Protection of children and families from exploitation and vulnerability
- Partnership with schools to improve children's health, wellbeing, safety and education
- Reduce unnecessary hospital attendance particularly for children with long term conditions
- Transition of care to adult services
- Development of a modern, effective, safe and sustainable workforce
- Use of digital technology to give families control
- Transparent data and information to hold us to account

6.3 These themes align and have been included in all programmes of work through the Manchester transformation programme to ensure alignment to the Greater Manchester Framework.

## **7.0 What do we know about CYP Mental health in Manchester**

7.1 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.

7.2 Childhood and teenage years are when mental health is developed and

patterns are set for the future. 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.

- 7.3 Over half of all mental ill health starts before the age of fourteen years and 75% has developed by the age of eighteen.
- 7.4 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.
- 7.5 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 lifetime 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.
- 7.6 The priorities established within our transformation plan are aligned to the Manchester Joint Strategic Needs Assessment for Children’s Mental Health and Wellbeing.
- 7.7 Prevalence data however continues to represent 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.
- 7.8 The table below details public Health England synthetic prevalence estimates for each Clinical Commissioning Group (CCG).

| <b>Greater Manchester Locality</b> | <b>Locality Population Aged 5-17 yrs.*</b> | <b>Prevalence % **</b> | <b>Estimated Prevalence of Mental Health Disorder</b> |
|------------------------------------|--|------------------------|---|
| Bolton                             | 47,297                                     | 9.8                    | 4,635   |
| Bury                               | 30,549                                     | 9                      | 2,749   |
| Manchester                         | 80,618                                     | 10.5                   | 8,465   |
| Oldham                             | 41,833                                     | 10.1                   | 4,225   |

|                                 |         |      |        |
|---------------------------------|---------|------|--------|
| Rochdale                        | 36,288  | 10.1 | 3,665  |
| Salford                         | 37,267  | 10   | 3,727  |
| Stockport                       | 44,310  | 8.7  | 3,855  |
| Tameside & Glossop              | 39,496  | 9.9  | 3,910  |
| Trafford                        | 39,957  | 8.4  | 3,356  |
| Wigan                           | 49,068  | 9.8  | 4,809  |
| <b>Greater Manchester</b>       | 446,683 |      | 43,396 |
| Greater Manchester (Aggregated) | 9.7     |      | 43,328 |

\* Mid-2016 Local Authority and Lower Layer Super Output Area population estimates \*\* Modelled on synthetic estimates, 2015 (Source: <https://fingertips.phe.org.uk/profile-group/mental-health/profile/cypmh>)

7.9 The table below highlights the top 10 primary diagnosis for CYP accessing our core CAMHS service

|  |      |
|--|------|
| ADHD/Hyperkinetic Disorder   | 1339 |
| Autism Spectrum Disorder   | 1118 |
| Not recorded   | 820  |
| Assessment for social communication/Autistic Spectrum                    | 599  |
| No clinical diagnosis  | 509  |
| Clinical Protocol/Care Pathway   | 498* |
| Depression   | 457  |
| Tantrums/non-compliance  | 427  |
| Neuropsychological Issues (developmental delay, Acquired Brain Injuries) | 415  |
| Attachment problems  | 376  |

**\*Refers to CAMHS input as part of a standardised paediatric care pathway (including annual reviews in Diabetes and cystic fibrosis).**

## **8.0 CYP mental health outcomes**

- 8.1 A national programme of Mental Health and Wellbeing Transformation has been in progress since 2015, on the basis of the Select Committee report "Future in Mind". NHS England have allocated additional investment to Clinical Commissioning Groups (CCG's) nationally up to the year 2020/21 to support this transformation locally and to allow for sustainable transformation in early identification and access to mental health and wellbeing provision for children and young people.
- 8.2 In July 2016 the NHS published implementing the Five Year Forward View for Mental Health further elaborating on the national expectation. Future in Mind and the Five Year Forward View are the national levers to our transformation work in Manchester.
- 8.3 The Five Year Forward View published in 2016 includes additional requirements to deliver rapid improvements in Mental Health outcomes to 2020/21 including; the requirement for at least 70,000 additional Children (nationally) to receive evidence-based treatment, representing an increase in access to community services to meet the needs of at least 35% of those with diagnosable mental health conditions, and delivery of a 7 day community mental health offer.
- 8.4 In order to provide greater synergy with devolved health and social care planning across Greater Manchester and the Five Year Forward View a refreshed plan was published in March 2018. The refresh reflects compliance with new NHS England key line of enquiry including delivery of a prevention and early intervention offer.
- 8.5 Manchester's ambition and programme is articulated in the Local Transformation Plan for Children and Young People's Mental Health and Wellbeing, and refresh published in 2017.
- 8.6 At the start of our transformation journey we engaged with young people, who told us they wanted to be able to access support anonymously, at times that work for them using digital medium as a compliment to face to face contact.
- 8.7 The critical measure of our success by 2020 will be evidence that our transformation investment is realising positive outcomes for young people that our system is geared towards a right time, right place response and is not systematically geared towards crisis. CAMHS provision is only part of the response.
- 8.8 In 2018/19 we have continued to invest in a Children and Young People's Early Help digital offer. Kooth delivers a 24/7 early help offer. Using digital technologies the service provides direct routes into online counselling and therapies, messaging services, information resources and moderated safe chat room facilities 24/7. We have commissioned a blended delivery model ensuring the service is fully integrated pathways with others including Manchester's early help hubs, high schools, CAMHs and social care.

