

# Local Transformation Plan for Children and Young People's Mental Health and Wellbeing

## February 2017 Refresh

### Introduction

In 2015/16 NHSE England awarded Manchester Clinical Commissioning Groups (CCGs) additional investment to support Emotional Health and Wellbeing provision for Children and Young People across the city, and implement the priorities outlined in our Local transformation Plan for Children and Young Peoples Mental Health and Wellbeing.

Nationally NHS England has required CCGs to produce and publish a substantive refresh of their Transformation Plans detailing progress to date and future plans by October 2016. Approval has been given to allow CCGs across Greater Manchester to produce their refreshed plans by 31 March 2017 allowing further time for Greater Manchester Programmes to develop.

The following represents a summary of Greater Manchester and Manchester's transformation work to date and is in lieu of our full Transformation Plan refresh which will be published on the Manchester CCG and City Council websites from 31 March

### Developing a Greater Manchester Future in Mind Implementation Plan

As the Greater Manchester Health and Social Care Partnership has become established it is clear that a considerable amount of Future in Mind transformation planning and commissioning is best done to scale across the GM footprint rather only at a single LA/CCG footprint

Some aspects of service planning and delivery will only support improved outcomes when commissioned and delivered more at scale. The partnership has agreed that a GM transformation plan is developed by the end of March 2017. This plan will incorporate objectives outlined in local plans and in turn local plans will need to reflect where planning and implementation will be at a GM or local level.

An overview of where GM planning and service development could be best achieved at a GM level is outlined below

### Collaborative Commissioning

Across Greater Manchester (GM), a number of strategic groups, including GM Children's and Maternity Commissioning Consortium, the GM Future In Mind Group, the Greater Manchester Mental Health Strategy - Children and Young People's Mental Health Group, Association of Directors of Children's Services (GM Children's Services Review) have identified key areas of mental health and emotional well-being for children and young people as transformation priorities.

A 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 GM.

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

### **Transparency and Governance**

Transparency and governance supporting the refresh of the 10 GM LTPs has been strengthened as a result of the developing alignment of the Greater Manchester (GM) Mental Health Strategy. An experienced commissioning manager chairs the GM Future in Minds Delivery (currently a consortium of all 12 GM CCGs/10 Local Authorities with representation from the Strategic Clinical Network, NHSE Specialised Commissioning and Public Health and has regular input from NHSE's GM Assurance and Delivery Manager).

All CCGs have provided additional funding to enable the chair to be seconded into the GM Strategic Clinical Network to provide commissioning subject matter expertise and to provide expert advice within the context of an "honest broker" role

From April 2017 we will have a **Greater Manchester Future in Mind Implementation** group in place. Membership will include:

- CCG, Public Health, and Local Authority CYP commissioning leads
- NHS and independent sector providers – children young people and adult mental health services.
- Voluntary Faith and Community Groups representation
- Local Authority Children's Services lead
- Children young people
- Parents/Carers
- Schools and Colleges (in time universities)
- Youth Justice lead for GM
- Mental health of LAC clinical lead
- A LA SEND lead acting on behalf of all 10 LAs/CCGs
- NHSE – specialised commissioning and GM Assurance and Delivery Manager.
- SCN – Clinical leads CAMHS/AMHS , commissioning advisor, network manager and quality improvement lead

## **Future Governance arrangements**

Greater Manchester's Health and Social Care Partnership will by, April 2017, establish a Children and Young Persons Board that will oversee a whole system transformation of GM's children and young persons' services. This board will be chaired by a senior officer from the partnership and will provide the governance for the GM Future in Mind Transformation plan.

## **Outcomes**

We will collaborate with GM's other local transformation partnerships to develop and implement a single performance and outcomes framework. The planned GM framework will draw from the best practice already developed by local transformation partnerships, and will be informed and shaped by the voices of children and young people. (Patient reported outcome measures)  
The GM outcomes framework and dashboard will also be informed by learning from the children and young persons' IAPT programme

We will continue to work with local transformation partnerships to peer review and challenge implementation progress, spending and impact of transformation ambitions.

## **Data**

The availability of whole system accurate and timely information relating to commissioned and provided services remains a challenge. Under the umbrella of the GM Health & Social Care Partnership we will contribute to the development of GM data systems that will improve both the quality and timeliness of available information.

