

# **Child and Adolescent Mental Health Services (CAMHS) Transformation Plan Refresh (2018)**





Wordle designed by Oldham Youth Council

## Approval

<b>Approved by:</b>	Oldham Health and Wellbeing Board
<b>Available on:</b>	<p>Oldham CCG website: <a href="http://www.oldhamccg.nhs.uk/AboutUs/Publications/tabid/181/Default.aspx">www.oldhamccg.nhs.uk/AboutUs/Publications/tabid/181/Default.aspx</a></p> <p>Oldham Council website:  <a href="http://www.oldham.gov.uk/hwbboard/homepage/3/useful_documents">http://www.oldham.gov.uk/hwbboard/homepage/3/useful_documents</a>  <a href="http://www.oldham.gov.uk/info/200935/health_strategies_and_reports">http://www.oldham.gov.uk/info/200935/health_strategies_and_reports</a>            Direct link to strategy and plan:  <a href="http://www.oldham.gov.uk/downloads/download/1000/child_and_adolescent_mental_health_services_strategy">http://www.oldham.gov.uk/downloads/download/1000/child_and_adolescent_mental_health_services_strategy</a></p> <p>Pennine Care NHS Foundation Trust website: <a href="http://www.healthyyoungmindspennine.nhs.uk/">www.healthyyoungmindspennine.nhs.uk/</a></p>
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## 1.0 EXECUTIVE SUMMARY

### 1.1 Introduction

This CAMHS Transformation Plan has been compiled by the CCG in association with its partners. It builds upon the ambition identified within the previous CAMHS Transformation Plan (produced October 2015) for children and young people in Oldham requiring emotional wellbeing and mental health support and, as such, should not be read in isolation. This plan has a particular focus on the changes that the additional CAMHS Transformation Plan investment has brought about over the course of the last eighteen months.

The Plan is split into a number of sections and has been written in a format that is concise, easily understood and (where possible) jargon free (following feedback from the young people themselves). The sections include:

- Strategic context (including across Greater Manchester and in Oldham itself)
- Demographic need which provides an oversight into the population of the children and young people in to Oldham, which provides the necessary information to plan services
- The engagement section outlines the importance of continually including children and young people in the designing of services and includes an example of a pilot that is currently being undertaken
- The local priorities section details the investment in each area and the progress that has been made to date
- Services provided in Oldham to children and young people to support their emotional wellbeing and mental health, which include the funding available to support them. It also lists the involvement from the voluntary sector
- The latter sections of the plan focus on who oversees the implementation of this plan; the groups in place to monitor its implementation and the benefits such services have brought to our local children and young people.

The Plan has been enhanced following the report by the Education Policy Institute's Mental Health Commission '*Progress and challenges in the transformation of children and young people's mental health care* (2016) to address the following areas: ambition, early intervention and governance. In addition, the 'transparency' and 'challenges' sections have been strengthened.

### 1.2 Early Intervention: Oldham Schools

A significant element of Oldham's CAMHS Transformation Plan has been directed towards promoting resilience, prevention and early intervention thus reducing demand upon higher level, specialist services such as Healthy Young Minds. The stepped care model (stages 1-3) aims to reach every child and young person across Oldham with mental health and wellbeing prevention and intervention to ensure provision of 'Thriving; Resiliency and Coping; Getting help'. The model is educational and preventative and starts with a whole school approach, with additional support available for those requiring it.

The core elements of this provision included delivering the Whole School Approach to Emotional Health and Mental Wellbeing across Oldham primary and secondary schools including 6th form colleges. The approach includes providing one-to-one and group early intervention services directly within Oldham schools, ensuring support for children and young people could be sought more quickly at a lower level and

having increased accessibility. The model is in its 3rd year of delivery and continues to engage over 90% of Oldham primary and secondary schools.

As part of this stepped care model, a specialist mental health school advisor commenced (to act as an intermediary between schools and service providers) working across the full range of mental health difficulties, ensuring pupils obtain appropriate treatment support and adjustments. The role assists in ensuring timely access to appropriate services, negating more costly specialist service interventions further down the line. The role has supported the implementation of the whole school approach working alongside colleges from public health, educational psychology service, behaviour support service and Tameside, Oldham and Glossop Mind to ensure a joined up approach.

### 1.3 Specialist services

Additional investment has been directed to enable children and young people in *'Getting More Help'* from the specialist service provided by Health Young Minds (formerly known as CAMHS). This additional investment (using CCG and CAMHS Transformation Plan funding) has enabled the service to recruit 12 additional staff; an increase seen in the number of appointments available (with evening appointments introduced); a change in the way services are provided, with a proactive approach of liaising with children, young people and their families. This has resulted in an improvement in waiting times (waits of up to 20 weeks back in October 2015) to currently 6 weeks for an appointment. Further detail about this service can be found at Section 6.3.2.

## 2.0 STRATEGIC CONTEXT

### 2.1 National

In the Autumn Statement (December 2014) and Budget (March 2015), the Government announced extra funding for the NHS to invest in transforming mental health services for children and young people. The publication of the Department of Health and NHS England's (2015) task force report, *"Future in Mind: Promoting, protecting and improving our children and young people's mental health and wellbeing"* set out how services need to be transformed to promote the mental health and wellbeing of children and young people. It requires a systems change, improving all services from health promotion and short term early help to intensive and specialist child mental health services.

In addition, the *'Five Year Forward View for Mental Health'* (2016) - an independent report by The Mental Health Task Force - sets out the start of a ten year journey for mental health transformation. The supporting documentation, *'Implementing the Five Year Forward View for Mental Health'* (2016) presents the timeframes and funding for delivery of the programmes of work which will transform mental health services in the coming years. This includes the objective that by 2020/21, there will be 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 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. It advises on how the delivery partners will work together at national and local level, and how they will be held to account for meeting the timeframes and for using the funding in the most effective way.

Most recently, in December 2017, the Government released the Green Paper: *Transforming children and young people's mental health provision*. The green paper focuses on earlier intervention and prevention, especially in and linked to schools and colleges. The paper sets out a number of ambitions. Examples of these are: A mental health lead in every school and college by 2025, mental health support teams working with schools and colleges, shorter waiting times to get treatment from children and young people's mental health services, a new national partnership to improve mental health services for young people aged 16 to 25, exploring how social media affects the health of children and young people, creating guidance for local areas about the best parenting programmes, and researching how mental health problems can be prevented.

### 2.2 Greater Manchester (GM) collaboration

Greater Manchester is taking control of public funding for health and social care, as opposed to central government (known as Devolution). Devolution provides Greater Manchester with the opportunity to take advantage of its unique position and collectively respond to the challenges this area faces.

Economies of scale is doing things more efficiently with increasing size or speed of operation resulting in more effective and efficient services, making sense for them to be better organised across a large population. As such, there are a number of key priorities that have been agreed across Greater Manchester as a whole and, in particular, for an all age Mental Health and Wellbeing Strategy which can be found at:

[www.greatermanchester-ca.gov.uk/downloads/download/55/greater\\_manchester\\_mental\\_health\\_strategy](http://www.greatermanchester-ca.gov.uk/downloads/download/55/greater_manchester_mental_health_strategy)

Implementation of this strategy will redress the balance of services, increasing community-based provision and early intervention; reducing the need for higher level interventions and, in turn, delivering efficiencies through a reduction of high cost, intensive interventions and use of beds. It has a focus upon:

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

A review of current service provision from a range of perspectives includes: scoping best practice across the region and beyond; to consult widely with all stakeholders; to connect with associated Transformation processes, e.g. Greater Manchester Crisis Concordat, Mental Health Liaison Strategy, Local Transformation Plans; Children's Services Review, Youth Justice Review and NHS England CAMHS inpatient redesign review.

This collaborative approach across the 10 local authority footprints is enabling the sharing and implementation of good/best practice, development of consistent care pathways and quality standards, leading to improved quality and equitable services across Greater Manchester. A number of groups oversee and deliver the required changes (with representation included from Oldham CCG and Oldham Council):

- Greater Manchester Children's and Maternity Commissioning Consortium
- Greater Manchester Future In Mind (FIM) Delivery Group
- Greater Manchester Mental Health Strategy - Children and Young People's Mental Health Board
- Association of Directors of Children's Services (GM Children's Services Review).

The work currently being developed in association with the Greater Manchester Future In Mind (FIM) Delivery Group (which includes Oldham CCG representation) includes:

- A sustainable Greater Manchester wide integrated mental health crisis prevention, assessment and support pathway for children, young people and their families which are of the highest quality and available at the point of need (24 hours each day, 7 days a week)
- Greater Manchester children and young people mental health inpatient redesign
- Emotional wellbeing and mental health of Looked After Children (LAC)
- Greater Manchester whole children and young people's training needs analysis
- Developing a Greater Manchester whole system Future in Mind Transformation Plan.

Improving outcomes for children and young people is a priority for the *Five Year Forward View for Mental Health* (Mental Health Taskforce, 2016). By 2020/21, there is expected to be a significant expansion in access to high-quality treatment in the community, so that more children and young people are seen each year.

The following additional CAMHS Transformation Plan funding (£114,000) was received by Oldham CCG non recurrently during 2016-17 to support initial Greater Manchester developments, but as detailed below some of these did not need to be CCG funded within 2017-18 as they were funded at GM level. £114k was however put aside in reserves to cover the uplift that would be included in the 2017-18 baseline.:

Scheme	Description
Central Manchester NHS Foundation Trust 24/7 specialist CAMHS on-call access for maintenance of the junior and consultant psychiatric rotas (£12,000) GM funded in 17-18	This is an essential element of the out-of-hours crisis support arrangements. Total of £224,000 across Greater Manchester. GM funded in 17/18 and there is a requirement for CCG to fund from 21/22.
Greater Manchester 'all-age' Rapid Assessment, Interface and Discharge (RAID)/acute hospital liaison mental health pilot (£41,000) GM funded in 17-18	This is another essential element of the out-of-hours crisis support arrangements. Total £453,000 across Greater Manchester which will be invoiced to individual CCGs. GM funded in 17/18 and CCG expected to fund from 18/19 (will be £70k)
CAMHS Improving Access to Psychology Therapy (IAPT) training initiative capacity top-up (£26,777) Funded from CCG baseline in 17-18	Top-up funding required to bridge the gap between the national offer (equivalent to 63% of costs of releasing CAMHS staff for training). This is estimated to be £252,000 across Greater Manchester which will be invoiced to individual CCGs. 18/19 costs expected to be £82,375
Children and young people's mental health programme support (£6,000) GM funded in 17-18	This role is required to ensure that the Greater Manchester Local Transformation Plan and collaborative <i>Future-in-Mind</i> support arrangements are maintained.
Crisis support/IAPT/i-thrive/ADHD (£35,000) SPOA role funded from CCG baseline in 17-18	It is proposed that due to the under-spend of £46k allocated to the in-reach/outreach post (delays in recruitment) and with this new crisis support funding, to enhance the in-reach/outreach role and the single point of access to meet the escalating need of children and young people presenting in crisis. Any future model in this area needs to be mindful of the development and implementation of the Greater Manchester crisis care model.

## 2.3 Oldham Collaboration

In addition to the changes across Greater Manchester, there have also been developments locally with the establishment of the Integrated Care Organisation known locally as Oldham Cares - a whole system approach to improving health and quality of life; and delivering high quality, joined up health and care services.

This development brings together existing health and social care services - joining up and improving the care that people receive and ensuring that services are sustainable for the future.

Oldham Cares encompasses:

- A single commissioning function for health and social care in Oldham
- An alliance of providers of Oldham's health and social care services



- Oldham's voluntary, community and faith sector organisations
- The wider Oldham public as residents, patients and carers

From April 2018, the first stage of this new way of working will see the co-location of Local Authority staff with Clinical Commissioning colleagues forming a cross-organisation team based at Ellen House.

The partners is Oldham envisage that the most appropriate mental health services are commissioned so that children and young people receive timely, integrated care and support (in the most appropriate setting) to ensure that they develop and grow into strong, resilient adults. This will mean that children and young people in Oldham will:

- be safer from harm and neglect
- have greater access to a high quality learning offer across the ages from early years to higher education
- lead healthier and more active lifestyles
- have improved access to joined-up and effective local services and amenities
- have raised aspirations and expectations and
- enjoy better life opportunities.

Sections 2.2 and 2.3 of the locality plan provide further detailed information with mental health and children & young people being two of the major Transformation themes, which can be found at:

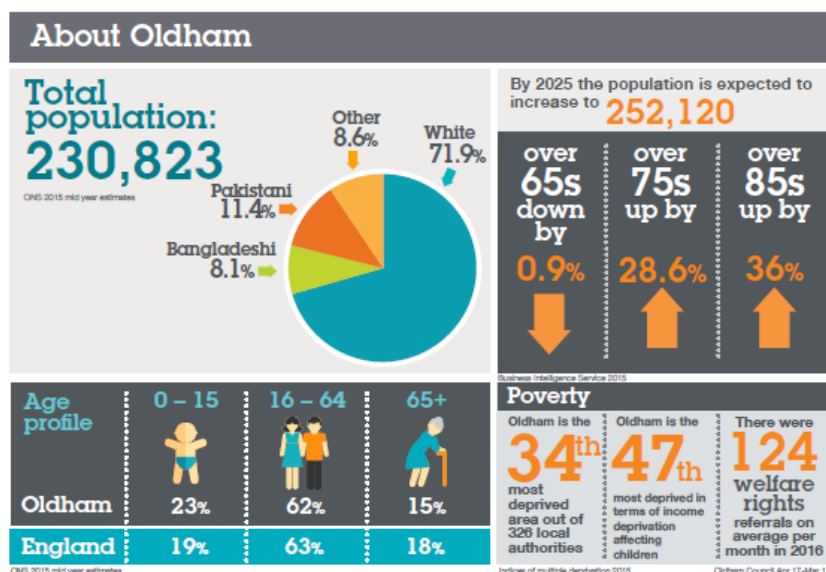
[www.oldham.gov.uk/downloads/file/3921/oldham-locality-plan-for-health-and-social-care-transformation-april-2016--march-2021](http://www.oldham.gov.uk/downloads/file/3921/oldham-locality-plan-for-health-and-social-care-transformation-april-2016--march-2021)

## 2.4 Challenges

There are significant changes occurring, at a Greater Manchester level (through Devolution) but also locally with the setting up of the new Integrated Care Organisation. These changes are moving at a pace which may impact on the stability of resources and delivery of the initiatives mentioned in this Plan, requiring organisations and individuals to incorporate a level of flexibility. In addition, nationally there is a mismatch between resources (commitment as part of the '*Five Year Forward View*') and patient needs with a requirement that NHS organisations are required to make efficiency savings and the impact of this moving forward is unclear.

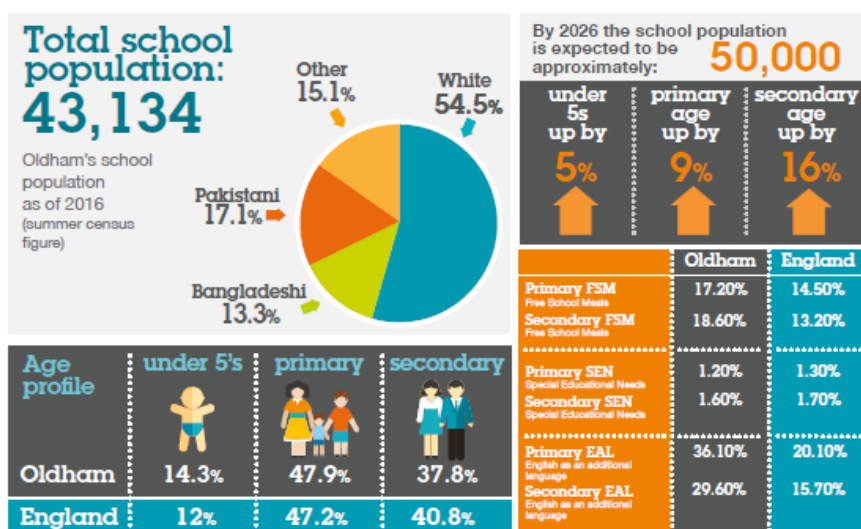
### 3.0 LOCAL DEMOGRAPHICS

The population of Oldham continues to increase in number and diversity with high levels of deprivation and disadvantage in a number of wards.