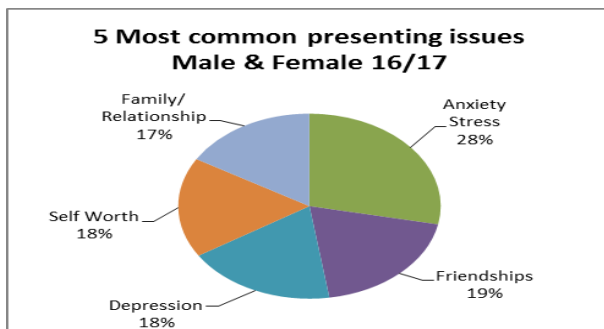
8.9 Activity figures demonstrate that the service is embedded across the city to date over 4000 children and young people have accessed the service. Over 3,500 of whom have engaged in Counselling either in structured chat counsellor sessions or via Counsellor messaging.

8.10 66% of service users have accessed the service during the evening and at weekends, when other services are not available and when there is potential for emotional distress to escalate to the degree that more intensive and costly intervention is required as per the response prior to this commission.

## 9.0 Demographics of service users

- 9.1
- 37% of services users are from BME communities. Much higher than we see reflected in some of other commissioned services.
  - The majority of young people supported fall within the 12-16 age bracket.
  - 23% of service users are young men (traditionally hard to reach in conventional service provision).
  - 72% of young people have returned to use the service.

## 9.2 Presenting Issues and Outcomes



The most common presenting issues have fallen within the early help domain as per the intention for this commission. Depression and Self Harm also features highly on the list of presenting issues. Evidencing the benefits of this service in de-escalation and crisis mitigation.

- 9.3
- Young people using the service expressed goals around; emotional exploration, engaging with professionals, feeling happier, emotional regulation and self-care.
  - Routine goal based outcomes monitoring is used and young people routinely report moving positively towards stated goals as a result of therapeutic intervention.
  - 97% of users have indicated that they would recommend the service to a friend.

9.4 Kooth offer a confidential service which impacts on the organisations capacity to systematically collect and report on quantitative indicators and qualitative outcomes. Nevertheless patient reported outcomes have been extremely positive

## 9.5 CAMHS to AMS Transition

As part of the work around the delivery of the National Transition CQUIN the 2 main providers (Manchester University NHS Foundation Trust and Greater Manchester Mental Health NHS Foundation Trust) and the CCG have worked

to deliver the following:

- A review of the local transition protocol that has incorporated the Greater Manchester agreed standards;
- Agreement that all adult services who receive a referral for a young person will not ask them to opt in but maintain a flexible approach in how they access a service;
- An audit of transition cases during 2017/18 and 2018/19

9.6 It has been recognised that there remain issues on individual cases who are transitioning from our CAMHS teams into adult mental health services as the language used and thresholds worked to are very different. A monthly group has been established where it is expected that those cases that CAMHS would like to transition into adult mental health services are discussed between the 2 services. This work will also be supported by workshops looking at the following pathways and agreeing access for young people:

- ADHD
- Community mental health teams
- Eating disorders

## **10.0 Greater Manchester Review of Children's Services**

10.1 The 10 Local Authority Directors of Children's Services have a tradition of collaboration. This has seen a joint bid to the DfE for 'innovation' monies that would see the sharing of best practice and ultimately a reduction in the number of children becoming looked after by the state and significant financial savings. Following this the DfE has made available £7.4m via the GMCA to progress the following initiatives:

- 10.2
- Develop and establish a Greater Manchester safeguarding 'standards board'
  - Development of a Greater Manchester Care Leaver Trust
  - Edge of Care/Looked After Children including;
    - Commissioning services for Looked After children across Greater Manchester to reduce costs and better to respond to needs of our children
    - Development of a multi-agency complex Safeguarding Hub/spoke model across Greater Manchester - responding to a complex landscape that has seen vulnerable children exploited
    - Pause/Salford Strengthening Families - supporting children remain with their families to effect change; where siblings have been previously removed
    - Stockport Families Model - a locality based model

## **11.0 Recommendations/Conclusion**

11.1 In conclusion, as set out in this paper and articulated in the Manchester Locality Plan there is a great deal of activity to lead and transform children's services to be more responsive and effective to reduce unnecessary demand;

whilst aligning and integrating with adult health and care services to engender a 'think family' approach.

- 11.2 We ask the committee to note the content, seek clarification, challenge and support in order to endorse the approach.