

# Manchester

## Local Transformation Plan

### Children and Young Peoples Mental Health and Wellbeing



2015-2020

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## Summary

The recent report of the Children and Young Peoples Mental Health Taskforce, Future in Mind, establishes a clear and powerful consensus for the need to make it easier for children and young people to access high quality mental health services when they need it.

The report highlights the particular national challenges across the system, not least a significant treatment gap. The last UK epidemiological study suggested that, less than 25%–35% of those with a diagnosable mental health condition accessed support.

Data from the NHS benchmarking network and recent audits reveal increased referrals and waiting times, with providers reporting increased complexity and severity of presenting problems. Accesses to crisis, and out of hours services are variable and specific issues are facing highly vulnerable groups of children and young people and their families.

NHS England is developing a major service transformation programme to significantly reshape the way services for young people with mental health needs are commissioned and delivered across all agencies over the next 5 years, in line with the proposals put forward in Future in Mind and the recommendations of the Five Year Forward View.

This plan sets out a clear and aligned ambition to transform the design and delivery of a local offer of mental health and wellbeing services for children and young people across the city of Manchester.

## Manchester Ambition

Our ambition is consistent with the Greater Manchester Health and Social Care Devolution locality plan and is predicated on the following key objectives

- We want you to grow up to be confident and resilient so you can develop and fulfil these goals and make a contribution to society.
- When you need help, you want to find it easily and to be able to trust it.
- When you need help, you want it to meet your needs as an individual and be delivered by people who care about what happens to you.
- All the services in your area should work together so you get the support you need at the right time and in the right place.
- You have the opportunity to shape the services you receive. That means listening to your experience of your care, how this fits with your life and how you would like services to work with you.
- Whatever your circumstances, you get the best possible care, support and treatment when you need it.
- If you have a crisis, you should get extra help straightaway, whatever time of day or night it is.
- If you need to go to hospital, it should be on a ward with people around your age and near to your home.
- If you need help at home, your care team will visit and work with you and your family at home to reduce the need for you to go into hospital.
- If you need to move from one service to another, you'll be involved in conversations to prepare you for this.
- You'll keep getting help until you're confident that you're well enough to no longer need it.

## Our Ambition

By 2020 we will ensure:

- Children and Young People will have access Mental Health and Wellbeing Services that are defined in terms of their needs rather than in terms of the services organisations provide.
- Mental Health and wellbeing support will be more visible and easily accessible for children and young people and our offer will consistently support resilience, prevention and early intervention.
- Children and Young People will have access to condition specific pathways and evidence based interventions within the community that include; access standards, waiting times and expected outcomes and will be empowered in self-care.
- Children and Young People in Manchester will have the right to mental health and wellbeing support at the right time delivered by appropriately trained primary and community care staff.
- Care close to home supporting children and young people to stay in the community when safe and appropriate but also ensuring access to specialist inpatient care when required.
- A shift in mental health provision towards preventative community-based care and away from acute hospital-centred activity.

Improved care for children and young people in crisis.

- Parity of esteem. Ensuring early detection and on-going treatment of physical health and mental health problems in vulnerable groups.
- All transitions for Children and Young People will be timely appropriate and planned, through integrated pathways and bringing the parts of peoples care together without them noticing the join.
- A better offer for the most vulnerable children and Young People.

This transformation programme will have an impact on:

- Reduction in attendance of children in A&E.
- Improved mental health services targeted on children and adolescents.
- Reduce the current fragmentation between services.
- Focus on person-centred outcomes across all sectors.
- Improved access to services and avoid duplication.
- Avoid admission to hospital and facilitate faster discharge.

## Transformation Principles

Our intent is underpinned by five key principles which are consistent with the principles of Mental Health transformation as articulated within Greater Manchester Devolution of Health and Social Care Manchester Locality Plan. The mental health and wellbeing system for children and young people in Manchester will be:

1. Preventative, ideally avoiding the need for intervention from specialist practitioners by effective public health programmes in communities and workplaces.
2. Accessible at the times needed to prevent worsening of symptoms and especially to intervene early in crises.
3. Integrated into the needs arising from and affecting physical health.
4. Responsive to need and 'recovery' focussed ensuring people are supported and encouraged to return to active lives, wherever possible.
5. Clear in its pathways of care for all users of services through children's, transition to adult services and pathways to more intensive and restrictive settings where necessary.

The system needs to ensure that it is effective, efficient, based on 'best practice' and outcome focussed so that services are sustainable and provided as close as possible to the users in their homes.



## The Case for Change

### Growth and Place

Over the last decade Manchester has been the fastest growing city in the UK. The City Council's forecasting model predicts population growth in Manchester to rise to between 543,100 and 577,800 by 2021. In contrast to the national picture, Manchester has a comparatively young population. Manchester also has one of the highest rates of child poverty in the country with over 30% of children aged fewer than 16 living in poverty. Although the trend is reversing, with a decrease in child poverty while the population of children is increasing, there remain significant numbers of families that are dependent on public services.

### The Case for Change

Poor mental health and wellbeing has a significant impact on individuals, families and communities in the City. Low mental health among people living in Manchester is associated with employment status, poor general health and a higher prevalence of diagnosed medical conditions. Suicide rates in Manchester remain higher than the national average.

### Economic

Inadequate investment in early intervention and early years of mental health is a false economy. In the UK the annual costs of mental illness during childhood and adolescence vary between £11,030 and £59,130 per child (Suhrcke et al 2008), mental illness during childhood also has longer term economic impacts across the life course e.g. Conduct disorders Lifetime costs of 1-yr cohort of children with conduct disorder (6% of the population) is estimated at £5.2billion. Each affected individual is associated with costs around 10 times that of children without the disorder. Cost of crime by those with conduct problems in childhood is £60 billion per year in England and Wales (SCMH 2009).

### Population Profiles

In order to support the development of this plan the current population has been analysed using nationally available Public Health England profiles.