Source: Oldham's Inclusion Policy (2017)

The overall increase in Oldham's population is reflected in significant increases in the school population, forecast to increase to 2026. Levels of deprivation and disadvantage, reflected in the level of free school meals and English as an additional language are significantly above reported levels for England.



Source: Oldham's Inclusion Policy (2017)

### 3.1 The Case for Change

Mental health problems cause distress to individuals and all those who care for them. One in ten children needs support or treatment for mental health problems. These range from short spells of depression or anxiety through to severe and persistent conditions that can isolate, disrupt and frighten those who experience them. Mental health problems in young people can result in lower educational attainment (for example, children with conduct disorder are twice as likely as other children to leave school with no qualifications) and are strongly associated with behaviours that pose a risk to their health, such as smoking, drug and alcohol abuse and risky sexual behaviour. The economic case for investment is strong. 75% of

mental health problems in adult life (excluding dementia) start by the age of 18. Failure to support children and young people with mental health needs costs lives and money. Early intervention avoids young people falling into crisis and avoids expensive and longer term interventions in adulthood. There is a compelling moral, social and economic case for change (*Future in Mind, DH 2015*).

Understanding the local needs of the population is, therefore, crucial in order to effectively plan services to integrate the mental and physical health needs of Oldham's children and young people. Local anecdotal evidence suggests there has been a rapid increase in the number of reported self-harm/suicide incidents and hospital attendances/admissions for young people. In addition, there has been an increase in the number of children and young people requiring emotional wellbeing and mental health support across the borough as a whole.

### 3.2 Oldham's Child and Young Person's Health Profile

The key findings from the child health profile (March 2017) include:

0-19 year olds  
registered with an  
Oldham GP = **68,556**

Oldham is one of the 20% most deprived districts/unitary authorities in England and about 29% (15,000) of children live in low income families.
Children and young people under the age of 20 make up 27.7% of the population of Oldham.
45.5% of school children are from a minority ethnic group.
The health and wellbeing of children in Oldham is generally worse than the England average.
The level of child poverty is worse than the England average, with 29.1% of children aged <16 living in poverty.
The rate of family homelessness is better than the England average.
In Year 6, 21.9% (660) of children are classified as obese, worse than the average for England.
In 2014, 112 children (aged 10-17) entered the youth justice system for the first time.
Child mortality rate (age 1-17 years) is 20 per 100,000 and worse than the regional and national average.
There is a higher rate than the England average of children in care (535 as at January 2018)

National data (2015 mid-year ONS population) estimates 38,367 children and young people in Oldham (aged 5-16). Of this, 20,009 children are between 5-10 years, with 18,358 young people (aged 11-16). The table below applies local population estimates.

Measure	Oldham estimates
Prevalence of any mental health disorder	3,875
Prevalence of emotional disorders	1,496
1 in every 12, 1 in every 15 children and young people deliberately self-harm	between 3,217-2,574
Children in care who have behavioural or emotional problems	390

The table below provides condition estimates:

Anxiety	
Children and young people who have an anxiety disorder	1,266
Children who have an anxiety disorder (aged 5-10)	440
Young people who have an anxiety disorder (aged 11-16)	808
Depression	
Children and young people who are seriously depressed	345

5-10 years who are seriously depressed	40
11-16 years who are seriously depressed	257
<b>Conduct Disorders</b>	
Estimated prevalence of conduct disorders (aged 5-16)	2,379
Children who have a conduct disorder (aged 5-10)	980
Young people who have a conduct disorder (11-16)	1,212
<b>Hyperkinetic disorders</b>	
Estimated prevalence of hyperkinetic disorders (aged 5-16)	652
<b>Attention Deficit Hyperactivity Disorder (ADHD)</b>	
Children who have severe ADHD (aged 5-10)	320
Young people who have severe ADHD (aged 11-16)	257
<b>Eating disorders (aged 10-19)</b>	
Prevalence of anorexia nervosa	6
Prevalence of bulimia nervosa	4

Hospital Admissions	Period	Oldham estimates
Self-harm (aged 10-24 years)	2016/17	151
Mental health (aged 0-17)	2014/15	68
Alcohol specific conditions (aged under 18)	2010/11-2012/13	40
Substance misuse (aged 15-24)	2014/15-2016/17	89
Unintentional and deliberate injuries (aged 0-14)	2016/17	674
Unintentional and deliberate injuries (aged 15-24)	2016/17	360

Sources: Public Health England children and young people's mental health and wellbeing profile and Office of National Statistics child and mental health

### 3.3 Promoting Equality and Addressing Health Inequalities

As previously mentioned, 45.5% of school children are from an ethnic minority group. By 2021, the 0-15 year old population in Oldham will become more ethnically diverse and will vary considerably by ethnic group. This cohort of individuals is less likely to seek help from agencies, particularly those connected with mental health. In addition, those wards that are in the 20% most deprived wards in Oldham are most likely to have the greatest need and prevalence of mental health in childhood. Also, the largest increase is likely to be seen in the predicted numbers of children with emotional and conduct disorders.

Not all children are subject to the same level of risk in developing emotional and behavioural difficulties. Having an understanding of risk factors gives an insight in relation to prevention, targeting and directing services. Those children and young people known to be at particular high risk or more vulnerable than their peers of developing mental health conditions include children and young people:

Who are being looked after by Oldham Council or who have recently ended a period of public care
With learning disabilities
With emotional and behavioural difficulties
Who have been sexually, physically or emotionally abused and/or suffered neglect
Who are subject to, or at risk of, child sexual exploitation (CSE)
With a chronic physical illness/physical disability/sensory impairment
Of parents with mental illness/substance abuse issues
Who have experienced or witnessed sudden or extreme trauma
Who are refugees/asylum seekers

Subject to a child protection plan
Within the restorative justice system (youth offending)
Who are lesbian, gay, bisexual or transsexual (LGBT)
Who are young carers
Who are homeless

In order to redress some of these issues, a full service evaluation of the interventions already being delivered through the low-level intervention pilot has been undertaken by the CCG. This included an evaluation of meeting the needs of vulnerable groups, in particular the black and minority ethnic (BME) population. In addition, a data set for vulnerable groups (see Section 6.3.4) has been established which assists in understanding the population of vulnerable groups that access Healthy Young Minds services, with the intelligence supporting the redesign of services and related provision going forward. The intention is to review the data on an on-going basis.

## 4.0 ENGAGEMENT AND PARTNERSHIP

During the year, the CCG has supported work to involve the local public in Oldham on the emerging Integrated Care Organisation with four major engagement events held over the summer on urgent and ambulatory care, children and young people, older people and long term conditions. We continue these conversations further to look at particular focussed topics through smaller focus groups.

The CCG has continued to involve patients in its procurements, both in helping devise service specifications and on panels scoring different bids. It is now standard practice to devolve the scoring of patient experience elements of bids wholly to patient panels, recognising their expertise as the ultimate consumers of care.

We have worked with our partners to co-devise and run engagement activities, including working with: Oldham Council to engage with residents on what services could be provided within community settings for a wellness service; Healthy Young Minds team to understand how we provide better mental health services to young people; foster carers and residential homes for children in looked after care to understand their experiences of their annual health assessment and accessing services, and what can be changed to improve these experiences.

A number of campaigns have also been run during the year with a particular focus on encouraging the public to use services appropriately and responsibly. These have included only using A&E for serious health emergencies through our Think! Campaign and commissioned a project in local schools which asked young people to create radio or TV adverts based on using accident and emergency appropriately.

Every effort will continue to be made to ensure that children, young people and their families are included in the development of services that support their emotional wellbeing and mental health (details below). By working together and valuing the views of children, young people and their families, Oldham will continue to address local and national priorities and ensure continuous improvement to services which demonstrate real outcomes.

### 4.1 MH:2K Pilot

A pilot commenced in Oldham between September 2016 and June 2017 supported by a Wellcome Trust People Award, Oldham Council and Oldham Clinical Commissioning Group for 'Involve and Leaders Unlocked' to pilot a new method of engagement and participation for young people in relation to mental health issues – known as MH:2K. The scheme empowered diverse 14-25 year olds to:

- Identify the mental health issues that they see as most important
- Engage their peers in discussing and exploring these topics
- Work with key local decision-makers to make recommendations for change.

Participation and panel days were held and a series of 35 roadshow events were undertaken with approx. 600 young people participating, as well as:

A Results Day (22 April) where the young team worked to review the results of the road-shows and draft the project's findings and recommendations

An Expert Panel meeting (26 April) included final input into the project's recommendations, planning for the showcase, dissemination of the findings and next steps

The Big Showcase (9 May). – Launch of the findings and recommendations to key stakeholders and decision makers.

Listed below are five topics that the young people agreed to focus upon

1. The environment and culture of schools
2. Professional practice

3. Self-harm
4. Stigma
5. Family and relationships

A report was published and launched in June 2017. Below are the recommendations made based on the findings of this consultation and research project:

#### Family and Relationships – Key recommendations

- Train 'Community Ambassadors' to have conversations about Mental Health in various religious and other communities.
- Health professionals to visit religious buildings and give talks. This should be designed with the community.
- An Oldham focused campaign, over 5 years, to raise awareness of safe spaces and improve signposting of information.
- Target information at the primary school age group, including information for children to take home to their parents.
- Provide a free mediation service for extended family to enable young people to be heard within the family.

#### Environment and culture of schools/colleges – Key Recommendations

- More designated areas in schools for relaxation / stress relief.
- Schools should do more work with parents to build their understanding about grades and career pathways.
- Teachers should be trained and supported to create a positive culture towards progression rather than panic and pressure.
- Use a peer education approach to address bullying in an interactive way and have open dialogue with staff and students.
- Hold drop-in sessions with a mental health specialist coming into school, supporting any referrals that are needed.
- Establish peer mentor programmes, where mentors are trained and accredited to lead group discussions on mental health and wellbeing.
- Schools should be better informed about digital technologies.

#### Stigma – key recommendations

- Work with young people to ensure information on available services is as accessible as possible.
- Train teachers in PSHE and mental health. Ensure lessons address unhelpful expectations, e.g. expectations of masculinity.
- Hold a 'Mental Health Awareness Day' (non-uniform) charging pupils a small fee to give to local mental health charities.
- Undertake more work like MH:2K using peer-to-peer engagement to increase awareness of mental health, decrease stigma, and gather evidence.
- Mental health support and information should target different cultures and religions (mosques, churches etc.)

#### Professional Practice – Key recommendations

- Link-up young people in transition with young people who have already transitioned (buddying). Use regular meetings and fun activities.
- Pass more information between professionals to help avoid patients having to re-live experiences.
- Send young people regular updates about the progress of their referrals. Create an app which young people waiting for referrals can use to access support.
- Professionals should listen to young people, not be rude or patronising, and not use language that's too formal.
- Teach young people about coping methods and how to recognise symptoms. Offer group therapy before medication.
- Provide more community activities, such as arts and sports activities.
- Ask young people what sex of professional they would like to see. Offer home visits.

#### Self-Harm – Key recommendations

- Offer activities to help young people cope, such as stress packages (e.g. mindfulness toys and information), and non-sporty extra-curricular activities.
- Run campaigns such as 'Self-harm awareness day'. Young people need more information about e.g. coping mechanisms, real life stories, what help is available.
- Provide more support, such as specialist services, drop-in sessions and family workshops. Promote them and make sure interpreters are available.
- Focus on self-harm around educational transitions (e.g. in PSHE, raise awareness amongst teachers and families).
- Provide a 'drop box' (e.g. in school) to ensure the problem is identified early.
- Improve the NHS Booklet on self-harm (e.g. more colour, bullet points, positive quotes, survivors stories).

The recommendations from MH:2K have been disseminated widely. The Children and young people's emotional wellbeing and mental health Partnership have developed an action plan to address the recommendations and are continuing to work with the young people involved.

## 4.2 Oldham Youth Council (YC) [www.oldhamyc.com](http://www.oldhamyc.com)

Oldham Youth Council form a group of democratically elected young people who represent the young people of Oldham. They have up to 70 members who are aged 11–21 and live, go to school or work in Oldham. They are strong advocates in representing young people's views and ensuring they are at the heart of decision-making, working closely with Oldham CCG and Oldham Council. They are also provided with their own funding (known as 'Kerrching') which they have directed to support emotional wellbeing and mental health.

Emotional wellbeing and mental health continues to be a key priority for Oldham's Youth Council and was voted as the top 3rd priority issue in the Make your Mark Ballot in which over 17,000 young people voted. The Youth Council use some of their discretionary funding to commission associated activity, i.e. commissioning specific training for professionals working with young people across Oldham on key issues affecting young people's mental health via YoungMinds; delivery of a bespoke theatre piece regarding mental health and self-harm delivered across all secondary schools; and provision of small grant funding to local organisations to promote positive emotional wellbeing.

Kooth (delivered by Xenzone) who are currently commissioned by Oldham Council (with funding allocated through the Youth Council) provide online information support and counselling for Oldham's young people. Further detail can be found at Section 6.2.3

Kooth's participation policy and process underpins children and young people's engagement ensuring their voice is heard and that they are able to influence service developments. Also children and young people's engagement is recognised in the achievement of Young People Friendly and EFFT programme.

Oldham Youth Council also has a representative that sits on the Children and Young People's Emotional Wellbeing and Mental Health Partnership and we will continue to support and assist them in the delivery of their mental health priority actions for the children and young people of Oldham.

## 4.3 School and College Engagement

A number of consultation and workshop events have been used to coproduce the Whole School and College Approach. Senior management from schools were asked to identify staff who are involved with emotional health and mental wellbeing to participate in the development of the framework, workshops and delivery the workshops. Oldham was been successful in an application for the Mental Health Services



and Schools Link Programme, run by the Anna Freud National Centre for Child and Families and funded by the Department for Education. Staff with a lead on emotional and mental health have been invited to attend two day-long workshops alongside mental health professionals to facilitate joint working and share best practice across Oldham.

We are continuing to engage with School and Colleges across Oldham as they are increasingly being seen as settings for supporting emotional health and mental wellbeing. The recent Children and Young People's Mental Health Green Paper sets out an ambitious set of proposals to fill the gap in support for children and young people's mental health. However, school and colleges will require continuous support and guidance which will require a systemic and organic approach to bridge public health, health and social care, education and specialist mental health services.

#### 4.4 Further Engagement

Service commissioners and providers continue to gear themselves up to obtain the views of children and young people and ensure their services are meeting the needs of our children and young people. A range of initiatives include:

Healthy Young Minds have employed a social media apprentice
Routine Outcomes Monitoring (ROMs) are being proactively managed in Healthy Young Minds
Healthy Young Minds have a dedicated information site <a href="http://www.healthyyoungmindspennine.nhs.uk/">www.healthyyoungmindspennine.nhs.uk/</a> to help children and young people learn more about mental health
Healthy Young Minds have undertaken a consultation with the workforce, children, young people and their families
A friends and family test was launched in 2015 by the Government to obtain a quick and easy way/format to gather views/experiences of services being provided to ensure it is embedded in Healthy Young Minds. This outcome report is submitted monthly to NHS England and is utilised as part of the on-going contract monitoring and informs provider improvement plans
Tameside, Oldham and Glossop Mind involve young people in their ' <i>Time to Talk day</i> ' and are continuing to work with Oldham College on projects involving young people in developing mental health campaigns
Pennine Care's CQUIN requires a level of engagement with children, young people and their families to ascertain interventions to improve referrals and agreement to future core service offers.
Oldham Library is running a pilot project which will engage with young people through a themed "Comic Con" and a series of creative workshops, with theatre performances, comic art and the creation of a graphic novel designed to start conversations and enable exploration about mental health
In November 2017, Oldham Council held its annual Corporate Parenting Conference where the theme was – how as corporate parents, we can work together to improve the emotional wellbeing and mental health of children and young people. During the evening, delegates heard from young people who had experience of the care system and the impact this had had on their own emotional wellbeing. This provided context for partners to engage with young people through a series of table top discussions to explore how they as individuals and organisations can improve their working ways and practices to be better able to consider and promote better, young people's emotional wellbeing through their service delivery.