## **The Voice of Children, Young People and their carers**

Developing an effective voice for children and young people is a priority for our partnership and we use the learning from our engagement work to date to improve our local processes. With other GM Local Transformation Partnerships we will implement the recommendations of a report prepared by Youth Access that was commissioned by Greater Manchester's Strategic Clinical Network, and establish a GM Future in Mind reference group for children and young people

Drawing upon effective children and young persons' participation work developed across GM's 10 local authorities we will work with colleagues from the 3<sup>rd</sup> sector to enable children and young people to have a strong voice in developing and implementing the GM transformation plan.

We will work with parents and carers to develop a GM parent/carer reference group to ensure that they become effective stakeholders in helping shape the development review and delivery of services for children and young people

## **Transformation enablers**

### **GM iTHRIVE hub**

Along with GM's other local transformation partnerships we are committed to the continued rollout and embedding of the Thrive Model to inform this whole system approach to improving access to information, guidance, advice and high quality treatment. In 2017, the Thrive model (i-Thrive) will start being applied to the whole GM children and young persons' system to help deliver improved access, reduced waiting times and help deliver clinical efficiencies (more people seen within the resource envelope).

The development of a partnership with the Anna Freud Centre to develop a GM I-THRIVE Hub (hosted by the GM SCN) that will provide additional capacity to lead a whole system approach to transforming services for children and young people.

### **Quality Improvements**

#### **Out of Hours and Crisis Liaison Service**

One of the central tenets of the GM Mental Health and Wellbeing Strategy is to improve access, which is responsive and holds clear arrangements that connect people to the support they need at the right time. As a consequence, a priority has been established to introduce access to 24:7 Mental Health provision and 7 Day Community Provision for CYP.

To deliver this priority, a whole system approach is required that includes bringing together commissioning, simplifies the provider system, includes involvement from the independent and third sector and holds children and young people and those who care for them at the heart of change. This whole system change has already started and will continue into 2017/18

We will continue to support the development of a GM Out-of-hours and Crisis Liaison Service (including extension of RAID to under 16's) that will be accessible to all children and young people in crisis (not just those with a perceived mental health crisis.) We will work with GM's local authorities and mental health services providers to develop a GM wide multi-agency offer that is informed by single GM standards and GM wide trusted processes and tools.

#### **Improved access to advice and support**

We will support the implementation of the iTHRIVE framework at a GM level and support an iTHRIVE informed co-production of a GM E platform that will provide advice information and access to on line counselling or support for children young people and their carers.

We will be advised by children and young people so that any offer is both credible and acceptable to young people.

Utilising best practice from GM's 10 local transformation partnerships we will collaborate with the other partnerships to develop the capacity of GM's third sector

and independent sector to develop standards and pathways for children and young people to quickly access evidence based interventions in non-clinical settings. Efficiencies will be achieved by commissioning to scale and monitoring done at a larger than single LA footprint

## **Age and Developmentally Appropriate Mental Health Services for Young People**

This is a service delivery priority for the GM partnership and with our CAMHS and adult mental health provider services and other key stakeholders including young people we will begin to co-design age and developmentally appropriate mental health services for our 0-25 year old population.

In the short term we will across GM support the implementation of agreed transition arrangements between CAMHS and AMHS and work with adult mental health commissioners to develop ADHD and Community Eating Disorder Services for adults.

## **Community Eating Disorders**

We will continue to support the development of a GM CED offer that is delivered via an alliance of clinical providers that enables staffing skills and expertise to be shared across the 3 GM “cluster teams”.

## **ADHD**

We will continue to support the implementation of the agreed GM standards underpinning the delivery of ADHD services for children and young people and we will work with the service providers to ensure that the best practice developed at a local level is delivered at scale across GM.

## **In Patient (T4) offer for GM -Place Based Commissioning**

The provision of mental health inpatient beds for GM’s children and young people is a priority for GM’s partnership. A GM wide task and finish group including specialised commissioning team has been established and has drawn together an alliance of NHS and independent sector providers who are collaborating to develop a GM offer.

We will continue to support the principle of one CCG providing commissioning expertise on behalf of GM.

## **Vulnerable Groups**

We will collaborate with GM’s CCGs and LAs to scope where a GM wide response to the needs of the following vulnerable groups will improve outcomes/quality and provide system wide efficiencies.

- Mental health services for LAC. Those adopted and care leavers
- Young people involved with the youth justice system

- Children and young people who have LD – cognitive impairment and/or developmental disorders
- C&YP who have Adverse Childhood Experiences
- C&YP originating from minority communities
- Transgender C&YP

## **Schools colleges**

We will work with other local transformation partnerships to identify the best current practice in supporting schools and colleges to identify and help students who have challenged emotional well-being and mental health and develop an offer for GM schools/colleges

Early evidence from pilot sites across GM suggests a shift in referrals to CAMHS, with GP referrals reducing and schools direct referrals increasing and the overall number of inappropriate referrals declining. There is still further work to be undertaken with schools to incorporate self-care for non-service users as part of a whole school approach to mental health – and expanding the CAMHS school link to more schools.