Children and young people under the age of 20 years make up 25.2% of the population of Manchester. Currently, nearly two-fifths (39%) of the population are aged under 25 compared with around 31% in England as a whole with 57.1% of school children from a minority ethnic group.

The health and wellbeing of children in Manchester is generally worse than the England average. The infant mortality rate is similar to with the child mortality rate being worse than the England average. The level of child poverty is worse than the England average with 33.9% of children aged less than 16 years living in poverty. The rate of family homelessness is similar to the England average.

Children in Manchester have worse than average levels of obesity: 11.7% of children aged 4-5 years and 24.8% of children aged 10-11 years are classified as obese.

In 2013/14, children were admitted for mental health conditions at a similar rate to that in England as a whole. The rate of inpatient admissions during the same period because of self-harm was lower than the England average.

There were 1,375 children in care at 31 March 2014, which equates to a higher rate than the England average. A higher percentage of children in care are up-to-date with their

immunisations and GCSE achievement is similar to the England average for this group of children.

Manchester Joint Strategic Needs Assessment (JSNA) on Mental Health and Wellbeing highlights Manchester has a significantly higher rate of suicide (14.5 people per 100,000 of the over 15 population) than averages for England (8.5 per 100,000).

The last audit of attendances at Accident and Emergency (A&E) in Manchester for self-harm was for the period 2010-11, with 7,334 presentations; 49% were admitted for treatment. The highest rate of

Self-harm was for those aged 15 to 19 and there has since been increasing concern at growing rates of self-harm amongst young people.

The JSNA establishes the need to promote the mental health of children and young people as a means to reducing adult mental health. This should include building on the whole schools approach to developing social and emotional skills and resilience in children.

The commissioners recognise the value of the current JSNA in depth report on Mental Wellbeing (Oct 2014); however we recommend that it is expanded to make more specific reference to prevalence and need in relation to children and young people's mental health and emotional wellbeing.

The following links provide a detailed CAMHS Needs Assessments for north, central and south Manchester respectively:

<http://atlas.chimat.org.uk/IAS/profiles/profile?profileId=34&geoTypeId=56&geolds=E38000123>

<http://atlas.chimat.org.uk/IAS/profiles/profile?profileId=34&geoTypeId=56&geolds=E38000032>

<http://atlas.chimat.org.uk/IAS/profiles/profile?profileId=34&geoTypeId=56&geolds=E38000158>



## Delivering the Ambition - Strategic Context

The fundamental review of services to children announced as part of the latest package of devolution to Greater Manchester in the summer 2015 budget creates the platform to transform health and social care services including Children and Adolescent Mental Health Services.

The three reform priorities for Manchester are;

- Complex dependency to employment, 'Confident and Achieving Manchester'.
- Health and social care integration.
- Improving early years and school readiness.

The purpose of this plan is not only to show how the priority of mental health and wellbeing will be delivered; it is also to connect that reform to the reforms of services to children and early years.

A rapid review of mental health provision in Greater Manchester has been initiated under the auspices of Manchester Health and Social Care Devolution to support the development of a Mental Health & Wellbeing Strategy for Greater Manchester. The strategy will develop as part of the GM Strategic Plan responding to the devolution opportunity for health and social care and provide the focus for delivery and implementation over the next five years. Development of Greater Manchester Transformation priorities and standards, consistent with Future in Mind Recommendations are integral to the strategic objectives of the review.

The Greater Manchester fundamental review of the way Children's Services are delivered will include Child and Adolescent Mental Health Services (CAMHS). The emphasis will be on the prevention and emergence or escalation of mental ill health by; active health promotion/support and early intervention within the community, access to the right age appropriate support in the right place at the right time by an appropriately skilled and informed workforce delivering evidence based

interventions and ensuring the early detection and on-going treatment of physical health problems, through GP screening; in addition to the mental health support available to all our children and young people.

Health and social care for children and young people will put the individual and family at the heart of everything they do and provide health and social care support at the time when most needed, offering intervention at a local level to those children, young people and families with additional and complex needs. This will be linked to a reduction in demand and a focus on early and earlier intervention and prevention to enable families, children and young people to become self-sustaining and to secure improved outcomes.

Continued investment in early and earlier intervention and prevention (including early years) will lead to reduced demand in later years. There is an opportunity to re-profile commissioning intentions and pathways to represent Manchester and Greater Manchester which will be consolidated in Manchester through our Early Help Strategy and locality hubs delivery model to get the youngest people in our communities to the best start and to turn round the lives of troubled families within the city.

Manchester's draft Health and Wellbeing strategy 2015-2025 will provide the overarching framework and priorities for action by the City Council and partners from all sectors over the next 10 years.

Priorities include;

- Getting the youngest people in our communities off to the best start.
- Educating, informing and involving the community in improving their own health and wellbeing.
- Moving more health provision into the community.
- Providing the best treatment we can to people in the right place at the right time.
- Turning round the lives of troubled families.
- Improving people's mental health and wellbeing.

The early detection of mental health problems through all stages of a child's life is crucial.

The Early Years Delivery Model will provide the means of intervening during the antenatal period and the early years represent vital development stages when problems with child development, speech and behaviour can arise. We will ensure that there is:

- Intervention to make a difference both for individuals and populations at this time will help to avoid social and health problems in later years.
- Access to appropriate support in teenage years is a priority, with access to appropriately resourced and trained staff in education settings and wherever young people may seek help.
- Development of pathways of care through a common point of access for all agencies supporting children and young people in Manchester will help all children access the right support in the quickest way possible.

This activity will be aligned and integrated where appropriate with the city's Living Longer Living Better programme of work and will include a focus on two populations identified within that programme for children: Children with long term conditions and Early Years implementation.