## 5.0 AMBITION / VISION: LOCAL PRIORITIES

Our aim (as mentioned in the previous CAMHS Transformation Plan) is to build upon the work already under way to redesign services by removing traditional barriers and directing investment to prevention and early intervention, ensuring a smooth pathway from first referral to specialist treatment. This approach seeks to provide more children, young people and their families with timely access to an integrated system of co-ordinated packages of care, with clearly defined pathways and evidence-based treatment programmes. In addition to the CCG's additional investment, some of the CAMHS Transformation Plan funding has been directed to increase resource and capacity within specialist services.

Key objectives that will drive the delivery of the transformation plan include:

- Promoting good mental health, building resilience and identifying and addressing emerging mental health problems early on
- Providing children, young people and their families with simple and fast access to high quality support and treatment
- Improving care and support for the most vulnerable and disadvantaged children and young people in Oldham by closing critical service gaps, improving support at key transition points and tailoring services to meet their needs
- The commitment to ensure that the services we commission recognise and deliver culturally sensitive, inclusive, accessible and appropriate services, which make a difference to individuals' lives and to ensure that the services we provide and commission do so without discrimination.
- Promoting equality and addressing health inequalities

A comprehensive action plan is in place to take forward the delivery of this Transformation plan. Understandably, Oldham's vision is mindful of the developments across Greater Manchester (mentioned previously) and will continue to work closely with the relevant individuals/groups in taking these forward.

Listed below are the local priorities identified in the previous Transformation plan and the progress that has been made to date.

### 5.1 CAMHS Transformation Plan Funding 2017-18 onwards

The CCG received £544,000 plus £96,000 of national CAMHS Transformation Plan funding during the 2017-18 financial period, with an additional £137,000 to be specifically directed to support eating disorders (noted below); The CCG has, moving forward, included this funding into its baseline mental health budget to ensure the services (mentioned below) can continue into the future.

Scheme	Progress
Jointly commission Pennine Care NHS Foundation Trust (PCFT) to enhance the <b>community-based eating disorder service(CEDS)</b> across their footprint (£137,000)	<ul style="list-style-type: none"> <li>• Service commenced on 4 July 2016 from interim premises identified at the Integrated Care Centre in Oldham. A permanent site has been sought.</li> <li>• Additional CCG funding transferred to PCFT for eating disorder and suicide awareness training programmes.</li> <li>• New set of Key Performance Indicators (KPIs) implemented to ensure quality service is delivered.</li> <li>• The third phase of the service launched in January</li> </ul>

	<p>2017. In addition to the current provision, the service has:</p> <ul style="list-style-type: none"> <li>○ Taken over the care of young people aged 16 years from the core Healthy Young Minds (CAMHS) service</li> <li>○ Offers seven day triage of new referrals for 16 to 18 year olds</li> <li>○ Further developed close working arrangements with a range of support services from the third sector.</li> </ul>
<p><b>Early Intervention: Stepped care model (stages 1-3)</b> to reach every child and young person across Oldham with mental health and wellbeing prevention and intervention to ensure provision of <i>‘Thriving; Resiliency and Coping; Getting help’</i>. The model is educational and preventative and starts with a whole school approach, with additional support available for those requiring it (£223,423).</p>	<ul style="list-style-type: none"> <li>• To date, resilience workshops have been delivered across all secondary schools/colleges in Oldham (reached over 11,000 pupils) and across 45 primary school (reached over 2000 pupils). Awareness raising assemblies have been delivered to 80 primary schools (reached 12,000 pupils) and 19 Secondary schools/colleges (reached over 10,000 pupils). Staff awareness training sessions have been delivered across 79 primary and secondary schools (reached over 2000 professionals)</li> <li>• Early intervention services (1-1 and group interventions) continue to be delivered in over 30 primary and secondary schools.</li> <li>• ROM’s are collected session-by-session for all therapeutic interventions, in addition to demographic and BME data. Pupil and professional feedback is collected across all services.</li> <li>• TOG Mind operate a weekly drop-in for community services, including priority booking arrangements for young people accessing via SPA.</li> <li>• TOG Mind, in partnership with Healthy Young Minds operate monthly consultation sessions to review young people accessing services as part of engagement with SPA.</li> </ul>
<p><b>Specialist mental health school advisor</b> to commence (to act as an intermediary between schools and service providers) working across the full spectrum of mental health difficulties ensuring pupils obtain appropriate treatment support and adjustments. (£36,837)</p>	<p>The role assists in ensuring timely access to appropriate services, negating more costly specialist service intervention further down the line. Appointment to this post (Dec 2015) to provide specialist mental health support within primary and community care. Evaluation of the first year has been completed with agreement to continue the role as part of the stepped care model.</p>
<p><b>Vulnerable groups:</b> Identify further how we can best support our vulnerable children and young people, with potentially an integrated function (embedded within the early help offer) (£40,000).</p>	<p>The Care navigator role has been developed to support vulnerable children and young people achieve better access to services through informed choices, allowing effective signposting between services. The post holder will be co-located within the single point of access, and will support the Healthy Young Minds team.</p>

	A delay in establishing and recruiting to the post allowed underspend from last year to be directed to the Youth Council to commission a series of further workshops from YoungMinds for professionals working with children and young people. There has been no spend in 17/18 for this. The post is due to be recruited to in 18/19.
Review and redefine the provision delivered by the <b>in-reach/out-reach team</b> which supports young people working closely with both community Healthy Young Minds and inpatient services, through the provision of intensive support to young people to avoid admission (where possible) (£45,888).	As there has been a delay in recruiting to this post and with the new crisis support funding (as mentioned previously), it is proposed to enhance this in-reach/outreach role and the single point of access to meet the escalating need of children and young people presenting in crisis. Any future model in this area needs to be mindful of the development and implementation of the Greater Manchester crisis care model. There has been no spend against budget in 17/18 as funded by GM rather than the CCG. There is the requirement for the CCG to fund from 2021/22.
<b>Step 4: Getting More Help:</b> Healthy Young Minds – Increased investment to enable additional capacity and capability; reducing wait times, whilst enacting service redesign across all pathways (£199,000).	Redesign of specialist mental health services: <ul style="list-style-type: none"> <li>• Comprehensive redesign and review of pathways.</li> <li>• Recruitment of 12 additional staff completed.</li> <li>• Post-diagnostic support service including two new neuro-developmental roles.</li> <li>• Evening appointments introduced with improved waiting times (currently 6 weeks for first appointment and 7 weeks for treatment).</li> <li>• Comprehensive engagement initiatives undertaken which has involved young people being part of recruitment panels and CAMHS name changed to Healthy Young Minds, Oldham.</li> </ul>
<b>Business Intelligence Data Role (£7,000)</b>	Funding required from 2018/19 to be £7k recurrently (six way split of 1 x WTE band 6). The post is likely to be filled in Q1.
<b>GM Standard for Parent Infant Mental Health (PIMH) services (£10,000) – implement the Tameside model.</b> Funding from 2018/19 will be £40k per year.	<ul style="list-style-type: none"> <li>• Business case drafted</li> <li>• Agreed at GM that CCGs need to implement the Tameside PIMH model. This role was identified as a gap when Oldham transformed its Early years Integrated Service Delivery model.</li> <li>• Participation in the GM scoping exercise.</li> <li>• Implement a home visiting scheme to promote parent-infant attachment and mental health</li> </ul>

From some of the slippage detailed above where there has been no spend in 17-18 the schemes below have been funded.

<b>ADOS training &amp; waiting list initiative:</b> Non recurrent (£4,305)	Non-recurrent funding from slippage monies 2017/18
<b>ADHD training:</b> Non recurrent (£3,000)	Non-recurrent funding from slippage monies 2017/18 to deliver ADHD training to schools

In addition, the following area is still ongoing from the previous “cost neutral” section in the original CAMHS Transformation Plan is:

Scheme	Progress to date
Primary care – Continue with the education and awareness raising programme to support GPs in relation to the emotional wellbeing and mental health of our children and young people.	Annual GP children’s educational events have been held. Awareness raising continues with regular bulletins as part of the CCG’s newsletter. More recently this has included an article surrounding the Community Eating Disorder Service. Pathways relating to emotional wellbeing and mental health have (and will continue to be) been issued to GPs. The set-up of the single point of access (SPA) has made it easier for GPs to refer, as there is only one option available.

## 5.2 Schemes in Development

Future plans include:

- Community Eating Disorder Service: The service sees the use of Transformation funding up to the age of 18, with the CCG looking to explore options to develop an extended age service to 25, redirecting existing resource spent in the private sector/out of area places.
- Contribute to the development of a sustainable Greater Manchester wide integrated mental health crisis prevention, assessment and support pathway for children, young people and their families which are of the highest quality and available at the point of need (and its subsequent implementation).
- Mental Health services and school link programme
- Establishment of a multi-agency group to deliver the whole school and college emotional health and mental wellbeing work programme.
- Opportunity Area Funding to boost capacity through emotional and mental health co-ordinator and advisors to:
  - Complete base line needs assessments for Oldham Schools and Colleges
  - Embed the Whole School / College Approach to Emotional Health and Mental Wellbeing across all schools and colleges in Oldham.
  - Support schools to develop mental health plans and whole school interventions to promote positive mental health and resilience and selected interventions.
  - Offer needs based support in schools and colleges between 2017 and 2019 to meet immediate emotional and mental health needs.
  - Provide training to up skill to deliver robust, classroom based programmes to promote resilience and mental wellbeing.

### 5.3.1 Perinatal Care / Parent Infant Mental Health

Oldham will work closely with members across Greater Manchester in relation to the model that is being developed, also being mindful that of the links with adult mental health and the early years agenda.

Perinatal care – Further develop the clinical	• Greater Manchester (GM) model being developed.
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<p>psychology function providing an opportunity for a Parent Infant Mental Health (PIMH)</p>	<p>A bid has been submitted to the GM transformation fund for a model across the GM footprint (estimated 1,600 women across GM will need service). Service to focus on Tameside's model and support in psychiatric illness to fund specialist units and teams. Perinatal Mental Health Network established to take forward this work.</p> <ul style="list-style-type: none"> <li>• In 2018/19, the Pennine Care CQUIN 2016-17 '1001 Critical Days: Keeping the Baby in Mind in Adult Mental Health Services' will instead be incorporated into the Service Delivery Improvement Plan (SDIP). This will support work with children's service commissioners (health and public health), maternity service providers and mental health and maternity.</li> </ul>
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To improve the mental health of infants and their parents/carers through prevention and an early intervention model that has a robust Parent-Infant Mental Health Pathway. This pathway would provide seamless, flexible and high quality responsive care from conception onwards, with representation from adult mental health (both primary and secondary), children's social care, health visiting, midwifery, GPs, and early attachment.

### Prevention and support from birth

Oldham's transformed Early Years Integrated Service Delivery model "Right Start Service" lends itself to further development in relation to the clinical psychology function, which provides an opportunity for a Parent Infant Mental Health model, linked to a wider early years multi-disciplinary team and aligned with CAMHS. Key functions considered for this model include:

Robust district strategic leadership with a required skill mix of health, education and social care.
Health visitor function will strengthen the practice lead functions for health visiting/parenting, education and learning and will improve public health and early education outcomes.
Health visitors are leaders of the integrated service ensuring a strong focus on prevention, health promotion, early identification of needs, early intervention and clear packages of support aligned to the Early Help Offer.
Health visitors are the key professional for children under 5 who will ensure tailored and specific support for children and families through co-design and promoting self-care and independence. Where necessary, they will adopt a case management approach with families where complex dependencies exist. The health visitor function is mandated as part of the transition of commissioning responsibilities.
Practice leads for education and learning will be expected to develop with primary schools and early years settings, individually or through primary collaborative, effective joint working to have an impact on early year's outcomes for the most vulnerable children in an identified district. They will also support developments and maintain practice standards within the new delivery model.
Specialisms in speech, language and communication and clinical psychology will build capacity and enhance the competencies and skills within the team. This will ensure high quality delivery of evidence-based interventions supported by clinical supervision to achieve sustained behaviour change. This also enables clinical supervision supporting effective case management, where appropriate, from the clinical psychology function.



Delivery of Early Years additional educational needs function in the integrated service ensures swift response to indented need for children under 5 who have or may have special educational needs. The added value comes from the integration with health services to ensure early identification and seamless access to locally agreed home based interventions/support, i.e. early support to aid children's development at home.

Child and family workers work as part of the integrated team to deliver Oldham's Early Years universal and targeted intervention programmes where it has been identified that a package of support is required to enable the child to meet developmental milestones. They carry a family caseload and identify child and family needs by undertaking agreed screening and assessment (under the supervision of a health visitor).

The Family Nurse Partnership (FNP) is a targeted and prescribed programme that is delivered by health professionals who have received specific FNP training. The intervention is aimed at first time young parents with 'high needs'. This is a mandated function as part of the health visitor transition.

Oral health co-ordination and management of evidence based oral health improvement interventions across early years' services.

The additional outcomes that would be achieved from the Parent Infant Mental Health Model include:

Provide a clinical service to improve responsiveness and sensitivity between parents and infants.

Support and intervention to families where there are attachment difficulties.

The speech and language assistants support the implementation and delivery of the language interventions required by the model. Speech language and communication pathway has been agreed between providers and supports professional oversight of interventions delivered by the Right Start Service.

### **Communication, language and literacy in the early years**

Communication, language and literacy in the early years is an issue in the locality. In the deprived areas of Oldham, 50% of children are starting school with communication and language skills that are poorly developed, sometimes known as impoverished language, delayed language or limited language skills. The impact of speech, language and communication impairment in relation to mental health includes:

Children with language difficulties are at risk of lower self-esteem and mental health issues.

They can be withdrawn and have difficulties developing social relationships and often remain dependent into adulthood.

Without effective help, one-third of children will need treatment for mental health problems in adult life.

Children with a poor vocabulary at the age of 5 are 1.5 times more likely to have mental health problems at the age of 34.

Those with a history of early language impairment are at higher risk of mental health problems (i.e. 2.7 times the odds of having a social phobia by the age of 19).

In order to address this, the new local authority specification requires the Wellcomm and Eklan tools for speech language and communication issues. The specification provides for three speech and language assistants to deliver Babbling Babies and Little Talkers interventions in collaboration with speech and language therapy. Oldham Council and Oldham CCG are currently in the process of identifying where co-dependencies exist and how the existing speech and language service sits in relation to the new integrated model.

### **Parenting and family support**

Parenting and family support form a key part of the Right Start model. Oldham has adopted the Solihull approach as the core approach for Early Years. Work is on-going with providers across the early year's arena to roll out delivery of the Solihull approach to the workforce (i.e. Children's Centres, Health visitors, private, voluntary and independent (PVI) settings and schools). Staff will also be nominated to train as facilitators of the programme, to ensure that wherever a child or family comes into the system, they receive consistent support.

Oldham's Development Academy co-ordinates the delivery of training and the development of a multi-agency workforce competency framework for those working with children under 5.

Parenting strategies are offered to all parents, carers and families across Oldham as part of the Early Help Offer.

### Support Groups

Healthy Young Minds provide a range of support groups to families to empower them in recognising their child/young person's difficulties enabling them in better management. These include:

- Fostering and attachment group (series 4), which delivers attachment-based parenting group for foster carers
- Attachment group for parents where an attachment disorder has been identified.

### 5.3.2 Education

Oldham CCG, Oldham Council; service providers and wider stakeholders are working in partnership with Education in order to accelerate change within Oldham to deliver joined-up services and improve outcomes for the population. The need for schools to be supporting their children and young people's emotional wellbeing was identified in Oldham's Joint Strategic Needs Assessment, subsequent strategy and reported within Oldham Youth Council's Youth Select Committee - Mental Health Evidence Report, as well as within the *Future in Mind* report. The reports concluded that schools have a vital role to play in supporting young people's mental health which requires improvement and there are a number of actions already undertaken or underway in Oldham.