## **Workforce development**

The importance of ensuring that organisations have the right workforce with the right skills and knowledge to deliver effective services is recognised by all and is a key ingredient in creating system transformation through building an effective workforce.

With other local transformation partnerships and the GM workforce development team we will collaborate to develop a whole system skills audit that maps onto the iTHRIVE framework

To achieve this we will utilise workforce audit and development tools developed by some partnerships and to use The Self Assessed Skills Audit Tool (SASAT) to facilitate the whole work force planning (not just services providing what have historically been regarded as CAMHS T2 and T3 services)

## **Summary**

Work has commenced through the GM Children and Young Peoples Mental Health Board to review current provision from a range of perspectives; to scope best practice across the region and beyond; to consult widely with all stakeholders; and to connect with associated transformational processes e.g. GM Crisis Concordat, Mental health Liaison Strategy, Local Transformation Plans, Children's Services review, Youth Justice Review and NHSE CAMHS Tier 4 redesign review, and the GM Transformation Plan will reflect this range of interdependent work streams

# Manchester's Local Transformation Plan for Children and Young Peoples Mental Health and Wellbeing

## Delivering the Ambition – Progress So Far

Manchester CCGs Transformation Plan achieved full NHS England assurance in December 2015, and secured a commitment of additional new investment of to deliver priorities in 2015/16 and a commitment to ongoing additional funding to 2020. An internal Implementation Group was constituted in January 2016 and Project Manager employed to develop and manage the Programme Plan. The investment profile is as follows

### Investment Profile

CCG	Population (2014 or if different state year)	Pop <19yrs (2014 or if different state year)	ChiMAT CYP MH Estimate Tier 3 Need	2014/15 CCG EWB & MH Spend	2016/17 CCG EWB & MH Budget	2014/15 CCG NHS CAMHS Spend	2016/17 CCG NHS CAMHS Budget	Trend	CCG 2014/15 Spend per <19	CCG 2016/17 Budget per <19	Trend
Manchester (N C S) CCG	530,292	135,532	2,385	£6,599,213	£7,681,562	£6,300,467	£6,521,550	□	£46.49	£48.12	□

### NHS England Specialist Commissioning

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

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

Manchester CCGs sustained significant increases in expenditure in respect of acute inpatient admission as a whole between 2013/14 and 15/16 and that these have stabilised in 15/16. This upward trend continued for North and Central Manchester in 2015/2016, this was not mirrored in South Manchester where costs were notably less.

Local Priority	Planned Spend Q1 16/17	Planned Spend Q2 16/17	Planned Spend Q3 16/17	Commentary (including further description on priority)	GM level Cluster level Local level
Eating Disorder			£355,022	Service re-design, extension of existing contract. Consistent with new access and waiting time standards.	Cluster
Workforce / Training & Development	£38,000			Redesign of Emotional Health and Wellbeing offer against the ITHRIVE framework.	Cluster
Vulnerable Groups			£150,000	All Vulnerable groups including LAC	Local
E-platforms / Apps (Use of technology)	£150,000			KOOTH providing on-line counselling service.	Local
Crisis Intervention/ Liaison			£350,000	Rapid Access/Home treatment, a more flexible community offer	Cluster
Transition			£75,940	Scoping of the transition needs and cohorts and design of delivery model to reflect a key worker model of delivery, transition pathways for particular presenting needs, flexible age boundaries and shared care.	Local
Schools / Education			£100,000	Integrated School Emotional health and wellbeing school offer	Local
Schools / Education			£150,000	Early Help pilot	Local
Resilience		£70,000		Resilience programme	Local
Anti-Stigma		£20,000		Anti-stigma campaign	Local
Peer Support		£20,000		Peer Support	Local
Plan Publication	£5,000			Publication of plan.	Local
Workforce / Training & Development	£50,000			CAMHS Promotion	Local
Other		£10,000		Transformation Priority Stakeholder events	Local
Crisis Intervention/ Liaison		£100,000		Crisis pathway management	GM

## Young People Accessing CAMHS

The two tables below reflect the number of young people supported by the CAMHS service. The profiles demonstrate that the number of patients has increased and is significantly higher than prevalence figures would suggest.