The Living Longer, Living Better programme operates at the community level its key concept is the 'One team, Place Based Care' model which has mental health services fully integrated in the future arrangements for the provision of community services. Currently there is a multiplicity of providers and this fragmentation in the mental health system impacts negatively for people. Therefore, commissioners and providers wish to be bold in order to change the reactive way of working and to focus on prevention and early intervention. Furthermore, many people with physical health conditions also have mental health problems. Currently physical and mental health treatments tend to be delivered, as separate health services. Care for large numbers of people with long term conditions will be improved by integrating mental health support with primary care and chronic disease management programmes, with closer working between mental health specialists and other professionals. This will also allow us to provide mental health training and awareness to all neighbourhood teams and community services to ensure the chance of stigma is reduced.

The Living Longer, Living Better programme sets out the vision to transform community based health and care services in Manchester. The programme's vision is to radically transform the city's community based care system by establishing a 'One Team' approach with the focus upon 'place' rather than organisation and person rather than disease. The aims of the programme are to;

- Improve outcomes for the people of Manchester.
- Improve service standards.
- Support self-reliance of the people in the city.
- Ensure sustainable finances for the health and care system.

The Living Longer, Living Better vision can only be achieved by bringing together all community based services to provide proactive joined up care as 'One Team', working toward shared outcome goals. Care should be joined up and with a focus upon proactive care in the community which keeps people well enough not to need reactive and expensive hospital or long term social care.

The One Team Placed Based Care delivery model will benefit babies, children and their families by creating a seamless service that will provide health and social care that is coordinated, continuous, and person-centred and is delivered in or near to their home at a time when it is needed 7 days per week. The integrated team of nursing, medical, allied health professionals, social care and education professionals will deliver across the 3 localities to meet the needs of the 12 local teams working in partnership with primary care, community care, local acute trusts, voluntary and independent sector services. With all agencies contributing to and focusing on patient outcomes that are driven by the needs of people and local communities, integrated working will make a real difference to the lives of babies, children, young people and their families.

Integrated teams will put the individual and family at the heart of everything they do and provide health and social care support at the time when need it most, offering intervention at a local level to those children, young people and families with additional and complex needs. Multi-agency working will enable the many services to join together in order to support early help and prevention of

Problems occurring to secure improved outcomes, such as improved achievement through school, better health, less anti-social behaviour and better support for vulnerable families, all delivered through integrated pathways of support will

- Reduce the current fragmentation between services.
- Focus on person-centred outcomes across all sectors.
- Improved access to services and avoid duplication.
- Avoid admission to hospital and facilitate faster discharge.

Implementation will follow in a number of phases. In preparation for the children's phase of the "one team" a comprehensive review of the existing Manchester CCG's commissioned children's community services is required to establish if existing services are fit for purpose, identify any gaps in provision and to establish how the services will deliver within the "one team" model.

These reviews, whilst considering individual contracts, service delivery and costs, will also consider:

- Prevalence of particular health and wellbeing issues within different communities and potential demand for these services.
- If and how the commissioned services contribute to the delivery of care pathways and where, by offering evidences based interventions.
- The extent to which commissioned services can demonstrate how they contribute to the delivery of the strategic priorities of the HWB, NHS England outcomes framework, the Manchester CCG's, Public Health Outcome Frameworks and the "one team specification.
- Potential duplication of services.
- Take into account the views of children, young people, families and their carers.
- The views of wider stakeholders including the local authority and the 3<sup>rd</sup> sector.

Future in Mind provides the opportunity to re-profile commissioning intentions in line with the cities Early Help Strategy and locality hubs delivery model to get the youngest people in our communities to the best start, reduce mental health problems in children and young people and turn round the lives of troubled families within the city.

Part of the integrated early help offer is to ensure that there is effective integration between the approach to youth services and other early help services that play a role in tackling the range of challenges which can pose risk to a significant minority of young people, including NEET, poor health and wellbeing, substance misuse, gang activity, low educational attainment and violent extremism. This includes the new targeted youth support service, Manchester's Pupil Referral Unit, local schools, the youth justice service and local health services.



## Current Provider Base

Child and Adolescent Mental Health service (CAMHS) provision in Manchester is complex.

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

CAMHS provides a wide range of support and interventions across the mental health spectrum including: anxiety, phobias, obsessive compulsive disorders, depression and low mood, self-harm, suicidal ideation, eating distress, personality conditions, trauma, identity concerns (including Lesbian, Gay, Bisexual and Transgender LGBT), ADHD, autistic spectrum disorders, moderate and severe mental health problems and inpatient provision.

It also provides services to children with severe learning disabilities and children with acquired brain injury to ensure they have the same opportunity to access mental health provision.

A detailed description of Manchester's mental health and wellbeing offer and multi-agency map is attached (appendix 1).

The priorities detailed within our transformation ambitions must be considered within the wider context of CCG commissioned universal and targeted provision for children across the city. Appendix 2 provides a detailed narrative of this.



## Investment

The following table details investment into Children's universal services and Community Children and Adolescent Mental Health services:

<b>Investment into universal Children's Services</b>	<b>Source</b>	<b>2015/16</b>
Children's Community Health Services	Manchester CCGs	£15,000,000
Health Visiting and Family Nurse Partnership	Manchester City Council	£10,727,000
School Nursing, Healthy Schools and Accident and Prevention	Manchester City Council	£4,700,000
<b>Investment into Children and Adolescent Mental Health and Wellbeing</b>	<b>Source</b>	<b>2015/16</b>
Children and Adolescent Mental Health Service	Manchester CCGs	£6,000,000
42 <sup>nd</sup> Street	Manchester CCGs	£412,075*
The Gaddum Centre ( Bereavement Services)	Manchester CCGs	£53,121*
Integrated Provision including Senior Social Work practitioners and family therapy workers *	Manchester City Council	£442,396*
CAMHS	Manchester City Council	£400,343
Early Years Commission Children and Parents Service*	Manchester City Council	£899,000*

\*Approximately 30% of activity is under 18s

\*Investment as at 13/14

Manchester CCGs have maintained their investment into CAMHS since 2013 with an annual investment of £6million into outpatient, targeted services and children's continuing care packages. Appendix 3 provides a detailed breakdown of this investment by CCG and service.