Oldham CCG has commissioned Tameside, Oldham and Glossop Mind to provide resilience workshops and low-level targeted interventions to secondary schools across Oldham. Programmes have already been delivered into secondary schools and have recently commenced with primary schools. Oldham Sixth Form College has also been provided with resilience workshops, mindfulness sessions, assemblies and, more recently, drop-in counselling.

Oldham CCG has commissioned TOG Mind to provide educational services within schools including awareness-raising assemblies to 90% of Oldham primary & secondary schools, resilience workshops to 50% of primary & secondary schools, staff and parent training for emotional wellbeing and mental health within 90% of primary & secondary schools.

Implementation of a GM School Nursing Service Specification ensures a consistent approach to delivery requirements across GM. There is a requirement to work with schools leadership to develop school health plans to inform the board of governors what the school population needs are and how best these needs may be met.

Oldham Youth Council has mental health as a priority action. It runs an ongoing 'I love me' campaign that focusses on bullying and self-esteem and confidence. The campaign aims to raise the self-esteem and confidence of young people, gave them a positive outlook on life and helped them to be proud of who they



are by promoting individuality and challenging negative stereotypes. In 2018 they are developing a project that will focus on mental health issues and young people in partnership with Oldham Theatre workshop.

In collaboration with Tameside, Oldham and Glossop Mind, a number of art foundation students at Oldham College chose to focus on mental health issues as part of their final course exhibition. The college has reported that the quantity and severity of emotional and mental health issues experienced by young people in Oldham appears to be on the increase and many students found that using art as a creative tool to explore their issues, communicate how they are feeling and raise awareness amongst their peer group can help prevent issues escalating. This project has finished with TOG Mind holding an exhibition for the students art work and these pieces are displayed in one of our organisational sites.

Training has been provided by Public Health, Educational Psychology Service and TOG Mind to embed the whole school / college approach and Graduated Response to emotional and mental health to schools. This has been delivered through non recurrent funding.

It has been agreed that the CCG will fund additional training across the partnership around increasing knowledge, skills and understanding of ADHD. This will be early identification of possible ADHD and is hoped this will streamline appropriate referrals to specialist services, i.e HYM and ensure families receive appropriate support in a timely manner. Training will also be focused on appropriate support and strategies to be offered post diagnosis. This model of training is in line with the graduated response advocated in the school mental health framework.

### **School Mental Health Framework**

As mentioned previously, Oldham CCG has directed non-recurrent funding to support the development of a school mental health standards framework to ensure schools are confident in delivering a whole school approach to emotional wellbeing and mental health.

The framework was developed and coproduced by mental health professionals, schools and colleges in Oldham. This included a number of engagement workshops and events. The framework was launched on the 13 June 2017.

Additional funding is being made available through the Opportunity Area Development Plan to further embed the whole school / college framework and boost capacity to support schools to promote the emotional and mental wellbeing of children and young people.

### **5.3.3 Developing the Workforce**

Workforce development has been identified as a priority for the Greater Manchester Future in Mind Delivery Group. As part of the Opportunity Area Delivery Plan there will be a review of existing training to teachers and support staff in schools and colleges including key stakeholders. This work will contribute to developing a training strategy to support both teaching and support staff working with children and young people in relation to emotional wellbeing and mental health. As part of this work, an audit is to be undertaken in each locality to understand the staffing and skill mix required to deliver the range of interventions that support children and young people's emotional wellbeing and mental health. This will help to inform a wider Greater Manchester Children and Young People Workforce Development Plan. In the interim, local practice includes:

### **Healthy Young Minds**

There is a strong supervision structure in place within Healthy Young Minds across multi-disciplinary teams (MDTs). This includes the ability to liaise with the 'on-call' psychiatrist on a daily basis should a child/young person become increasingly unwell. This may then identify the need for the psychiatrist to see that individual.

As part of the lead senior psychologist's role, liaison with the wider children's workforce for children and young people with learning disabilities and autism is a prerequisite, providing a consultation service. The neurological development team has been extended in relation to autism with access to a menu of post diagnostic support options.

To support the need identified locally in the workforce that are in daily contact with children and young people, Healthy Young Minds have identified diagnostic training needs on each of its pathway. This links to the wider piece of work that has been undertaken in the delivery of the joint bespoke training programme with the aim of up-skilling the children and young people's workforce; strengthening emotional well-being pathways in order to develop an environment and approach that promotes positive emotional wellbeing and mental health; and identify early those experiencing or at risk of mental health problems and intervene more effectively.

Pennine Care have submitted a bid for national funding to request six advanced practitioner training posts to work across the Pennine Care footprint in a number of clinical services.

#### **Tameside, Oldham and Glossop Mind**

TOG Mind have a practitioner now trained via CYP IAPT in Systemic Family Therapy- practitioner will be leading the development of an early intervention family support model in partnership with Early Help.

TOG Mind's CYP Service Lead has completed CYP IAPT Post-Graduate Service Leads course, including a project introducing session-by-session ROM collection across Oldham early intervention services.

#### **Psychological Wellbeing Practitioner (PWP)**

There has been investment into one wellbeing practitioner to provide additional resource to work alongside the Specialist mental health school advisor post. In 2018/19 there will be a further 2 posts funded by CCG. The vision for this post is to create a new health and wellbeing practitioner that complements the work of Healthy Young Minds providing assessment and evidence-based treatment for mild to moderate presentations (previously tier 2 interventions or within the second quadrant of the thrive model).

## 6.0 LOCAL SERVICE PROVISION

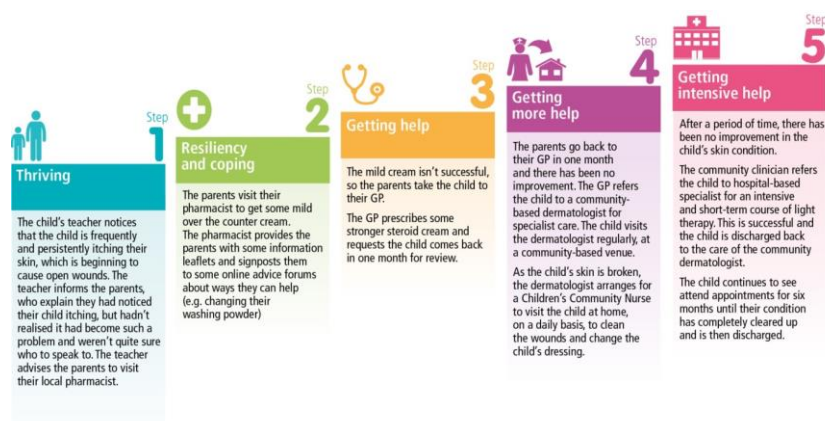
Services in Oldham to support children and young people's emotional wellbeing and mental health have changed considerably over the past few years. The additional investment has allowed Oldham to build capacity and capability across the system which has included funds being directed towards early intervention (identified as a gap); the introduction of a school health practitioner to act as an intermediary between schools and services; and enabled the specialist mental health services to redesign its services, increasing its workforce and reducing waiting times from 20 weeks (October 2015) and maintaining 6 weeks (March 2018). The establishment of a single point of access has developed effective relationships across service providers. This has resulted in children and young people obtaining the right level of support in a timely way, blurring the traditional tiered model that resulted in barriers between services.

### 6.1 Improving access to effective support – a system without tiers

In response to the considerable challenges that CAMHS have faced in recent years and experience surrounding the tiers model promoting service divisions, a new service framework has been developed. The way in which children and young people's services are delivered in Oldham has changed. The stepped care framework is innovative by nature and focuses on a community-based, stepped care approach promoting prevention, early intervention and supporting the Early Help agenda.

#### 6.1.1 THRIVE Conceptual Framework – Delivery Mechanism

This concept offers some key principles around consultation and liaison, brief intervention and clear pathways for sentinel conditions (i.e. ASD, ADHD and long term conditions), which are flexible enough to be tailored to and meet the needs of different families, communities and neighbourhoods. The model aligns to physical health pathways as demonstrated in the diagrams. It is heavily focused on helping workers within universal and early help services, GPs and other children's services to develop skills to support the promotion and management of children and young people's emotional health within communities.



The model supports staff, e.g. youth offending teams, primary care health services and children's social care, as well as GPs and schools to develop the skills by the provision of consultation, liaison and training offers delivered by workers from what is currently known as the specialist CAMHS service (Step 4 provided by Healthy Young Minds).



## 6.2 Investment - Oldham Council

Oldham Council's focus is on investment into early intervention and prevention services as part of the wider public service reform and 0-19 agenda to intervene at the earliest point (which includes a suite of evidence-based tools). A comprehensive review of spend across a range of targeted support has previously been completed and realigned accordingly with some services now included within the Early Help Offer.

### 6.2.1 Social Worker: Looked After Children

A social worker is attached to the Looked After Children (LAC) Life Chances Team (LCT) who works across Healthy Young Minds, LAC and the Youth Justice Service (YJS). The post sits within LCT for LAC, but is also based within Healthy Young Minds Reflections and Media Place with YYS. The social worker post supports the LAC psychologist role to provide a comprehensive service for LAC.

### 6.2.2 Clinical Psychologist: Looked After Children

In addition to the Early Help Offer, funding is directed to Healthy Young Minds to fund a specific psychologist post for Looked After Children (LAC). This post supports carers and staff of LAC providing consultations and interventions including delivery of the 17 week nurturing attachment course for foster carers.

Organisation	Service	Spend £		Budget £
		16/17	17/18	18/19
Pennine Care NHS Foundation Trust	Healthy Young Minds – LAC clinical psychologist post	60,000	60,000	To be confirmed – likely to be £71,000

### 6.2.3 Kooth [www.kooth.com](http://www.kooth.com)

KOOTH (delivered by Xenzone) are currently co commissioned by Oldham Council and Oldham Youth Council. The contract for delivery of on-line counselling support for children and young people in Oldham has been extended for a further 12 months until March 2019 in line with the existing commissioning arrangement. As a direct result of increased demand on the service, the funding has been increased to support delivery of a further 20 hours support each month – now 100 hours in total which was approved by the Youth Council to continue supporting the delivery of the without compromising service needs. 690

individual young people have accessed the service so far during 2017/18 – an increase of 41% on the total number for 2016/17.

Kooth is a free, safe, confidential and non-stigmatised way for young people to receive counselling, advice and support on-line. They deliver 1000s of counselling sessions each year across the UK and are available until 10pm each night, 365 days per year providing a much needed out-of-hours service for advice and help. Kooth gives young people in Oldham (aged 11-25) an alternative way of accessing free support when they need it, in a medium they know and use.

The therapy team of qualified counsellors and psychotherapists are clinically supervised in-house and independently to deliver evidence-based interventions. They work closely together to ensure the best outcome is achieved for the young person. The counsellors have clear pathways into others services too, ensuring the young person gains the information needed and are signposted to the most appropriate provisions. It is a unique service that provides vulnerable young people with emotional or mental health needs a way of getting support when they need it most.

Organisation	Service	Spend £		Budget £
		16/17	17/18	18/19
Xenzone	Kooth – Online Counselling	48,000	58,800	£58,800

### 6.3 Investment - Oldham CCG

As mentioned previously, a large proportion of the CAMHS Transformation Plan funding has been directed to specifically support the stepped care model, allowing children and young people the ability to access lower level interventions and support schools in looking after the needs of their pupils, which was a requirement of *Future in Mind* and also a gap identified in Oldham.

#### 6.3.1 Steps 1-3: Thriving; Resiliency and Coping; Getting help

Organisation	Service	Budget £	
		2016/17	2017/18
Tameside, Oldham and Glossop Mind & PCFT School Health Advisor	Early intervention services, including school health practitioner	254,200 + 12,267	223,423 + 36,837

#### (a) Tameside, Oldham and Glossop (TOG) Mind [www.togmind.org](http://www.togmind.org)

In recognising the significance of early intervention and prevention in mental health, TOG Mind's 'Youth in Mind' initiative is specifically targeted to respond to the needs of children and young people.

Youth in Mind prioritise two main areas. Firstly, they work closely with schools to raise awareness of mental health issues and provide education and support to students, parents, teachers and governors. Secondly, they offer an innovative range of therapeutic services that can be tailored and are flexible in their approach to meet school, community and individual needs. Children and young people are encouraged to build and maintain positive relationships through engagement in 1-2-1 and group work with their peers. Support in Oldham is provided through:

Assemblies, signposting and workshops	Staff workshops and school support package
Early intervention service	Self-harm group (in partnership with HYM)
Friendship skills	Parent and family sessions
Development of single point of access (SPA) role	School supervision model

TOG Mind and Healthy Young Minds are working closely together to deliver the principles of the stepped care model, with TOG Mind also being part of the Oldham Together partnership, which is the collaboration of local organisations working together to support the delivery of Early Help. As part of this offer, they provide a ‘Drop in and Sort it’ session at Positive Steps for young people to discover what services are available to them and access relevant support.

They are also developing a family-focussed support service for families needing low level intervention for a young person or parent with emotional wellbeing or mental health issues; in addition families will be offered the opportunity to engage in 1-2-1 interventions alongside the group family support. This initiative will be trialled in partnership with the Early Help service.

### Evaluation of Prevention and Early Intervention Services

A full evaluation was undertaken in relation to the services that TOG Mind offered during 2016 and based on the outcomes, they made changes to their services moving forward. This did not involve an increase in investment, but reallocated funds based on their experience and feedback in order to maintain the key objectives and continue to develop the Prevention and Early Intervention Model as part of their support towards this Plan. Priorities for 2018/19 include:

- Continual improved access: TOG Mind are offering increased out of hours community services with appointments/sessions being offered 3 days a week between 4-8pm.
- Increased drop-in capacity: TOG Mind continue to experience high volumes of young people accessing the weekly drop-in service and will invest in increasing the capacity of this service through a developing volunteer model.
- School engagement will continue both through SMHF and through resilience workshops delivered within primary schools and awareness-raising assemblies within primary and secondary schools.
- Support in submitting data to Five Year Forward View Mental Health Services Dataset: TOG Mind are exploring options to submit data collected within services to NHS England targets

The benefits of the above overall service changes include:

- Continued development of the Prevention and Early Intervention Model fulfilling the requirements for *“Thriving, Resilience and Coping; Getting Help”* ensuring a consistent offer for children and young people across Oldham.
- Ensuring Prevention and Early Intervention services for children and young people are accessible via schools and community settings and encourage children and young people to build and maintain positive relationships through engagement in 1-2-1 and group work with their peers.
- Ensuring agencies offering support to children and young people are working within an effective partnership approach so those in need are able to access the most appropriate intervention, at the most appropriate time, regardless of the pathway to that support.
-

### (b) School Health Practitioner

As part of the stepped care model mentioned above, a school health practitioner supports children and young people's emotional wellbeing and mental health and acts as an intermediary between schools and service providers working across the full spectrum of mental health difficulties ensuring pupils obtain appropriate treatment, support and adjustments. The role assists in ensuring timely access to appropriate services (preventing mental health problems from arising by taking action early with children and young people and their families who may be at greater risk); and early identification of need, so that children and young people are supported as soon as problems arise to prevent more serious problems developing wherever possible - negating more costly specialist service intervention further down the line. It is envisaged that they will also support the implementation of the school mental health framework.

A successful evaluation was undertaken in December 2016 (after it had been operating for a one-year period). The benefits of the role have been included at Section 8.3.3.

### (c) Mahdlo Youth Zone [www.mahdloyz.org](http://www.mahdloyz.org)

Mahdlo is a registered charity and state-of-the-art Youth Zone in the heart of Oldham for 8-19 year olds (up to 25 for young people with a disability). Open 7 days a week, 52 weeks of the year, delivering high quality, innovative activities and experiences for young people from Oldham, to provide opportunities to raise aspirations and support young people to be the best they can be. They work within six key themes: Get Active (Sports); Get Creative (Arts); Get Sorted (personal development, crime prevention and health and wellbeing); Get Outdoors (outward bound and environmental activities); Get Connected (leadership, volunteering and citizenship); Get Ahead (employment and enterprise).