2014/15	Central Mcr CCG		North Mcr CCG		South Mcr CCG	
Age	No.	%	No.	%	No.	%
<5	603	22.0	535	21.4	550	20.4
5-10	1119	40.8	950	38.0	1007	37.3
11-16	948	34.5	905	36.2	1037	38.5
17-18	76	2.8	110	4.4	103	3.8
18+	0	0	1	0.0	0	0
<b>Total</b>	<b>2746</b>	-	<b>2501</b>	-	<b>2697</b>	-

2015/16	Central Mcr CCG		North Mcr CCG		South Mcr CCG	
Age	No.	%	No.	%	No.	%
<5	619	21.4	570	21.4	606	21.1
5-10	1184	41.0	1062	39.8	1048	36.5
11-16	1002	34.7	934	35.0	1107	38.6
17-18	81	2.8	100	3.7	108	3.8
18+	0	0	3	0.1	1	0.0
<b>Total</b>	<b>2886</b>	-	<b>2669</b>	-	<b>2870</b>	-

## **Data Analysis**

A comprehensive data analysis work stream is in progress including our third sector commissioned services and detailed trend analysis of all commissioned services. The data and a respective narrative will be included within the Transformation Plan refresh on 31 October.

We can say with assurance that the Transformation Investment is extending the scope and reach of our Emotional Health and Wellbeing Offer. Our on-line early help commission provided by KOOTH is already achieving a significant impact in terms of the number of children using the service and stakeholder and user feedback.

Appendix 1 provides a snapshot from KOOTHs latest quarterly report.

## **Progress Against Local Priorities - Promoting Resilience, Prevention and early intervention**

On 1 July 2016 Manchester launched a new Integrated Emotional Health and Wellbeing School Health Service. The offer extends into all high schools in Manchester and combines provision from School Nursing, Healthy Schools and the Emotional Health in Schools Service. All high schools now have direct access to CAMHs including a named CAMHS lead, training and consultation and liaison. The model is being piloted and will evolve on the basis of continued engagement with the high school heads reference group established for this purpose.

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

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

## **Further Ambition**

Plans are in progress around developing the Integrated Emotional Health and Wellbeing School health Service and extending their capability into Further Education Colleges and Primary Schools. We are also planning to bring together school stakeholders to review current resources and design a Manchester Anti stigma, Resilience and Peer Support product that is sustainable and oriented to the school environment and workforce. In response to the results of a system wide

training needs analysis we will be developing our training offer into our Early Helps as a compliment to MindEd.

### **Access and delivering evidence based practice**

The pace of change in relation to translating the iTHRIVE concept to a local reality has increased and is supported by engagement with the national team and a toolkit for implementation. We are in the process of commissioning a social research company to enable us to better understand: prevalence of emotional health and mental health issues among children and young people, the numbers of children and young people we would expect to feature in each quadrant of the model, current service provision pathways and activity and how far this maps to prevalence and iTHRIVE.

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

The critical measure of our success by 2020 will be evidence that our transformation investment is making a positive impact on the treatment gap that our system is geared towards intervening at the right time, and is not systematically geared towards crisis. CAMHS provision is only part of the response. Our data work stream has focussed on trend analysis and service base lining, and is one element of our iTHRIVE mapping. Our intelligence tells us with some assurance that CAMHS reach in terms of the number of children and young people supported in Manchester far exceeds the accepted prevalence figures of children requiring a tier 3 service. In 2015/16 the service supported 8425 against a prevalence of 2385. Our refreshed plan provides a detailed trend analysis and narrative around key priority areas. The latest national prevalence figures are from 2014, and potentially outdated but CAMHS activity is suggestive of a potential over performance and need for a system reoriented towards prevention and early intervention.

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

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

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

### **Further Ambition**

In 2016/17 and in collaboration with Salford CCG we will commission a Rapid Access and Home to create a truly flexible front door into our I thrive system. Our vision is to ensure that children and young people experiencing a mental health crisis, psychiatric episode or social care emergency are supported to recover and thrive as close to home as possible. It will provide an integrated response to those young people currently not accessing services that might not meet diagnostic thresholds but require assessment and holistic intervention. It will also provide a safety net to those children who are accessing services but are struggling and in particular those at risk of admission or receiving treatment in an inpatient unit.