Additional investment has been made into the development of the Looked after Children's (LAC) Team to improve and ensure timeliness and quality of health assessments and improved care planning to all looked after children placed within Manchester and those children places outside of the city. This investment will help support CAMHS as the Health Needs Assessment includes emotional and behavioural development. The CCGs are unable to predict allocations going forward. However a redistribution, or different use of resource, may be required under Living Longer Living Better and the Mental Health Improvement Programme to ensure a fit for purpose, high quality, clinically effective service is commissioned.

Manchester City Council funding into CAMHS is split between the provision of integrated staff and teams, and commissioned services such as Early Years Parenting Commission with the Children and Parenting Service (CAPS). The integrated provision element of the above table includes Manchester City Council Staff (including Senior Social Work Practitioners and Family Therapy workers) who work collaboratively at the interface between Social Care and CAMHS.

## 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	£520,562
Central Manchester CCG	£462,611	£849,126	£524,353
South Manchester CCG	£900,220	£1,101,446	£282,371
<b>Total</b>	<b>£2,090,191</b>	<b>£3,212,639</b>	<b>£1,327,286</b>

This demonstrates significant increases in expenditure in respect of each clinical commissioning group from 2014 to 2016 and yet further forecasted increases this financial year.

Acute activity data provided by NHS Specialised Commissioning shows a common trend for acute admissions across all three CCGs. The figures demonstrate a low level of admissions with high lengths of stay and cost.

The data provided excludes intelligence relating to the profile of admissions, including demographics, LAC status, diagnosis, where these children and young people are placed (in or out of area) step down arrangement and outcomes.

Alternative data sources suggest an increase in A&E presentations of 16 and 17 year olds in relation to self-harm however this does not appear to be reflected in admissions data provided by NHS England Specialised Commissioning. The commissioners will need to drill down into this data to inform intentions going forward.

The Greater Manchester Mental Health Strategy seeks to redress the balance of services, increasing community based provision and early intervention and thereby reducing the need for high cost intensive interventions and use of beds. The Manchester position is that there is scope for improved management of admissions to tier 4 services and beds.

Aligned to this it is our intention that through a more robust Early Help Offer and alignment of the CAMHS service to the Living Longer Living Better One team specification children and young people with emerging and diagnosable mental health problems will be identified early and successfully supported to recover in the community. In the interim systematic consultation and liaison is needed with colleagues in specialised commissioning to insure commissioners are provided with a full dashboard of tier 4 data and to enable CCG commissioners to put in place timely packages of community care and address the following challenges:

- Continuity of care with community CAMHS once a young person has been admitted and up to discharge.
- Robust case management
- Addressing step down from Tier 4 where there is a lack of provision in residential settings, day care, and intensive community support/wrap around to support discharge.

Click the links below to read detailed breakdowns of tier 4 activity and expenditure by CCG:

- North Manchester CCG  
<http://www.northmanchester.nhs.uk/download.cfm?doc=docm93jjm4n3544.xlsx&ver=4465>
- Central Manchester CCG  
<http://www.centralmanchesterccg.nhs.uk/download.cfm?doc=docm93jjm4n3545.xlsx&ver=4467>
- South Manchester CCG  
<http://www.southmanchester.nhs.uk/download.cfm?doc=docm93jjm4n3546.xlsx&ver=4469>

## Activity

The following details CAMHS outpatient activity from 2013. The figures demonstrate a 4% drop in throughput from 13/14 to 14/15. However quarter one 15/16 data reflects 13/14 activity. This data will form part of the baseline for our plans around service modelling.

Service	Attended 13/14	Attended 14/15	Attended Q1 15/16
<b>CAMHS</b>			
<b>North</b>			
Outpatient First appointment multi professional	87	110	46
Outpatient First appointment single professional	602	577	158
Outpatient Follow up appointment multi professional	899	708	185
Outpatient Follow up appointment single professional	4,293	3,681	1,038
<b>Central</b>			
Outpatient First appointment multi professional	200	112	66
Outpatient First appointment single professional	496	601	102
Outpatient Follow up appointment multi professional	880	746	240
Outpatient Follow up appointment single professional	4,601	4,745	1,178
<b>South</b>			
Outpatient First appointment multi professional	143	130	37
Outpatient First appointment single professional	523	603	142
Outpatient Follow up appointment multi professional	1,273	1,361	368
Outpatient Follow up appointment single professional	3,413	3,309	785
<b>Total</b>	<b>17,410</b>	<b>16,683</b>	<b>4,345</b>

Securing data regarding CAMHS cohorts and presentations has represented a significant challenge for the commissioners.

The implementation of the CAMHS national minimum data set and locally agreed condition specific pathways linked to the Thrive model represent significant opportunities to assure that the service is fully accessible to Manchester's diverse children and young people's population.

## **Workforce**

Click [here](#) to read the breakdown of the CAMHS workforce data. This will form critical baseline data in our considerations around the workforce model needed to support our transformation plans.

## **Collaboration**

This transformation plan articulates a programme of work that has been developed in collaboration with stakeholders and partners across the city, and is reflective of the services children and young people their parents and carers have told us they want.

A programme of transformation is already in progress in relation to the CAMHS system in Manchester on the basis of an integrated review of the CAMHS system completed by the CCGs and the City Council's Commissioners in 2013/14.

This review was set within the context of the Manchester Mental Health Independent Report and subsequent consultation of adult mental health services delivered under the governance of the Mental Health Improvement Programme.

The review of CAMHS represented an opportunity to sense check provision, interfaces and access to services. The review process identified a number of areas to be improved and has made a series of recommendations which are already being taken forward as collaborative commissioning intentions with Manchester CCG's and Manchester City Council including Public Health.

The CAMHS commissioning review was completed in December 2013 and the recommendations endorsed by, Manchester CCG's Joint Commissioning Management Board (JCMB), and individually at each of the three CCG's Boards as well as the Council's Strategic Commissioning Board. It was also considered, and welcomed by the Children's, Maternity and Neo Natal Commissioning Board (CMNCB), Children and Young People's Health Scrutiny Committee and Health and Wellbeing Board.