TOG Mind work closely with Mahdlo Youth Zone providing counselling services from their premises. The funding to support this initiative has been provided through a grant awarded by the BBC Children in Need and Oldham CCG. Whilst the counselling will provide the emotional and mental wellbeing support, opportunities are available for further support (given the wide range of activities on offer) which will also be beneficial – and considering the strong relationship between mental and physical health.

### (d) Care Navigator Role

Organisation	Service	Spend	Budget £	
		16/17	17/18	18/19
Oldham Council	Care Navigator Role	40,000	40,000	40,000

As previously stated, there has been a delay in the recruitment of this post due to organisational changes but this is on track to be in post early 2018/19. The role will support vulnerable children and young people to sit within the single point of access that allows effective signposting between services, whilst ensuring young people receive timely access to services through informed choices. The role will:

- Provide low level emotional wellbeing and mental health support for children and young people referred to the Early Help Offer
- Liaise directly with the young person being referred to provide initial support, advice and signposting as required
- Assertively 'reach out' to the referred young person offering appropriate support and advice



- Provide facilitation and mentoring role to the referred young person in order to support them to access alternative types of services.

### 6.3.2 Step 4: Getting More Help – Healthy Young Minds (formerly CAMHS)

Healthy Young Minds (formerly known as CAMHS) is an established local specialist service provided by Pennine Care NHS Foundation Trust. It is predominantly commissioned by NHS Oldham Clinical Commissioning Group (CCG) with Oldham Council supporting a LAC clinical psychologist and social worker post (as noted above). The service currently operates from the 'Reflections' building at The Royal Oldham Hospital.

The service works with children and young people who may have complex, severe and/or persistent needs. They provide consultation on, or assessment and management of, problems such as:

- Anxiety
- Depression
- Self-harm/severe emotional dysregulation
- Obsession/compulsive disorders
- Mental health problems in children and young people, including neurodevelopmental disorders: autism spectrum disorders (ASD); Attention Deficit Hyperactivity Disorder (ADHD) and learning disability
- Eating disorders
- Trauma, including Post Traumatic Stress Disorder (PTSD)
- Psychosis
- Bi-polar disorder
- Attachment issues.

They provide a range of evidence based interventions including:

- Cognitive Behavioural Therapy (CBT)
- Dialectical Behaviour Therapy (DBT)
- Interpersonal Psychotherapy (IPT)
- Eye Movement Desensitisation and Reprocessing (EMDR)
- Mindfulness
- Family therapy
- Medication
- Risk assessment and management
- Neuro-developmental assessment and treatments
- Formulation based interventions
- Group work for emotional disorders
- Consultation as an interventions to parents, carers or professionals
- Psychotherapy
- Play therapy
- Dyadic Developmental Psychotherapy (DDP)
- Filial therapy
- Theraplay.

Referrals are accepted from professionals working with the young person and their family including: GPs, health professionals, educational psychologists, social workers and the youth offending service. All



referrals are received within the single point of access (SPA) and then directed to the most suitable intervention for their level of need. Each person accessing Healthy Young Minds will have one individual as their co-ordinator of care and point of contact. This individual will be responsible for providing suitable assessment, treatment and then review the interventions with the young person and family in line with the service case manager/care programme approach (CPA) protocol. Schools also have the ability to ring a single telephone number to contact a specialist practitioner.

## Funding

The table below shows Oldham CCG's investment into this service:

Organisation	Service	Actual spend £		Budget £	
		2014/15	2015/16	2016/17	2017/18
Pennine Care NHS Foundation Trust	Healthy Young Minds (formerly known as CAMHS) – specialist service	1,656,438	1,986,016	2,007,862	2,009,870

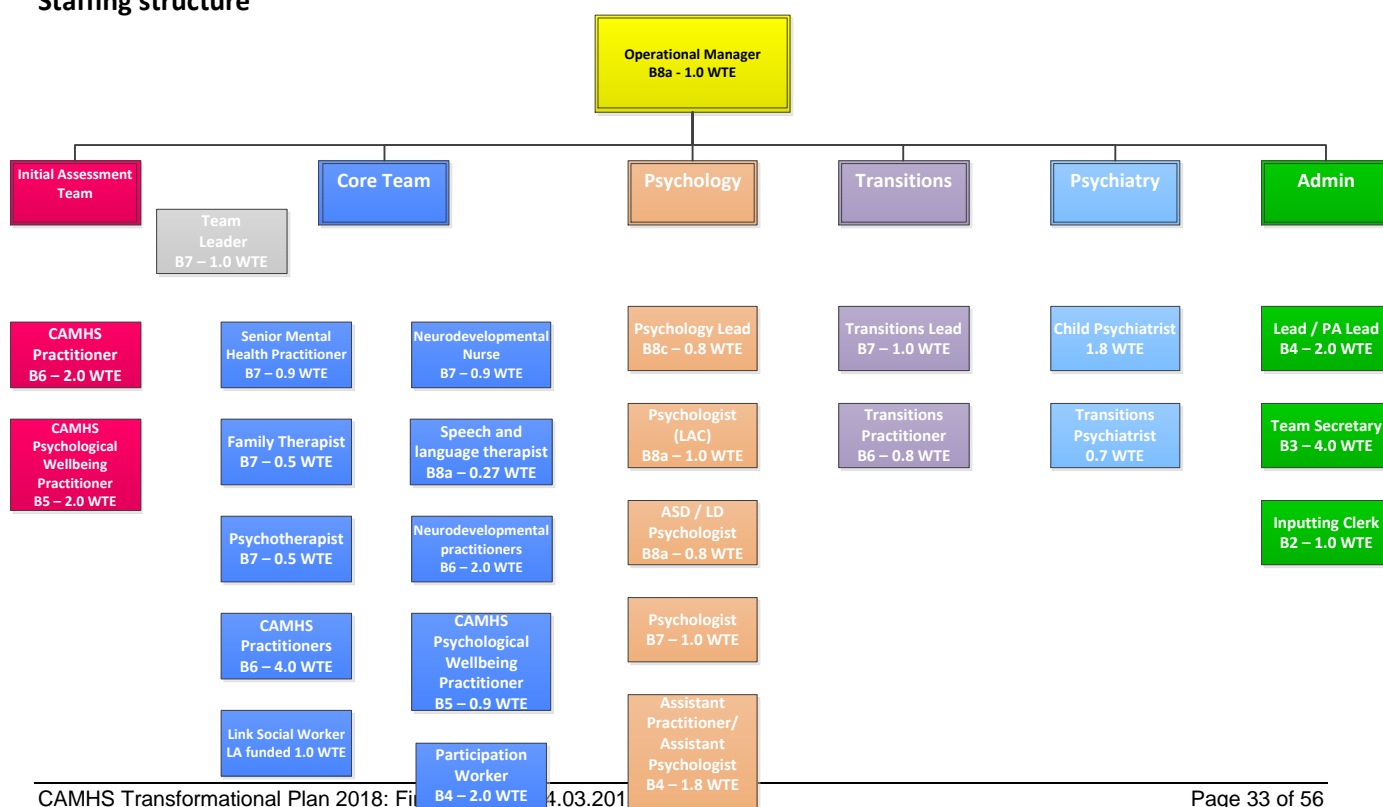
A comprehensive suite of data is available for the period April 2016 to March 2017 on referrals and waiting times. For the most recent six month period (Oct 2016 – March 2017), a total of 622 referrals were received.

## Staffing

Healthy Young Minds have increased the number of staff within the service. The table below evidences that increase.

Period	WTE
2014/2015	14.2
2016/2017	31.87

## Staffing structure



## Service Redesign

As already noted, increased investment into Healthy Young Minds provision has enacted service redesign. This has included:

- Restructuring of the service to gear up for access and waiting time standards to incorporate flexible working and to increase staffing levels.
- Recruitment of 12 additional staff.
- Case load cleansing. All caseloads within CAMHS have been scrutinised to enable implementation of the new model and to support a clear understanding of the pathways that clinicians are to work to.
- Audit and review of all referral pathways, including clearly defined entry and exit criteria, step-up/step-down model (moving away from the traditional tiered model). All of the care pathways have been revised and refreshed considering the most recent NICE guidelines. Key individuals with the relevant skills, training and knowledge were tasked to review the relevant pathways and cross reference NICE guideline standards with CAMHS practise, i.e. CBT trained practitioner reviewed emotional disorder pathway. PCFT already has a system in place whereby all new NICE guidance release/updates are reviewed by the CAMHS directorate to ensure services are NICE compliant (where relevant and appropriate) and this will continue.
- Development of neurodevelopment pathways (ASD/ADHD) including offering assessment, diagnosis and post diagnosis support, i.e. consultation, awareness raising, psychological support, access to workshops and close links to peer support. Additional staff have been recruited to support this pathway. A single point of access exists across Healthy Young Minds and the community paediatric service. As part of this set-up, referrals are reviewed and a decision made on the most appropriate service to progress the referral is made based upon complexity and presentation of the child/young person. A clinical psychology/clinical nurse specialist consultation offer is embedded in this pathway for post diagnosis presentations. As part of this pathway, additional staff within POINT will deliver post diagnostic support with close liaison with Healthy Young Minds.
- Development of community-based eating disorder pathway (across the sector).
- Changed the service name from CAMHS to Healthy Young Minds following extensive consultation.
- Transition service.
- Development of a link role (within the emergency duty team) with social care support to assist in the management of crisis presentations.
- Identification of a paediatric liaison worker for hospital staff and undertake a refresh of their urgent care pathways. As part of this, Healthy Young Minds have provided targeted training to paediatric medical ward staff and medical training in A&E to increase the confidence of staff in being able to better manage children and young people who suffer emotional distress - having the skills to support those individuals in 'crisis'.

## Continued Developments:

- Healthy Young Minds are currently working with staff to routinely extend service delivery hours in the evening and to identify alternative venues away from acute hospital sites.
- Pennine Care have identified a number of work streams through their Service Development Strategy and these include transition and out of hospital care. The primary focus of the transition group is to develop needs-led transition processes rather than age or service led processes. In particular, this group is scoping opportunities to deliver all age pathways for specific presenting needs including neuro-

developmental disorders and eating disorders. The transition CQUIN will support this area of work.

- Review the capacity released from Healthy Young Minds following the commencement of the new community eating disorder service and deploy resource into self-harm and risk management pathways.
- Review the in-reach/outreach team in conjunction with the development of the home treatment aspect of the community eating disorder service.
- Healthy Young Minds staff to deliver training to RAID and access and crisis teams around working with young people and families.
- Scope the opportunities to develop dedicated inpatient beds to support a crisis care pathway of maximum 7 day duration.
- Continue to utilise day places on the Horizon unit for step down from inpatient services whilst the national review into inpatient services is completed.
- Scope opportunities in conjunction with Oldham Council to develop 'edge of care' services in localities to prevent family breakdown and reduce the use of unplanned care episodes. A model has already been developed in another Pennine borough and recruitment is underway for a Band 8a Highly Specialist Clinical Psychologist to be responsible for high quality clinical leadership of the service and key lead for the development of formulation-based individualised packages of care for families with focus approach on maintaining change. The team will provide co-ordinated borough-wide services and consist of Short Breaks social workers, mental health practitioners, Family Group Co-ordinators, Family Intensive support workers and Children's Home provision.

## Operational Hours

As part of Healthy Young Minds restructuring and recruitment, an element of flexible working is being included within their staffing models as they are to commence alternative operational hours, with services available in the evening to make it easier for families to attend. The next phase of this development would see services available over the weekend period. There will continue to be on call arrangements seven days a week, 24 hours each day. The investment and redesign in this way will secure sustainable improvements over the next five years to ensure capacity and capability is built into the service and be ready to support Oldham's children and young people. The increase in the workforce will also ensure continuity of care for children, young people and their families (which it is recognised has not always occurred in the past), with the existing practice of having the same registered medical officer continuing.

The service has seen an increase in the establishment of generic mental health practitioner posts to achieve a broader reach and more flexible workforce which can undertake a range of key tasks across different pathways, e.g. risk assessments, specialist assessments, care coordination etc. Review and reconfigured targeted specialist posts reflect the needs of the population, resources available and demand on services.

## Appointments Not Attended (DNA)

Healthy Young Minds have a robust DNA and follow-up policy in place to manage risk, whereby automatic discharge does not happen until the service has exhausted reasons/barriers to non-attendance. The service proactively monitors its DNA rates in orders to reduce wastage through non-attendance.

## Transition Service

The transition service across the Pennine Care footprint provides a dedicated clinical service for the 16–17 year old population in Oldham. This service is commissioned to deliver a targeted service to those young people within the age range who are too high tariff for primary care mental health services (such as Healthy Minds), but do not meet the eligibility criteria for adult services. This may be due to age, threshold criteria

or a combination. This dedicated service aims to provide young people with a developmentally more appropriate approach with the aim of reducing the need for transition to adult psychiatric services, where possible. The plan, moving forward, will consider how to extend this transition age (potentially up to 25 years of age) and how best to support the step-up, step-down from inpatient facilities. This will be supported by a two-year CQUIN (see Section 8.2) and the service will strengthen its consultation model with the colleges in Oldham and will further solidify their relationship with Healthy Minds (16yrs+ service).

### **Post Diagnostic Support: Parents of Oldham in Touch (POINT) [www.pointoldham.co.uk](http://www.pointoldham.co.uk)**

The POINT forum has over 1,050 members and is Oldham's established parent forum for parents and carers of children and young people aged 0-25 with additional needs and disabilities, who live in or access services in Oldham. Their aim is to pro-actively represent families ensuring that parents and carers have greater choice and control to meet their current needs and have a voice in shaping future services.

A gap in post diagnostic support for children, young people and their families was identified by the CAMHS joint strategic needs assessment and paediatric reviews undertaken. Non-recurrent funding and additional recurrent funding that Oldham CCG identified to redesign Healthy Young Minds has enabled a new innovative way of service delivery for this area.

POINT (with assistance from Pennine Care) are to support and have established a new parent led, flexible approach to post diagnosis delivery which will more effectively support the needs of parents, carers and their extended families, as well as enabling valuable clinical resources to be more effectively aligned to the more complex families.

### **Improving Access to Psychological Therapies programmes (IAPT)**

Children and Young People's IAPT is a service transformation project for CAMHS that focuses on extending training to staff and service managers in CAMHS and embedding evidence-based practice across services, ensuring that the whole service (not just the trainee therapists) use session-by-session outcome monitoring. The programme is centred around the principles of offering effective and efficient evidence-based treatments within a collaborative therapeutic relationship. Pennine Care commenced with the national wave 1 pilot programme in 2011 and, to date, has made significant progress in relation to this programme.

Healthy Young Minds have been part of the Children and Young People's IAPT service transformation from its inception with a member of staff receiving training each year (bar one). There have been four practitioners who have either completed, or are in the middle of the training, in cognitive behavioural therapy (CBT) and parenting. One staff member teaches on the course for systemic family therapy, and provides supervision for Pennine Care.

Services have commenced utilising 'session by session' monitoring which includes asking the children and young people to feedback about every session they attend. This helps to guide the therapy in the right direction, so that it is as beneficial as possible. The service is collating a suite of Routine Outcomes Monitoring (ROMs) which is being proactively managed following the new approach launched.

A friends and family test was launched in 2015 by the Government to obtain a quick and easy way/format to gather views/experiences of services being provided to ensure it is embedded in CAMHS. This outcome report is submitted monthly to NHS England. Further feedback mechanisms are planned to feedback more easily to service users.

Pennine Care employs a participation worker to work across the footprint. This role co-ordinates the 'Participation' agenda across the organisation, linking with local borough 'participation champions' and providing a borough-wide strategy to embed participation within the business of each service. The work has been eclectic and in Oldham has included the 'Living life to the full' group for young people, co-produced by Oldham Youth Justice service; linking in with Oldham Youth Council and recruiting young people to attend interview training and provide interview panels; consulted with parents who attend the service via coffee mornings; and run a participation group for young people who designed and decorated the reception area.

Healthy Young Minds will continue to strengthen their links with the Youth council.