### **Support for Vulnerable Groups**

In order to implement i-Thrive, we need to better understand how children and young people with protected characteristics, additional vulnerabilities and those young people likely to transition to adult services are currently reflected across the system. We have taken a phased approach to our Transformation Programme and plans are in development to begin a mapping and research project to inform the focus of our investment in this domain. We are commissioning a social research company to complete this work and the project brief asks that a specific focus is given to children

with protected characteristics and additional. Our ambition is to absolutely assure the cultural competence of our mental health and wellbeing system

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

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

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

### **Developing the Workforce**

A workforce development strategy is in production as part of our I thrive Project. We are working with our CAMHS provider to establish activity and workforce trajectories as part of our local transformation plan refresh. Central Manchester CCG holds the CYP IAPT memorandum and understanding for Manchester and Salford. The training opportunities have been advertised widely through appropriate networks and partnerships and provider staffing backfill costs are supported as per the national investment. We are engaged in the IAPTS Collaborative.

### **Further ambition**

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

We need to explore new ways of working and the development of new roles within CAMHS. Recruitment and retention is a significant challenge and we need to recruit more people into the CAMHS workforce offering more flexible entry routes and build more rewarding careers to ensure retention of staff. To support the development of

new models of practice, which are envisaged, we will need to promote stronger leadership, management and commissioning and sustain these changes.

In addition to and as part of CYP IAPT, the NW is involved in a number of initiatives to address in part these challenges including the recent successful application to develop the role of a CYP Psychological Wellbeing Practitioner role and an initiative to invite CYP IAPT partnerships to recruit new staff into CYP IAPT therapy 'training roles', to undertake evidence-based therapy training and work in partnerships sites whilst completing the training.

The intention behind this is to:

- Further embed evidence-based practice in partnerships.
- Increase the roles of 'change agents' to accelerate transformation in services through use of feedback and outcomes tools and collaborative practice and participation with children, young people and families.
- Allow services to take up the offer of training places without the need for backfill roles.
- Increase capacity in services by increasing the workforce within the partnerships.
- To build capacity within the North West of skilled practitioners and clinicians who could be employed to backfill future training roles (if the new workforce were not taken on by the employing partnership).

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

## Engagement

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

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

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

Our CAMHS provider systematically harnesses patient feedback through a number of mechanisms including Child Experience of Service Questionnaires and ensures these are reflected in service review and planning. Patient complaints/Satisfaction

are reviewed at City wide Quality and Performance meeting and Commissioner Contract review meetings, and discussed in the context of service design and development.

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

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

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

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- *"I feel much better now! Y'know that weird, sad, stomach dropping feeling? It's gone :p "*
  - *"I feel like even though you haven't met me you can see who I am and ... you understand how I feel."*
  - *"I feel like I can look after myself and get through tonight now I've come on here."*
  - *"Three months since I've actually logged in, but [worker] reminded me to log in once In a while in the hard times... I haven't forgotten what you did for me with all the chats and the goals."*
- 

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

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

## Accountability and Transparency

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

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

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

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

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

We provide commissioner representation on to the Greater Manchester East Cheshire and Lancashire Strategic Clinical Network and CAMHS Advisory Group. We are fully engaged in the GM children's commissioners group and GM Future in Mind Implementation Group.

We welcome the plans to work on a collaborative tier four commissioning plan with our colleagues in specialised commissioning and are represented on the GM Tier 4 Service Redesign Working Group.

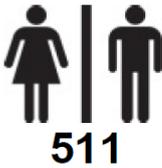
## APPENDIX 1 - Snapshot from KOOTHs latest quarterly report

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

### Quarter Summary

#### New Registrations

##### Total



New Registrations

##### Gender

1 in 4 New Registrations were Male

##### BME

28%

##### Age

Most Frequent Age was 14/15

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

##### Heard From

Top 3 Heard From

1	School	52%
2	Internet	11%
3	Friend	11%

#### Logins

##### Total

Unique YP

Logins

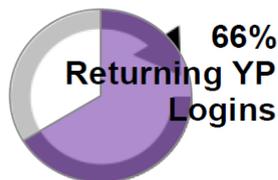


##### Out of Office Logins



Office hours are 9am-5pm weekdays.

##### Returning YP Logins



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

#### Outcomes

##### Goals

Avg. Improvement	Number of Moved Goals
2.8	23

#### Feedback

96% are planning on coming back soon\*

97% would recommend this service to a friend\*

\*From 65 responses from 45 YP.

#### Usage

##### Chat

Unique YP

Sessions



##### Messages

Unique YP

Messages



##### Articles

Unique YP

Views



##### Self Help Documents

Activities YP

Times Accessed



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

##### Ask Kooth

Unique YP

Views



##### Forum

Unique YP

Views