The review articulated a complex reality in Manchester signified by fragmented commissioning and multiple interfaces and relationships across services. It found a systematic lack of understanding of the CAMHS offer reflected in the quality and appropriateness of referrals, conversion rates and the engagement of children's schools voiced dissatisfaction in their ability to access CAMHS via existing school nurse provision and difficulties responding to increases the prevalence and complexity of in emotional wellbeing and mental health presentations and in particular ASD, and self-harm and suicide.

The CAMHS review outlined a number of thematic gaps across the city in relation to; prevention, early identification, provision to children and young people with added vulnerabilities their parents and carers, the need for a more robust and better co-ordinated

universal mental wellbeing and mental health offer in the school arena, a need to stabilise, assure and improve the emotional health and wellbeing offer within school nursing, the need to improve the profile of the CAMHS service and deliver an assertive response to young people who are difficult to engage, the need for system integration across health and social care and to enhance skills and capability across the universal children's workforce, the need for enhanced crisis provision and a robust transition offer.

The CAMHS review was articulated into eight work streams which are being delivered under the governance of the Emotional Health and Wellbeing Sub Group. A copy of the latest project plan is embedded below. The partnership discussed Future in Mind priorities at their last meeting and agreed to revise and extend the current plan to reflect them.

The transformation priorities detailed in this document are an extension of the CAMHS review and have been developed following a series of stakeholder events and in collaboration with strategic and commissioning leads across health (including NHS England Specialised Commissioning) social care and education and the Voluntary and Community Sector.

A Future in Mind self-assessment has been completed by the commissioners to baseline the current CAMHS offer against the Future in Mind recommendations.

Click [here](#) to read the CAMHS review.

Click [here](#) to read the CAMHS work-plan.



## **Engagement with Children and Young People, Parents and Carers**

The authors of the CAMHS review recognised that for the review to result in improved outcomes for Children and Young People their voice must run through, and inform, each of the recommendations.

With this in mind one of the first actions, as reflected in the work plan, was to engage with youth groups, forums and stakeholder groups, including the user group connected to the Emerge service. The engagement report “Listen, Learn, Act: Manchester voices driving transformation in CAMHS” is in production and informs our priorities throughout.

Our engagement programme was further enhanced by Manchester City Council (MCC) commissioning 42<sup>nd</sup> Street to complete a systematic user engagement, the terms and scope of which were developed by MCC and partners and the findings detailed within the report “Tell Us...An insight into Adolescent Mental Health and Wellbeing Services in Manchester”.

Aligned to this Manchester Youth Council have prioritised Children and Adolescents Mental Health in its programme of work and has made representations to the Children’s Oversight and Scrutiny Committee in relation to three proposals they think will have a significant impact on improving support for young people with mental health problems.

Their proposals are as follows:

- Proposal 1: Ensure every high school, college and youth setting has a named individual to act as a single point of contact for support around mental health and emotional wellbeing for all students, and that students are aware of that person.
- Proposal 2: Produce and distribute additional publicity material for young people, focused around accessing support for mental health and emotional wellbeing.
- Proposal 3: Develop schemes for greater involvement of young people in the development and delivery of support for mental health and emotional wellbeing through peer mentoring and the establishment of “youth inspectors” to provide feedback on the support provided for mental health and emotional wellbeing in that young person’s setting and identify ways in which it could be improved. Such schemes are likely to need an effective support programme. There are many previous and existing similar approaches in connected settings that could be drawn on such as You’re Welcome, The British Youth Council’s School Nurse Champions programme and NCB’s Young Inspectors Programme.

The commissioners commit to working with the Youth Council to implement these proposals and to meaningful engagement with Children and Young People at key points during the delivery of this programme

## **Equality and Health Inequalities**

The CCGs demonstrate compliance with the Equality Act 2010 and Health and Social Act 2012 (reducing health inequalities) by ensuring that all work streams and activities adhere to the following key Equality Diversity and Human Rights drivers:

- Public Sector Equality Duty (PSED)
- NHS Constitution
- Health and Social Care Act 2012
- Equality and Diversity Objectives 2015-18
- Equality Delivery System 2 (EDS 2)
- NHS Workforce Race Equality Standards

5 key strategic objectives drive the EDHR agenda, ensuring the CCGs:

- Eliminate unlawful discrimination in all our functions as a Commissioner and employer.
- Reduce inequalities in health amongst different groups of people living in the city.

- Develop a holistic awareness and understanding of communities and their health needs.
- Commission services from providers who are able to be responsive to the diverse needs of individuals and their families.
- Promote equality of opportunity and inclusion so that all staff and patients can achieve their potential and have the best life chances possible.
- Become a strong community leader, championing equality in all aspects of our work with other local partner agencies.

A recently refreshed Corporate EDHR strategy articulates four goals to meet statutory requirements of the Equality Act 2010 as follows:

- **Goal 1:** – Better Health Outcomes
- **Goal 2:** - Improved Patient Access and Experience
- **Goal 3:** - A Represented and Supported Workforce
- **Goal 4:** - Inclusive Leadership

This transformation plan will positively contribute to the above by insuring:

- Services are commissioned, designed and delivered to meet the health needs for local communities.
- Individual patients' health needs are assessed, and met in appropriate and effective ways.
- Transitions from one service to another, for people on care pathways are made smoothly with everyone well informed.
- When people use NHS services, their safety is prioritised and they are free from mistakes, mistreatment and abuse.
- Screening, vaccination and other health promotion services reach and benefit all local communities.

The CCG is in possession of basic demographic data in relation to cohorts currently accessing CAMHS. In order to meet the above goals and ambition to assure that services are meeting the needs of Manchester's diverse communities further base lining is required in relation to all protected characteristics.

Further work is needed to understand the prevalence and experience of children and young people from particular groupings including those with learning disabilities, looked after children, care leavers and those with additional vulnerabilities.