Healthy Young Minds also have a dedicated information site to help children and young people learn more about mental health. This website is widely distributed to children, young people and their families (and the wider children's workforce) to inform/signpost and give wide ranging mental health information.

### **Early Intervention Psychosis Team**

An early intervention in psychosis (EIP) service is available in Oldham for 14-65 year olds experiencing a first episode psychosis. Individuals who are assessed as being suitable for the service are treated for a three year period. Treatment can include: psychology, cognitive behavioural therapy (CBT), social inclusion, employment and vocational access and support, psychiatry, and care co-ordination from a trained practitioner. Treatment is recovery based. The service consists of a multi-disciplinary team, including social workers, assistant practitioners, psychologists and psychiatrists.

All referrals received by Healthy Young Minds are assessed using a Positive and Negative Syndrome Scale (PANS) as to whether or not the service is appropriate for their symptoms.

Young people accessing this service under the age of 17 will also have a Healthy Young Minds consultant for necessary prescriptions. The service has greater scope to work with a child in crisis but sometimes joint assessments with Healthy Young Minds are required. It also has a joint protocol with the learning disability service and works together on some cases and also liaises closely with Oldham's Alcohol and Drugs Team regarding young people presenting with substance misuse.

Guidance has been issued to GPs in Oldham '*Emerging Psychosis and Young people – what you need to know*', along with a Primary Care Checklist (PCCL) that has been developed. This is a quick and easy to use tool administered by the primary care practitioners to help identify young people who may be in the early stages of psychosis and to make speedy and confident referrals to specialist services.

### **Community Eating Disorder Service**

A new Community Eating Disorder Service (CEDS) has been developed across the footprint of Pennine Care NHS Foundation Trust (due to economies of scale). As the guidance stipulates a minimum 500,000 total population footprint, Oldham has jointly commissioned the service with neighbouring CCGs to ensure adequate population coverage. There is a single borough model with an enhancement to current eating disorder provision, with a dedicated eating disorder community-based team in the south (Trafford, Stockport and Tameside & Glossop) and north (Oldham, Bury, Heywood Middleton and Rochdale); and a single service model with dedicated eating disorder community-based team across all localities. The

service is in line with the recently published “*Access and Waiting Time Standard for Children and Young People with an Eating Disorder Commissioning Guide*” (2015). The service currently operates from temporary accommodation, but a permanent base has been sourced.

Organisation	Service	Budget £	
		2016/17	2017/18
Pennine Care NHS Foundation Trust	Community Eating Disorder Service	138,184	138,322

The service sees the use of Transformation funding up to the age of 18, with the CCG looking to explore options to develop an extended age service to 25, redirecting existing resource spent in the private sector/out of area places. Data surrounding the number of referrals and wait times into the current service is available. Once the permanent base is operational, drop-in/activities provision will be available out-of-hours (1-8pm Monday to Friday) and at weekends (10am-4pm), with space for an information/mini library. Young people will be able to have up to 3 sessions per week, offering early evening or weekend times to support working parents and school/college attendance.

Day provision will continue to be offered on a case-by-case basis through the Horizon inpatient unit with the community eating disorder service facilitating step down to intensive home and community support. Healthy Young Minds will be required to support service delivery where there is co-morbidity and utilise the community eating disorder staff for consultation and supervision around the eating disorder aspects of the young person's presentation.

Whilst there are many benefits of this model, it is anticipated that this service will see a reduction in those children and young people who self-harm and negate the need in some circumstances for crisis intervention.

It is an innovative community-based eating disorder service with a framework for service delivery that is consistent with the *Future in Mind* ambition.

### **In-reach/Out-reach Service**

As already mentioned, moving forward, it will be essential to review and redefine the provision delivered by the in-reach/out-reach team in supporting children and young people to stay at home as far as possible. This will require the service working alongside care co-ordinators in providing enhanced support to minimise and prevent the need for admission; providing interventions across a range of clinical and non-clinical environments, including paediatric wards, local authority homes, clients' homes and adult mental health wards; and increasing sessions delivered in the community (i.e. some young people may require more than one contact per week). In addition, support will be required for those that do not require inpatient services. This review will be undertaken across the Pennine Care footprint (in conjunction with other CCGs) and will consider the cohort of young people aged 16 to 18 (where gaps have been identified) and consider a more robust gatekeeping response to the increasing number of young people admitted to adult wards. These elements will be addressed in the GM crisis workforce.

### **Mental Health Crisis Care Concordat**

Oldham's mental health crisis care concordat aims to drive up standards of care in police custody and has been developed by the Police Partnership Board. It includes the following themes:

- Commissioning to allow earlier intervention and responsive crisis services

- Access to support before crisis point
- Urgent and emergency access to crisis care
- Quality of treatment and care when in crisis
- Improved quality of response when people are detained under Section 135 and 136 of the Mental Health Act 1983.

This comprehensive action plan will continue to be taken forward by the Partnership with Oldham CCG already addressing some of the issues.

### **Crisis and Intensive Care Support**

There has been an increase in demand for crisis care with young people often presenting in crisis out-of-hours through a variety of access points including 136 suites, A&E, acute medical wards and primary care. This makes it hard to ensure consistency of approach.

There are two current pathways that deliver intensive community based support to young people and their families. For under 16 year olds, the in-reach/out-reach (IROR) team will work in conjunction with Healthy Young Minds and partner agencies to provide a package of support to young people and families experiencing high levels of distress and/or risk. This will include telephone and face-to-face contact during the week and between 10 and 4 at weekends. This support can be put in place either to avert or shorten admission to an inpatient setting.

For 16-18 year olds, intensive community support is provided by adult mental health services in conjunction with partner agencies and potentially Healthy Young Minds transition services. For all young people in this age group presenting in crisis to acute and emergency services, consideration is given to home treatment as an alternative to admission. This can be challenging to access out-of-hours and often a crisis admission is required to maintain the young person's safety or that of others in the immediate present. Once admitted, this group can access support from IROR to facilitate transition back to community services.

### **Challenges faced:**

- The CAMHS infrastructure and resource cannot meet the demand and provide 24 hour coverage in terms of assessment and intensive support. Increasing this resource is not necessarily the most cost effective solution due to the fluctuations in need and relatively small numbers.
- Young people can present in neighbouring boroughs with different acute and adult mental health service providers so sharing information can be less effective than within our own footprint.
- Adult mental health services conducting out-of-hour's assessments may have skills gaps or lack confidence in assessing young people.
- Young people presenting in crisis are often hard to engage and have poor or fragile networks of support making it more challenging to develop community-based contingency and safety plans.
- Whilst there is evidence of excellent partnership working to support individual young people, the development of more formalised and robust multi-agency risk management pathways would allow for a shared approach to risk that allows care to be user led and not services led.
- Young people requiring intensive support may have multiple needs including issues around education and accommodation and safeguarding needs which are contributing to their distress and risk.

This crisis support will evolve over time due to the changes mentioned previously regarding the review and development of a new crisis care service across Greater Manchester.

Oldham CCG has made the following investment into services to support children and young people's emotional wellbeing and mental health:

### **Adult Service Provision**

#### **a) Increased Access to Psychological Therapy Service (IAPT): Oldham Healthy Minds**

A service for those young people over the age of 16 is available within Healthy Minds. The service is delivered by a range of professionals including therapists and counsellors who offer support and treatment for those who are experiencing symptoms such as difficulty sleeping, low mood/depression, stress, worry or anxiety, feelings of hopelessness or panic attacks. There has been significant investment into IAPT as a step towards ensuring 'Parity of Esteem' and enabling timely access to early intervention services.

#### **b) Rapid Assessment Interface and Discharge (RAID): Early intervention model in A&E**

The service delivered by the RAID team operates 24hrs per day, seven days a week and is based within the A&E department at The Royal Oldham Hospital. The service provides an urgent response to requests for mental health assessments within the A&E department, with patients presenting in crisis being supported through brief intervention and offered a follow-up appointment(s). Whilst the service has been supporting adults for some time, young people over the age of 16 are able to be seen by this team. Developments are in place for an 'all age' RAID offer locally which will also form part of the Greater Manchester initiative to which some of the new CAMHS Transformation funding has been directed.

Oldham's telephone triage/RAID pilot project has been established to improve police decision-making and outcomes in circumstances where police officers attend incidents in the community and believe an individual requires professional mental health and assistance.

### **6.3.3 Step 5: Getting Intensive Help**

Services are commissioned on behalf of Oldham CCG by NHS England Specialist Commissioning team, as mentioned previously, it makes sense for some services to be organised across a large population (i.e. across Greater Manchester or the north west region) making them more efficient. When children and young people require more intensive support there are a number of units that can be approached for availability.

The Hope and Horizon Units are part of the Child and Adolescent Mental Health Service's (CAMHS) inpatient facilities, situated within Fairfield Hospital in Bury and managed by Pennine Care NHS Foundation Trust (PCFT). As these units are the closest to Oldham, these units are utilised frequently.

The Hope Unit is a modern 12-bedded inpatient ward providing help and support to young people aged between 13 and 18 years old, who are suffering from a range of mental health difficulties. The admission on the ward may be 4-6 weeks, during which time an assessment/treatment will be undertaken by a team of experienced mental health professionals. Expert care is provided day and night.

The Horizon Unit is a modern 10-bedded complex care in-patient ward, which provides help and support to young people aged between 13 and 18 years old with complex mental health needs requiring hospital treatment. Admissions for the Horizon Unit tend to be on a planned basis for a longer period, with referrals accepted from across England.



Transfer is also possible between the Hope and Horizon Units depending on the needs of the young person. However, both wards work very closely and some staff work across both wards, which helps the young people to make their transitions more smoothly. Both units are led by an expert team of healthcare professionals comprising psychiatrists, psychologists, nurses, art therapists, occupational therapists, dieticians and teachers and their co-location enables the seamless assessment and treatment for young people with acute and complex needs.

Healthy Young Minds Oldham have very strong links with the inpatient service (given it is the same provider) and are part of the specialist services directorate within Pennine Care, which affords close communication, governance arrangements, management structures, shared training, i.e. Healthy Young Minds provide out-of-hours on-call psychiatry and management cover for the Inpatient Unit. In addition, if absolutely necessary, Healthy Young Minds would provide services/staffing support to the Unit.

Whilst these units are open to anyone from anywhere in the UK, every effort is made in reducing the number of Oldham's young people from being placed out with this service.

Healthy Young Minds do, however, ensure that continuity remains in place for young people who are admitted to out of area placements, travelling across the country so that young people and their families receive consistent and, in some instances, familiar care. They also always attend the Care Programme Approach (CPA) - a meeting used to plan and agree an individual's care.

Now that the community eating disorder service is operational, it is anticipated that length of hospital admissions will start to reduce; and cases, where admission has been indicated, will receive intensive support within the eating disorder pathway - therefore, remaining in the community.

In addition, Healthy Young Minds have established relations with the following:

- Junction 17 (provided by Greater Manchester Mental Health NHS Foundation Trust) and utilised by Oldham's young people (given its proximity) provides inpatient therapeutic care as well as education in a safe and nurturing environment. It is a specialist Child and Adolescent Mental Health Service (CAMHS) for young people aged 13–17 who require assessment and treatment for a range of complex mental health difficulties.
- Galaxy House (Royal Manchester Children's Hospital) is a 12 bedded in-patient unit that provides mental health care for children up to the age of 13 years and also specialising in pervasive refusal syndrome and eating disorder.
- Psychiatric Intensive Care Services (PICU), Cygnet Hospital (Bury) provides individualised care for young people aged between 13 and 18 who are experiencing a mental health crisis or whose needs mean they cannot be supported in community settings.
- The Gardener Unit (provided by Greater Manchester Mental Health NHS Foundation Trust) based at Prestwich Hospital is a medium-secure adolescent forensic unit that provides highly specialised care in a secure environment. The unit contains 10 beds and is for boys between the ages of 11 and 18 years. Within the unit is a purpose built intensive care facility. The Gardener Unit caters to young people with serious mental illness or concern of a significant psychiatric disorder with significant levels of risk.
- Social Development Clinic at Royal Manchester Children's Hospital is a specialist referral service for the assessment and treatment of children with complex developmental disorders involving social impairment. This includes autism spectrum disorder but also problems of autism-like syndromes related to other specific genetic, neuro-developmental and attachment disorders.

## Forensic CAMHS (F CAMHS)

F CAMHS provide assessment and treatment of young people between the ages of 10-18 years, with forensic behaviour and mental health needs. The team work across Greater Manchester, the North West and nationally, offering comprehensive holistic assessments in relation to the following areas:

- Mental State
- Diagnosis
- Risk
- Needs
- Psychological functioning
- Placement
- Treatment options.

F CAMHS will see the young person and their family at a venue most appropriate to their needs, giving due consideration to risk factors. This may involve them travelling to the outpatient department or the team travelling to visit the young person.

Healthy Young Minds have strong links with the psychiatrists at F CAMHS and will liaise with them when they have a young person with forensic complexity and feel an extensive assessment to be necessary.

### 6.3.4 Promoting resilience, prevention and early intervention

There are a wide variety of services across the borough that fall within steps 1-3 (*Thriving; Resiliency and Coping; Getting help*) of the model provided by practitioners, who are not mental health specialists, working in universal services such as GPs, health visitors, school nurses, teachers, social workers, youth justice workers and voluntary agencies. These practitioners offer general advice and treatment for less severe problems, develop resilience, contribute towards mental health promotion, identify problems early in their development and refer children to more specialist services. The narrative below provides information relating to a number of these (but this is by no means an exhaustive list) and in particular, highlights the services available for those most vulnerable.

#### GPs

GPs and the wider primary care services play an important role in supporting families, children and young people for primary physical and mental health. They have scope to refer for a wider range of interventions and services, which may include social prescribing (where activities such as sport are used as a way of improving wellbeing). GPs are able to refer children and young people requiring emotional wellbeing and mental health support through the newly established single point of access which could include help from the services mentioned below.

#### Early Help Offer (EHO)

Early help means providing support as soon as a problem emerges, at any point in a child's life, from the foundation years through to the teenage years. The Oldham Together Partnership is the collaboration of local organisations working together to support the delivery of Early Help.

The Early Help Offer ensures that additional needs are identified and responded to in a timelier, efficient manner with those targeted interventions delivered being those which can evidence their effectiveness and result in sustainable change. Its purpose is to avoid more costly interventions in the future moving demand

away from high-cost services (that react to crises once they have arisen) towards services that focus on supporting people to develop the skills to support themselves (encouraging independence).

The list below details the data that is collected within the Early Help team specifically relating to the under 18's.

Category
Alcohol use
Child Sexual Exploitation (CSE)
Crime and anti-social behaviour
Diet
Drug use
Housing
Managing behaviour and routines
Managing finances
Mental wellbeing
Physical activity
Relationships
School attendance
School behaviour
Smoking
Weight
Work and skills

### **Positive Steps** [www.positive-steps.org.uk](http://www.positive-steps.org.uk)

Positive Steps are an independent charitable trust delivering a comprehensive range of services which can help young people, adults and families to reach their potential. With the funding that Oldham Council provides, they form part of the Oldham Together Partnership (mentioned within the Early Help Offer). Their approach throughout is to work with individuals to understand the barriers they face in attaining their goals. Individuals are able to seek support with planning, progressing or dealing with a whole range of issues in their lives, from learning and employment to drugs and crime.

They provide an integrated range of targeted services, including: information, advice and guidance; a range of youth crime prevention programmes in partnership with schools, the police and community safety team; Oldham's teenage pregnancy strategy; Brook sexual health service; a young people's substance misuse service; and the young carers' support service. The Centre (through which all these services are delivered – located in Oldham Town Centre) hosts a range of partner services including: Healthy Young Minds; a generalist nurse and assistant practitioner team; counselling services; housing advocacy and mediation services; a range of holistic family services including Early Help support and the after-care duty team from Oldham Council's children's social care.

### **Youth Justice Service**

Children and young people in contact with the youth justice service have high levels of vulnerability and are at least three times as likely to have mental health problems, than their non-offending counterparts, with language development and disorders also being a prevalent factor.