Our transformation priorities are however fundamentally reflective of the needs and wishes of children and young people s obtained through the comprehensive programme of engagement detailed previously.

This programme will be subject to robust equality impact assessment throughout.



## Plan for Success

Our transformation plan articulates a programme of work described across the following thematic headings and aligned work streams:

1. Promoting resilience, prevention and early intervention.
2. Access and delivering evidence based practice.
3. Support for Vulnerable Groups.
4. Developing the Workforce.
5. Accountability and Transparency.

In essence it is our ambition to implement a new model of care in respect of children and young people's mental health and wellbeing in Manchester against the THRIVE framework developed by the Anna Freud Centre and Tavistock and Portman NHS Foundation Trust .

THRIVE is a needs based model that enables care to be provided according to four distinct groupings determined by an individual's needs and preferences with an emphasis on prevention and promotion of mental health. Synergy exists between this model and Manchester's early help strategy.

An outline view is illustrated below:



## Promoting resilience, prevention and early intervention

The following narrative describes our priorities, including those already in progress through the CAMHS review.

The CAMHS review evidenced that young people’s mental health and wellbeing issues are not being systematically identified and addressed early enough. The review highlighted a lack of a co-ordinated strategy around mental wellbeing and mental health in schools and consistent universal offer.

This is borne out in the comments of children and young people in our engagement reports “Listen, Learn, and Act: Manchester voices driving transformation in CAMHS” and “Tell us... An insight into Adolescent Mental Health and Wellbeing Services in Manchester”.

The commissioners have developed an integrated school emotional health and wellbeing framework to sit as an overarching framework for the Emotional Health in School (EHS) Service and the emotional health and wellbeing (EHWB) elements of the School Nursing Service and the Manchester Health Improvement Service.

The model is drawn from Future in Mind as well as the ethos of 'right time, right place, right offer', the principles of the 'One Team – Place Based Care model' and the Tavistock 'Thrive' model.

Our ambition is to align this offer with the thrive model and assure a seamless whole school and person centred offer across mainstream and special education extending from nursery to further education. We will assure that there is a named lead in CAMHS for each school, and vice versa. The new delivery model will address the lack of parity in the current emotional health in schools service highlighted within the CAMHS review.

A new delivery model is in development for implementation in April 2016.

Evidence tells us that treating different and specific health issues separately will not tackle the overall wellbeing of this generation of young people. Future in Mind establishes the need for a whole system whole school response. Commissioners understand the importance of supporting teachers to support children in the school setting. In relation to this, we welcome the current work of the Department for Education on character and resilience, PSHE and counselling services in schools as referenced in Future in Mind.

Manchester Public Health's new Healthy Schools delivery model to education settings will focus on developing a whole school approach to building the resilience and self-esteem of children and young people.

The Healthy Schools model will focus on the public health priorities; diet, physical activity, drugs and alcohol, sex and relationships and mental health. A new Safeguarding priority will be implemented to support the overlap of risk taking behaviour's, and to address new and emerging public health issues which are affecting the health of children and young people in Manchester such as Child Sexual Exploitation and Female Genital Mutilation.

All themes within the new model will be supported by public health prevention interventions and programmes and by a new integrated school emotional health and wellbeing offer delivered by School Nursing and the Emotional Health in Schools Service.

In conjunction with Healthy Schools and as part of the Integrated School health offer it is our intention to identify best practice in relation to the current resilience programmes on offer within schools and upscale them to form part of a citywide offer.

Healthy Schools have co-ordinated a number of awareness raising initiatives across the city. We would like to build on this in the format of a co-ordinated anti-stigma campaign to increase awareness of and access to mental health websites and apps.

## **Supporting Self Care**

Our engagement with children and young people tells us the extent to which they value the support of friends and peers when they are beginning to experience poor mental health. "Listen, Learn, Act: Manchester voices driving transformation in CAMHS" includes feedback from one young person who points to a lack of training for young people to teach other young people about mental health.

We recognise there are a number of peer support initiatives across the city and scope for them to be developed, and promoted as integral elements of the mental health and wellbeing

offer in Manchester. There is emerging evidence to support the correlation between support for parents and carers and recovery. We recognise there is evidence of good practice across the city in particular to parents and carers through the CAMHS Looked After Children and Learning Disability service. We would like to map this to understand outcomes and impact and inform future commissioning intentions.

This work will be connected to our Supporting Vulnerable Groups Pilot. Through which additional investment will be made into the voluntary community sector. The profile of which enables greater in reach to excluded and hard to reach communities

## **Early Help**

In July 2015 Manchester launched its Early Help Strategy to ensure Early Help is targeted and co-ordinated effectively, so that families needing extra help receive support it when need is first identified.

The revised strategy sets out how all partners will work together to reform, strategically plan, jointly commission and deliver a range of provision and interventions to support families at their earliest opportunity.

We will extend the mental health and well-being offer into early help hubs; creating a critical and systematic bridge from CAMHS into all Early Help services and vice versa.

Additional investment will enable us to embed CAMHS within the hubs. It will provide for the development of integrated pathways, joint working and protocols across health and social care with particular emphasis on young people with additional vulnerabilities and on timely vertical and horizontal transitions between and across services to break down the barriers. This additional investment will allow for the roll out of CAMHS training across the Social Care workforce leading to improved identification and treatment of mental Health issues for Children and Young People.

The new Early Help Assessments (EHA) have a strong focus on health and wellbeing and provide clear alignment between the delivery of effective and timely support and the aspirations and objectives outlined in Future in Mind. It is our ambition to insure the EHA is firmly embedded within our children's health offer.

This will allow for early identification and intervention to be provided via the new delivery model of the early help hubs. New triage and allocation arrangements in the early help hubs will ensure that early help services for children and young people in relation to their mental health and wellbeing will be targeted and coordinated effectively. The triage and allocation arrangements are evolving and links with CAMHS practitioners within the triage process are being developed.

A workforce development plan is in place including a focus on ensuring key workers have the knowledge and skills to identify early signs of mental health and wellbeing issues and have the confidence and skills to have the quality conversations with children, young people and their families. The outcome will be translated into an integrated offer of support.

## **Perinatal Mental Health**

The current offer in Manchester includes a specialist midwifery service aligned to each Trust providing support to women suffering with mental health problems post natally.

The Anderson Unit is commissioned by NHS Specialist Commissioning to provide for women requiring admission post natally.

Across the city we are delivering against our ambition in relation to maternal mental health with 95% of new mothers currently receiving mental health assessments. We acknowledge the need to reduce the incidence and impact of postnatal depression through earlier diagnosis and better intervention and support.

The value of NHS specialised Commissioning into perinatal mental health is detailed below:

<b>Clinical Commissioning Group</b>	<b>13/14</b>	<b>14/15</b>	<b>15/16</b>
North Manchester	£229,772	£279,837	£37,417
Central Manchester	£165,478	£241,893	£92,752
South Manchester	£11,594	£56,916	£4,216

We look forward to the issue of new access and waiting standards for rapid access to mental health services for women in pregnancy and a potential Greater Manchester strategy for an enhanced community offer.

## **Access and Delivering Best Practice**

Rather than by disease or organisation care should be organised around the place in which people live. Teams should be structured around geographical areas and work as part of that local community tailoring the care to local needs and linking to and strengthening local assets, including local organisations, volunteering and unpaid carers.

Recommendation 4 of “Tell Us... An insight into Adolescent Mental Health and Wellbeing Services in Manchester” 2015 demands that we insure young people have bespoke, private and non-stigmatising venues to attend appointments and reconfigure services so that they fit with the needs of young people, including during evenings and at weekends. This represents one of our key priorities and is consistent with our ambition in relation to ONE Team delivery.

In delivering this ambition specific reference will be made to the needs of particularly vulnerable groups including those in care, care leavers, children in the youth justice system and carers.

Tell Us suggests that children and young people identify with the support their GP can offer in relation to their mental health and wellbeing. We aim to extend capacity and expertise into primary care through the development of named CAMHs leads to in reach into GP practices, offering consultation and the facility for children and young people to be seen at the GP Practice.

Our ambition is to assure right support, right time, right place and a system of care built around the needs of the child rather than existing organisational boundaries, we will ensure that the CAMHS offer is consistent with the one team 2020 specification.

Manchester CCGs CAMHS commission is demand lead. Our ambition is to radically transform this to one which is needs led and outcomes based.

It is our ambition to align our emotional health and wellbeing offer in line with the Thrive Model (THRIVE The AFC–Tavistock Model for CAMHS 2015). Consistent with this young people with mild or temporary difficulties and those with chronic, fluctuating or on-going severe difficulties, for which they are choosing to manage their own health and/or are on the road to recovery services, should be provided within education or community settings.

Children and young people in need of help will be supported by focussed, evidence-based (and where available NICE compliant) treatment, with clear aims, and criteria for assessing whether aims have been achieved. For those requiring extensive or intensive treatment there needs to be close interagency collaboration (using approaches such as those recommended by AMBIT to allow common language and approaches between agencies) and clarity as to who is leading recognising that social care may often be the lead agency.

Regardless of whether a child or young person is coping, or in need of extra help their care will be supported by condition specific care pathways complete with the expected timelines and outcomes. In relation to specific conditions we will insure that that emerging strategic clinical network guidance on ADHD Autism and Neuro Developmental Disorders is implemented.

We acknowledge the on-going work of Central Manchester NHS Foundation Trust CAMHS around pathway development. We need to align this work to the Thrive Model ensuring psycho-social and psycho-educational pathways are in place and the pathways for Children and Young People who are not yet therapy ready.

CAMHS have applied to become a Thrive accelerator site to test and refine the model. This will provide the tools and support needed to implement and test the model at pace.

Engagement with School Leaders, through school heads reference group, points to the need for a pre appointment/pre therapy offer that includes sources of support and information including helplines, websites and peer support groups to prevent escalation and support engagement.

Future in Mind seeks to ensure national coverage of the Children and Young Peoples Improving Access to Psychological Therapies Programme (CYPIAPTS). Manchester CCGs are part of a collaborative and IAPTS is embedded within CAMHS. Latterly we have supported the extension of CYIPATS into our third sector provision, delivered by 42<sup>nd</sup> Street. Greater focus is needed to understand the percentage of provision across both providers that is CYP IPATS compliant and to assess the impact.

The CAMHS review, and priority setting conversations with CAMHS partnership group stakeholders suggest, the architecture is in place but stronger links are needed across the system and operational redesign required to facilitate access and engagement.

There are concerns across the system around the quality and appropriateness of referrals into CAMHS which in turn may be contributing to the level of failed appointments and unrealistic expectations being set or expected. Progress in relation to the development of a universal city wide training offer including referral procedures will have an impact here.

A single point of access is needed to support a truly integrated core and targeted CAMHs offer. There are currently three access routes into CAMHS, via North, Central and South

offices and a lack of clarity across the system around the interrelationship between core CAMHS and targeted CAMHS.

The CAMHS system supports an 11 week access target and there is flexibility for children and young people to be seen in an emergency and urgently. Referrals are screened daily by the Duty Practitioner. There is however a need for a transparent and clearly articulated triage methodology which makes provision for the completions of Early Help Assessment (thereby supporting the need for vertical integration of services).

## **A community Eating Disorder Service**

Under the auspices of Future in Mind the government has allocated additional funds to implement the proposed transformation of services in England for the treatment of children and young people with eating disorders up to the age of 18. The funding is intended to improve the consistency and quality of eating disorders services, provide new and enhanced community and day treatment care, ensure staff are adequately trained and supervised in evidence based treatment and effective service delivery, and ensure the best use of inpatient services.

New access and waiting time standards have been published and the ability of services to meet this standard will be monitored in 2016. The standard is based on a minimum population footprint of 500,000 and 50 new cases per annum.