Oldham's Youth Justice Service aspires to being a centre of excellence for integrated management of young offenders. There is a focus on further reducing the number of first-time entrants to the youth justice system; reducing re-offending by children and young people aged 10–17yrs and ensuring the safe and effective use of custody. In addition, there is an emphasis on a whole family approach, safeguarding, resettlement and positive progression, service user participation evidence-based practice, transitions and volunteers.

This multi-agency team (which includes employees from Positive Steps, the police and Healthy Young Minds) work with individual children and young people (and their families) to assess their risk of committing further crime, their risk to others and to safeguard them. The team oversees a wide range of pre-court and post-court disposals as well as young people subject to custodial sentences.

To address the wholly unacceptable practice of taking children and young people detained under s136 of the Mental Health Act to police cells, there is a place of safety at The Royal Oldham Hospital for children and young people to utilise to ensure no under-18 is placed in a police cell.

Both Oldham CCG and Oldham Council are represented on the Youth Justice Management Board which meets on a regular basis. Moving forward, there will be the requirement to ensure robust liaison and diversion triage services and services that are easily accessible from police custody and courts.

### **Child Sexual Exploitation (CSE)**

Oldham has a strong offer of support to children who are victims of (or who are at risk of) child sexual exploitation - the Oldham Phoenix project. Oldham Phoenix is a multi-agency team approach consisting of 17 staff from across Greater Manchester Police, Oldham Council and Barnardo's. The focus of the Barnardo's work is to support those at high risk of child sexual exploitation and provide long term therapeutic intervention to support young people on their journey to exiting exploitative relationships or networks. Services are co-delivered from the police station to provide a consistent and seamless approach to referrals and pathways.

It is recognised that there is currently a gap within the Phoenix offer for young males and that parents are not as aware of the risks regarding boys, or that they can be victims as well as perpetrators. There is a reported increase in the number of young males on the cusp of becoming groomers and in their risk taking behaviour, which is a further cause for concern. In order to try and bridge some of these gaps, there is a proposal being considered for a male worker to join the Phoenix team to deliver some of the low-level emotional and healthy relationship work.

Oldham's Missing From Home (MFH) service is also delivered by Positive Steps as part of their integrated services for Oldham's vulnerable young people. The service has been strengthened and developed to offer a wider remit of support to young people who go missing, with the aim of reducing the number of instances and frequency of them going missing. This integrated model of support affords young people the chance to access all relevant services from the one point of contact, often with the same worker to ensure consistent approaches and support. Many of the current Oldham Phoenix caseload attend Positive Steps to access other services and staff are being trained and developed to gather this intelligence in order to inform the wider picture.

The Missing From Home service works closely with Oldham Phoenix and regularly feeds intelligence regarding CSE within Oldham in line with local safeguarding procedures. Both agencies attend fortnightly operational meetings with police and social care to ensure that all efforts are being made to reduce/prevent missing from home episodes. The meetings provide a forum where a multi-disciplinary group are able to track outcomes and assign specific actions to professionals working with the child/young person to identify cases where there is drift and feed relevant information into strategic groups.

### **Looked After Children (LAC)**

A clinical psychologist with LAC specialty sits within Healthy Young Minds who provides a bespoke service for this population. This includes a targeted stepped model of care intervention to the foster carers and adoptive parents of Oldham, who care for children and young people who have emotional and behavioural difficulties as a result of their early life experiences. This offer includes a group intervention followed by the offer of direct consultation to those families and wider children's workforce in a team around the child approach, who support such children in the health, education and social care arena. This offer then extends to face-to-face work with children and young people when it is assessed as appropriate - for a small number of children. This follows evidenced-based interventions with the focus on attachment interventions.

### **Vulnerable Young People**

A number of initiatives in Oldham support this vulnerable group, including:

- A link social worker post (funded by Oldham Council) provides a three-way offer to children and young people who are vulnerable. The work includes links to the Youth Offending Team and liaison with the Life Chances Team, in addition to consultation with the wider children's care workforce. A stepped model of care is also provided in this role with consultation at the heart of the offer, with a small number of one-to-one pieces of work where this is assessed as appropriate.
- Healthy Young Minds also offer various services to teams supporting vulnerable young people who are likely to be experiencing mental health problems as a result of needing additional support. This includes delivery of an 18-week intensive training course for foster carers on nurturing attachment with educational psychologists providing training to designated teachers on attachment, trauma and loss.
- Oldham Council also makes educational provision for young people who cannot attend school because of their mental health needs. Support is also ensured within the Early Help Offer (EHO) for children at risk of, or who are victims of, domestic abuse.
- Oldham CCG also employs an Associate Designated Nurse for Looked After Children who, as previously mentioned, has commenced developing a package of care specifically for LAC and care leavers to include emotional wellbeing and mental health support.
- The care navigator role developed will also support vulnerable children and young people to receive timely access to services through informed choices.

### **Data Set for Vulnerable Groups**

'*Future in Mind*' stipulated that a better offer for the most vulnerable children and young people is required, making it easier for them to access the support that they need when, and where they need it. As such, Pennine Care NHS Foundation Trust has developed (as part of its CQUIN – see Section 8.2) a data set for the recording of vulnerable groups which are aligned to the '*Future in Mind*' complexity factors, examples include:

- Experience of abuse or neglect
- Parental health issues

- Looked after child
- Learning disability
- Experience of war, torture or trafficking
- Refugee or asylum seeker
- Current protection plan
- Drug and alcohol difficulties (substance abuse)
- Homeless
- Placed in temporary accommodation by local authority (including homelessness resettlement service e.g. bed and breakfast accommodation).

The dataset has been reviewed to ensure that it is fit for purpose and is proving to be a useful resource for the workforce. It also assists in understanding the population of vulnerable groups that access Healthy Young Minds services, with the intelligence supporting the redesign of services and related provision going forward. The intention is to review the data on an on-going basis. Further detailed information can be found at Appendix 6.

### **Family Nurse Partnership (FNP)**

The Family Nurse Partnership (FNP) is a targeted and prescribed programme that is delivered by health professionals who have received specific FNP training. The intervention is aimed at first time young parents with 'high needs'. This is a mandated function as part of the health visitor transition. It is an evidenced-based programme available to support first time mothers under the age of 20 years. It offers intensive and structured home visiting, delivered by specially trained nurses, from early in pregnancy until the child is two years old. FNP consists of home visits using materials and activities that build self-efficacy, change health behaviour, improve care giving and increase economic self-sufficiency. At the heart of the model is the relationship between the client and the nurse, which enables the most at-risk families to make changes to their health behaviour and emotional development and form a positive relationship with their baby. Locally we are seeing good evidence of deflecting the needs for social care intervention as a result.

### **Special Educational Needs and Disability (SEND)**

The SEND Code of Practice: 0-25 years (2014) includes guidance relating to children and young people with special educational needs and disability (including mental health). It provides statutory guidance on duties, policies and procedures relating to Part 3 of the Children and Families Act (2014) and associated regulations. In Oldham there are approximately 1,070 children and young people who are currently subject to a SEN. To further understand the local picture and identify the gaps in current provision, a Health Needs Assessment has been completed with a number of recommendations to be explored. In addition, a handbook has been produced to support local education settings in understanding and supporting children and young people with SEND.

Joint commissioning arrangements across Oldham cover services for 0-25 year old children and young people with SEN or disabilities, both with and without Education, Health and Care (EHC) plans. Services include specialist support and therapies. These children and young people may need extra help or support, or special provision made for them to allow them to have the same opportunities as others of the same age. They may well experience a wide range of social and emotional difficulties which manifest themselves in many ways, i.e. becoming withdrawn or isolated, as well as displaying challenging, disruptive or disturbing behaviour. These behaviours may reflect underlying mental health difficulties such as anxiety or depression, self-harming, substance misuse, eating disorders or physical symptoms that are medically

unexplained. Other children and young people may have disorders such as attention deficit or attachment difficulties.

Partners, therefore, have regard to the Code of Practice and, in particular, to the Mental Capacity Act 2005 and, as a result, Healthy Young Minds and Tameside, Oldham and Glossop Mind have established close working relations with Oldham Council in meeting the needs of these children and young people who may suffer with emotional, social and mental health issues.

Oldham CCG has made provision for a Designated Clinical Officer (DCO) role as part of the Special Educational Needs and Disability SEND reform. The DCO takes a lead role in relation to health aspects of Special Educational Needs (SEN) and Disabilities, making decisions in respect of funding packages of care within Education, Health and Care Plans.

In November 2017 the Council and CCG received a joint inspection by Ofsted and the Care Quality Commission (CQC) to assess the borough's provision for children and young people (age 0-25years) with special educational needs and disabilities. There were several areas flagged as concern, and the CCG and Council have been working jointly to improve provision and provide assurance to inspectors that CCG/OMBC are prioritising the improvement process for our SEND children and young people. The areas identified for improvement were:

- Ensuring effective joint leadership
- Quality of health plans
- Improved health professionals involvement in the EHC process
- Take a closer look at the role of designated roles

A written statement of action was submitted to inspectors in February 2018, and the Council and CCG will continue to submit joint quarterly progress reports.

Oldham Special Educational Needs and Disability (SEND) Information Advice and Support (IAS) Service is a free confidential, impartial and independent service operated by Parents of Oldham in Touch (POINT) Services. This service exists to help parents and carers of children with additional needs and disabilities; and young people themselves in matters relating to their education, health or social care provision. Further information on POINT can be found at [www.pointoldham.co.uk/](http://www.pointoldham.co.uk/)

Further information regarding Oldham Council's local offer can be found at: [www.oldham.gov.uk/info/200368/children with disabilities](http://www.oldham.gov.uk/info/200368/children_with_disabilities)

### **Learning Disabilities (LD) and Autism**

Oldham CCG and Oldham Council have worked in collaboration to develop a joint commissioning strategy for autism (all age) and learning disabilities (adults) in Oldham; and a Joint Commissioning Framework for Supported Living services. The Oldham Autism Strategy was launched (late March 2017) in conjunction with Autism Awareness Week. The strategy has involved professionals from various organisations and partnerships, as well as parents and service users. The subgroups are reviewing joined-up commissioning, diagnosis and post diagnosis support, getting the right support at the right time, and better information and awareness. One of the overall aims of the strategy is for Oldham to become an autism friendly town.

The CCG and council continue to work closely on the Oldham Autism Strategy and a report has been produced 'Oldham's Autism Strategy – One Year On.' This report will be presented to the Health and

Wellbeing Board and focuses on the achievements in the first year and the areas that are due for completion in years two and three.

Some changes have already been introduced: the lead senior psychologist's role within Healthy Young Minds provides liaison with the wider children's workforce for children and young people with learning disabilities and autism, providing a consultation service. As mentioned previously, plans have been developed to extend the Healthy Young Minds neurological development team in relation to autism with access to a menu of post diagnostic support options.

### **Oldham Community Leisure Services (OCL) [www.oclactive.co.uk](http://www.oclactive.co.uk)**

OCL (on behalf of Oldham Council) is responsible for the management, operation and development of sports centres/swimming pools and synthetic pitches across Oldham. They work in partnership with other agencies to improve the health, wellbeing and physical activity for the people of Oldham, breaking down barriers in communities and offering opportunities to improve the quality of life both physically and mentally. As there is a strong relationship between mental and physical health and evidence that unhealthy lifestyles and behaviours can contribute to mental health issues, there are now established referral pathways from Positive Steps Oldham to OCL.

### **Voluntary Sector**

Oldham CCG and Oldham Council have established relationships with the voluntary sector, which include:

Action Together [www.actiontogether.org.uk/](http://www.actiontogether.org.uk/) are a member of the Children and Young people's Emotional Wellbeing and Mental Health Partnership.

Early Help community offer through Oldham Together includes Action Together and voluntary agencies as partners in delivery of early help.

Access to early help engagement training for staff: Oldham Together have recruited 50 community volunteers who have access to broader training packages.

Tameside, Oldham and Glossop Mind deliver a range of services to support children and young people.

As already mentioned, Parents of Oldham in Touch (POINT) - parent forum for parents and carers of children and young people aged 0-25 with additional needs who live in or access services in Oldham - to support post diagnostic ASD/ADHD service provision.

Oldham CCG commissions Oldham Bereavement Support Service [www.oldhambereavement.webs.com](http://www.oldhambereavement.webs.com) which is a registered charity with a team of trained volunteers that offers a supportive relationship to those children and young people who have suffered a loss, or to deal with many of life's event (i.e. changing school, having a parent in hospital for some time, divorce, family breakdown etc). They have a strong team of qualified counsellors who specialise in child grief with a dedicated child-friendly room, ensuring a safe and supportive environment.

Oldham Council commission delivery of a befriending service through Home-Start Oldham, Stockport, Tameside which is a registered charity that provides support to families to offer practical help and much needed emotional support. Further information available at: [www.home-starthost.org.uk](http://www.home-starthost.org.uk)



## 7.0 ACCOUNTABILITY AND TRANSPARENCY: MONITORING IMPROVEMENT

The Children and Young People's Emotional Wellbeing and Mental Health Partnership has overseen the development of this Transformation plan (and will oversee its implementation). The Partnership comprises of members from Oldham CCG, Oldham Council, NHS and third sector service providers, school and college representation, leisure, youth justice, young people. It is accountable to the Best Start in Life Partnership and Health & Wellbeing Board, and provides feedback in relation to progress within this agenda at regular intervals.

In addition, both Oldham CCG and Oldham Council have their own internal governance structures in place. This may change over time given the development of the Integrated Care Organisation mentioned at Section 2.3.

### 7.2 Oldham's Health and Wellbeing Board

The Health and Wellbeing Board is a formal, constituted body hosted by Oldham Council that comprises not only of health and social care commissioners (Oldham Council and Oldham CCG), but also other local leaders such as care providers, housing providers, the police, the fire service, and the community and voluntary sector who all have a vital role in tackling health inequalities in the borough. It is the owner and responsible body for driving the work and priorities outlined in the Health and Wellbeing Strategy and the Oldham Locality Plan.

### 7.3 Emotional Wellbeing and Mental Health Partnership

The Children and Young People's Emotional Wellbeing and Mental Health Partnership will oversee implementation of the Transformation plans and will report progress to the Health and Wellbeing Board and the Best Start in Life Partnership. It ensures strong partnership arrangements and a full list of its members and terms of reference are available.

### 7.4 Greater Manchester

At a strategic Greater Manchester level (and in order to keep abreast of the developments across the conurbation), Oldham CCG has a representative on the Greater Manchester Future In Mind (FIM) Delivery Group and the Across Pennine Care CAMHS Commissioner/Provider meeting to enable CAMHS local strategy groups across the footprint to develop services and new approaches where working across the footprint is more effective, generates efficiencies and assists in developing good quality services for children and young people through an agreed work plan. In addition, both the Council and CCG are represented at the Greater Manchester Children's and Maternity Commissioning Consortium.

### 7.5 Monitoring

- Oldham CCG has a single, separately identifiable budget for children's mental health services, with regular monthly reporting provided internally and at executive level.
- It also has in place a bilateral contract with Pennine Care NHS Foundation Trust. As such, there are strong governance and contractual arrangements in place. Monthly performance reporting is provided, including a comprehensive package of data and information in support of Healthy Young Minds activity and its progress with regard to CQUIN (see Section 8.2 for CQUIN information).
- Tameside, Oldham and Glossop Mind provide monthly snapshot reports (see Appendix 8), quarterly data (including outcomes and case studies), with regular monitoring group meetings held, including its progress with regard to CQUIN.

- Oldham Council hold regular quarterly monitoring meetings with Healthy Young Minds to review the LAC role and Healthy Young Minds complete a quarterly monitoring report.
- KOOTH provide a detailed statistical report as well as a narrative monitoring report every quarter and usually meet with Oldham Youth Council at least twice each year for discussion and service feedback.

## 7.6 Performance and Activity

There is a national requirement for CCGs to continue to focus on investment in mental health services to ensure parity with other areas of investment. As part of this assurance, a number of indicators have been introduced that Oldham CCG is required to report against. These include:

- **Improve access rate to children and young people's mental health:** This indicator is designed to demonstrate progress in increasing access to NHS funded community mental health services for children and young people. *Implementing the Five Year Forward View for Mental Health* sets out the following national trajectory:

Objective	2016/17	2017/18	2018/19	2019/20	2020/21
At least 35% of children and young people with a diagnosable mental health condition receive treatment from an NHS funded community mental health service	29%	30%	32%	34%	35%
Number of additional children and young people treated over 2014/15 position	21,000	35,000	49,000	63,000	70,000

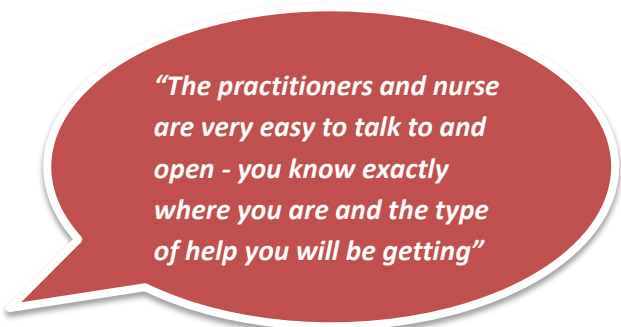
For CCGs, the ambition is to see an increase in activity to the level necessary to meet the national trajectory.

- **Waiting times for urgent and routine referrals to children and young people's eating disorder services:** The two waiting time standards are that children and young people (up to the age of 19) referred for assessment or treatment for an eating disorder should receive NICE-approved treatment with a designated healthcare professional within one week for urgent cases and four weeks for every other case.

The above indicators have been included in the monthly dashboard that Pennine Care provides to the CCG and forms part of the on-going contract monitoring (mentioned above). In addition, the CCG will be monitored closely to ensure all targets are met.

## 8.0 MEASURABLE OUTCOMES / BENEFITS

Oldham CCG has at its disposal a number of mechanisms to support organisations to improve the services they provide. These include:



*“The practitioners and nurse are very easy to talk to and open - you know exactly where you are and the type of help you will be getting”*

### 8.1 Key Performance Indicators (KPIs)

Key performance indicators help define and measure progress towards organisational goals. Some KPIs are set by the Department of Health and as such, are mandated to report against them. All services commissioned by the CCG are subject to a detailed service specification (with KPIs forming part of this contract). These are reported against as part of contractual monitoring in relation to referrals, access and waiting times, outcomes, workforce and training. In particular, robust KPIs have been agreed as part of the new Community Eating Disorder Service.

As mentioned previously, Oldham Council hold quarterly monitoring meetings with both Healthy Young Minds and Kooth. Both providers complete a quarterly monitoring report which details their activity during the period, as well as key statistical data for performance monitoring. Within Healthy Young Minds there is a series of outputs which they are monitored against and an indicator for Kooth is to see a reduction in a young person's core score.

### 8.2 Commissioning for Quality and Innovation (CQUINs)

Healthy Young Minds successfully completed the 2016/2017 CQUIN with the redesign of the Mood and Emotional Disorder, Crisis and Emotional Dysregulation pathways to include the offer from the whole partnership. The Quality Assurance Framework was developed and now forms part of the School mental Health Framework.

For 2018/19, the CQUIN aims to incentivise improvements to the experience and outcomes for young people as they transition out of children and young people's mental health services. This CQUIN is constructed so as to encourage greater collaboration between providers spanning the care pathway. There are three components of this CQUIN:

- A case-note audit in order to assess the extent of joint-agency transition planning
- A survey of young people's transition experiences ahead of the point of transition (pre-transition/discharge readiness)
- A survey of young people's transition experiences after the point of transition (post-transition experience).

In addition, a CQUIN is in place to develop and embed a meaningful and evidence-based outcomes framework which monitors how the provider operates as a care delivery system and what difference the provider's intervention makes to people who use services within the care delivery model.

Progress to attaining the elements contained within the CQUIN forms part of the CCG's contractual monitoring, which includes quarterly reports against progress being provided to the CCG.

## 8.3 Outcomes

Headlines from the improvements made so far in supporting children and young people requiring emotional wellbeing and mental health support include:

- Establishment of one front door for children and young people (commenced July 2016) with emotional wellbeing and mental health needs - by integrating the CAMHS single point of access (SPA) within Oldham Council's Early Help Service. This has provided a consistent and timely response to families to stop them from 'bouncing' around the system.
- Introduction of the stepped care model – details provided below.

### 8.3.1 Tameside, Oldham and Glossop Mind

- To date, resilience workshops have been delivered across all secondary schools/colleges in Oldham (reached over 11,000 pupils) and across 45 primary school (reached over 2000 pupils). Awareness raising assemblies have been delivered to 80 primary schools (reached 12,000 pupils) and 19 Secondary schools/colleges (reached over 10,000 pupils). Staff awareness training sessions have been delivered across 79 primary and secondary schools (reached over 2000 professionals)

- Early intervention services (Sept 2016- Dec 2017)

Facilitated self-help: (Sept 2016-Dec 2017) 838 courses delivered- over 90% would recommend the service

Group psychoeducational courses- 'Friendship Skills' & 'Coping Skills': 63 courses/364 sessions, 282 Children and Young People - over 80% CYP would recommend the service

Counselling: (Sept 2016-July 2017) 126 courses of counselling, 585 sessions- over 90% would recommend the service

Resilience workshops have been delivered across 18 secondary schools/colleges in Oldham (reached over 11,000 pupils) and early intervention services (1-2-1 facilitated self-help) to those that requested additional support.

### 8.3.2 Healthy Young Minds

Healthy Young Minds continue to work towards the national standards with a maximum of 6 weeks for routine assessment and 12 weeks for treatment. Services utilise 'session by session' monitoring which includes asking the children and young people to feedback about every session they attend. The service collates a suite of Routine Outcomes Monitoring (ROMs) which is being proactively managed within Healthy Young Minds, with a new approach introduced.

### 8.3.3 School Health Practitioner

The school health practitioner role promotes good mental health, builds resilience and identifies and addresses emerging mental health problems early on; closes service gaps, tailors services to meet need and provides children, young people and their families with simple and fast access to high quality support and treatment.

Benefits of the service have not only been seen in children, young people and their families, but to those professionals that are in daily contact with children and young people who require emotional wellbeing and mental health support. The service has received excellent feedback through evaluation forms from the

children and young people who have required support and also from the professionals (extracts cited below) that have been provided with training and/or support.

#### **EWP Role (*quotes in italics are evaluations received*)**

A mapping exercise to identify gaps in service and the opportunity to provide input and avoid duplication of work. This included designing and issuing a questionnaire to schools.

Clinical presence retained within the school nursing team, enabling accessibility for the sharing of information, ad-hoc advice and sign-posting.

Links and relationships have been established with TOG Mind, Healthy Minds, Public Health, Early Help and the LAC practitioner.

Appropriate resources (where available) have been provided to school health advisors (SHA) and schools to allow them to undertake some initial brief intervention work.

One day a week is allocated to Healthy Young Minds (HYM) to ensure good liaison, communication and to act as a conduit between school nurses and HYM – this is developing well and communication between HYM and SHA has improved as a result of this. This integrated approach with other services has helped to provide holistic care packages to young people - meeting their needs.

Offering telephone/face-to-face consultations; these have included requests from Early Help, SHA, health visitors and school staff. This ensures that the correct services are accessed and that only appropriate referrals are received by HYM. This, over the longer term, will ensure better access to specialist services.

Re-implementation of the emotional health assessments (EHA); assisting SHAs, where needed, to complete these.

Promoting and raising awareness of the importance of school staff and professional's emotional wellbeing and mental health.

Provided emotional support for school professionals by providing supervision for two schools.

*"Since working here I have never had a time where I felt that things were getting too much and I was at the point of possibly having to go to the doctors for support due to a high level of stress that I was under. Laura came along at just the right time and talking with her helped me put things into perspective and over the next few days I could see things more clearly. I think things can only get better with the future sessions of supervision that we now have in place."*

There has been a gap identified in the workforce that comes into contact with children and young people - they need to become better skilled in recognising and supporting emotional wellbeing and mental health. This post has supported the development of practitioners across health and education by training and signposting. The training has been bespoke, tailored to the needs of the school. It has provided relevant training on specific subject matter, but also provided information specific to Oldham's emotional wellbeing and mental health care packages and pathways (of which there are a significant number) to enable staff to support as quickly and effectively as possible. Signposting has been undertaken to appropriate services, but especially to MindEd with staff being supported to access this.

Attended Oldham Academy North following a referral from both the SHA and HYM. This was due to staff concerns around the management of a small group of young people suffering from panic attacks. Discussions with the pastoral team (around 5 people) were undertaken, but this resulted in an audience of 30 school staff about anxiety/panic attacks.

*"Staff have reported the training as being informative and easy to follow. As you can imagine, a number of staff were very concerned when confronted with a young person who was having attacks and were unsure of how to proceed. The general feeling now is that they feel more confident to support and use some of the strategies that they were shown. Again I would like to say thank you for your support with this as we were desperate for some advice".*

Four training sessions and one group supervision session for SHAs have been delivered. A further session is arranged.

Six training sessions have been delivered to schools. This training was in response to an identified need within the school and was delivered to either the whole school or to the pastoral team.

All evaluations from the training sessions have been extremely positive and in almost all cases, knowledge scores increased significantly following the training. Comments about the training included:

*"Beneficial to our role - facilitator had knowledge of our role so was able to answer concerns"*

*"Excellent. We need more training like this as mental health issues are increasing"*

*"Much needed and overdue update on a pertinent topic. Need more regular sessions on other emotional/mental health issues"*

*"Very well presented, very informative, lots of resources"*

*"Excellent. Interested throughout. Delivery of the information was very well put together and insightful to assist practice".*

Dissemination of information (to health and education colleagues) regarding relevant, outside agency training has continued.

Have continued to meet schools to discuss if and how they would like input to assist them in meeting children and young people's emotional wellbeing and mental health needs.

A service directory compiled with support from HYM and TOG Mind.

Input into the redesign of the mood and emotional disorders pathway.

Key member of the task and finish group established to undertake the development of the school mental health framework. This has included being a facilitator at the recent workshop and encouraging schools to enlist on a pilot of the framework. Also locating a useful on line resource that Oldham would like to replicate.

### **School - Group Work**

A six week psycho education/self-exploratory group was held in a school. This was in response to an identified need, by the school, to offer some support for a group of young people who were experiencing some difficulties around emotional health. The group included a young person on a child protection plan and a looked after young person.

Strengths and Difficulties Questionnaires (SDQs) were completed at week 1 and week 6 with diagnostic predictors indicated:

1 young person – two diagnostic predictors went from medium to low risk

1 young person – went from high to slightly raised for overall stress; from very high to slightly raised for overall stress; and from very high to slightly raised for emotional distress.

1 young person (who was subject to child protection) – went from high to slightly raised emotional distress. The impact of difficulties on her life went from very high to close to average and diagnostic predictors went from medium risk to low risk.

An evaluation cites:

*"I think the group was very helpful. I really liked it and that it was useful. I liked that we talked about things and that emotions were explained. I liked how it was a small group with a calm atmosphere".*

Written feedback from the school has not yet been received but verbal feedback was favourable with positive comments from parents. It was also noted by HYM staff that referrals from this school had reduced significantly.

A further group is planned – this will be delivered over four weeks and will include a cohort of Year 11 pupils and will focus on 'dealing with exam stress'. Research has shown an increase in the number of young people contacting services in the lead up to exams and that suicide and exam pressure are linked.



## Appendix A

Below is a list of many of the schemes which were planned in the original 2015 Transformation Plan, but have since been completed. Please note, this is not an exhaustive list.

### Completed Schemes

You're Welcome Status - Healthy Young Minds (Oldham) piloted a new assessment established as part of the "You're Welcome" status. This was developed in collaboration with young people as to what they would like their experiences of services to be. The assessment is completed by the service and then verified by young people who have received training who will complete a face-to-face visit of the service. This has been rolled-out across services to achieve the status.

Crisis Care – Formalise the early intervention model in A&E (provided by the Rapid Assessment Interface and Discharge (RAID) team) for children and young people who present in crisis (as historically this has only been provided for 18 years and above).

Establish one front door for children and young people with emotional wellbeing and mental health needs by integrating the CAMHS single point of entry within Oldham Council's Early Help Service, with the aim of providing a consistent and timely response to families to stop them from 'bouncing' around the system.

Looked After Children (LAC) / Care Leavers

CCG's Associate Designated Nurse for Looked After Children has commenced developing a package of care for LAC and Care Leavers to include emotional wellbeing and mental health support.

Development of a new comprehensive and integrated CAMHS model – a system without tiers (and age restrictions) with the aim of making the pathway for children and young people with emotional wellbeing and mental health needs much clearer and more defined; whilst introducing standard access and wait times.

As part of Oldham Council's new commission, school health advisors are tasked with providing clinical support to develop school health profiles to identify health needs and work with school health improvement services to address them. Moving forward, within the school health advisor's remit there will be a requirement to undertake health needs assessments within schools to inform the board of governors as to what the school population needs are and how best these may be met.

Multi-agency implementation of the redesign of the three priority care pathways and implement Healthy Young Mind specific elements

Provision of a Dialectical Behaviour therapy group for those children and young people presenting with complex emotional and behavioural difficulties

Educational/support group for children who have been diagnosed with Attention Deficit Hyperactive Disorder (ADHD) and Autistic Spectrum Disorder (ASD)

Collaboration between Oldham Youth Council and Oldham CCG in order to commission Young Minds to deliver a training programme to a small number of professionals (predominantly from a school setting). The training sought to help promote good mental health, identify early those experiencing or at risk of mental health problems and intervene more effectively. A continued comprehensive training programme was organised, and delivered between August - December 2017. The Youth Council co-ordinated delivery of this (led by a Project Lead from YoungMinds so that they can ensure all courses are tailored appropriately to meet local need). They will ensure that the training includes local referral pathways and services that are offered in Oldham by primary services.

As a mandatory first step, individuals who booked onto the specialist courses had to completed the initial entry level training based on an 'Introduction to children and young people's mental health' course, with an additional focus on vulnerable groups and young people experiencing multiple risk factors.

Sessions on the introduction to mental health and resilience covered:

The most common mental health issues and illnesses that young people face

- Signs and symptoms that young people might be experiencing mental illness
- Risk and resilience, exploring adversity
- How to support young people experiencing, or at risk of, mental health problems
- Referrals and signposting.

A selection of specialist courses were offered to the workforce, based on identified need in Oldham. The courses delivered were:

- Self-harm and suicide prevention
- Looked After Children (LAC)
- Eating Disorders
- Anxiety
- Young offenders and mental health
- Bullying
- Addressing Adversity: Trauma and Adverse childhood experiences.

160 professionals attended the specialist courses. Bookings for each course were heavily oversubscribed and demand was high for these training opportunities.

In October 2016, Healthy Young Minds developed a quality assurance framework that supports schools in commissioning safe and effective emotional health and well-being services. The framework is a resource for people who carry out the commissioning of emotional health and well-being services in schools, in particular school leaders, senior leadership teams, pastoral leads or inclusion managers. Many individual schools already commission such services for pupils, which give increased flexibility and provide an early intervention response. Schools therefore need to have a robust commissioning process that ensures that the services they choose are suitably accredited and can demonstrate that they will improve outcomes for their children and young people.

<http://healthyyoungmindspennine.nhs.uk/resource-centre/guides/>

ADOS (Autism Diagnostic Observation Schedule) Training and waiting list initiative – Additional funding was received from the CCG to Healthy Young Minds to improve access to the ASD pathway and receipt of diagnosis. The ADOS waiting list has reduced from 20 weeks to 6 weeks.

Using the underspend (2016/17) from the Care Nav role, Oldham Youth Council commissioned a follow on Training Programme for front line professionals working with children and young people, delivered by Young Minds. The programme allowed colleagues to further develop their initial training from the previous year through a series of progressive workshops. Over 200 colleagues attended and sessions were significantly over subscribed.