The commissioners have agreed to jointly commission this service in partnership with Salford CCG. There is a natural geographic and provider alignment and a provider business case is in development.

The CAMHS service supported 86 new eating disorder referrals within its core teams in 14/15 across this footprint without a dedicated resource. A new multi-disciplinary team will need to be created for our current provider to deliver against the new standard. Any capacity released from this additional resource will be quantified and redeployed to those who self-harm or present in crisis.

In our plan we are mindful of the potential for a Greater Manchester response to Eating Disorders as identified by The CAMHS Board and aligned to Devolution Manchester.

## **Transition**

All children need preparation for adult life, but for some the challenge is greater.

Young people can be subject at different time points to serial and non-concurrent transfers within and across different healthcare organisations. Future in Mind highlights that the issue of transition for young people is longstanding. Manchester's independent Mental Health Report confirms this as a reality in Manchester so took the feedback young people, their parents and carers have given in our engagement with them.

The current system is that transition is based on chronological rather than developmental, transition ordinarily happening at 18 years. Focusing on a moment in time masks the real issue, this is how we ensure better co-ordination of mental health services for young adults.

Our children and young people have told us that they do not want an arbitrary cut off from CAMHS based on a specific age, but want continued personalised appropriate care (“Tell Us...An insight into Adolescent Mental Health and Wellbeing Services in Manchester” 2015).

Improving transition arrangements for children transitioning from children’s to Adults mental health services is an imperative for Manchester CCGs.

Our ambition in relation to transition is detailed within the new Mental Health Improvement Programme care pathways allowing for flexibility for 16/17 year old in recovery to be supported in CAMHS even after 18th birthday and 16 year olds whose symptoms are not resolving to be referred in to adult services before 18 years.

In the immediate term the transition protocol from CAMHS to the Adult Mental Health system is under review (insuring consistency with NHS England’s Model Transfer of and Discharge from Care Protocol for young people with mental health problems in transition from CAMHS).

Baseline data is needed from our mental health providers at Central Manchester Foundation Trust, Manchester Mental Health and Social Care Trust, Rotherham Doncaster and South Humber NHS Trust and 42<sup>nd</sup> Street in relation to the number of transitions from children’s to adult services, presenting needs and acceptance rates. Going forward it is our intention to scope a transition offer which reflects a key worker model of delivery, explicit transition pathways for particular presenting needs and provides for flexible age boundaries and shared care, particularly for our most vulnerable young people. Our offer will be informed by transition best practice which is being developed by the Greater Manchester South Cumbria and Lancashire Strategic Clinical Network and compliant with new NICE guidelines.

## **Crisis**

The litmus test of the efficacy of our mental health system is how it responds to crisis. Our ambition is to ensure that when a young person experiences a crisis they receive help straightaway, day or night in a safe place.

The system offers a co-ordinated 24/7 emergency pathway. Emergency referrals of 16 and 17 year olds are managed in the first instance by Adult Mental Health Services who provide the initial assessment in A&E departments and the crisis follow up, if required. After 5pm any child/young person presenting as an emergency needs to attend their local A&E department, CAMHS has an emergency response service (On Call Rota) attending Paediatric A&E’s for under 16 years of age. This service is facilitated by Medical Staff.

Current crisis arrangements for children and young people aged 16 to 18 are not robust enough and necessarily lead to a higher level of tier 4 admissions for this cohort than may be necessary.

An increase in the prevalence of self-harm and crisis presentations are exerting significant pressure on the CAMHS service impacting on capacity to respond to the less acutely unwell children and young people. The resulting risk being an escalation in symptoms for this cohort.

Through this strategy we will invest in a rapid access home treatment offer that will form part not only of our crisis response but also our offer to those young people requiring a more intensive CAMHS offer but not necessarily a hospital admission. Our intended outcome being to enable more of our young people to recover and thrive at home, attend school and maintain their friendships and therefore reduce the revolving door of admissions we know is evident across the city.

There is recognition that a Children and Young Peoples Rapid Access Home Treatment offer is needed to support crisis step down, prevent hospital admission and provide the outreach required to work with the cohort of young people who are at risk of disengaging with mental health and wellbeing services.

Manchester CCGs recognise also the need for a self-harm care pathway and commit to adopt the 'crisis concordat' approach to supporting the self-harm care pathway in development by Greater Manchester, Lancashire and South Cumbria Strategic Clinical Network are developing at this interface in accordance with NICE guidance.

The Greater Manchester Crisis Concordat is currently oriented to the adult population. The need to explicitly reflect children and young people has been recognised and reflected in the latest Action Plan and recent engagement with CAMHS. Outcomes are currently being defined and agreed.

During 2015/16 we will focus additional investment into our CAMHS commission to pilot a rapid access home treatment service. Our ambition is that this will support access to CAMHS out of hours and at weekends and provide the capacity to increase individual support to young people who are experiencing increased difficulties in a community setting. In 2016/17 we will commission an impact review to; baseline and potentially upscale this commission determine the value of resource released across the core CAMHS service and identify where this should be redirected.

## **Support for Vulnerable Groups**

Through the work of the CAMHS review and our system wide engagement we realise that the current service construct presents barriers making it difficult for many young people and those who care for them to get the support they need. Our aim is to dismantle these barriers and reach out to children and young people in need. The challenge identified by our partners is around how we capture young people, who end up disproportionately in adult services, such as those in gangs, looked after children and care leavers, refugees and asylum seekers, children at risk of sexual exploitation and those with Autistic Spectrum and ADHD. It is our ambition to complete patient profiling to better understand which groups are currently under represented and pilot a targeted offer with our voluntary sector partners.

CAMHS Looked after Children Service is a consultation and therapeutic Service for Looked after Children, their carers and workers. The Service is jointly commissioned by Health and Social Care and provided through a multi-agency partnership. Further to a service redesign CAMHS LAC has been integrated within the core CAMHS offer going forward the commissioners will seek assurance that the service is aligned with LAC strategies and plans.

The CCG commissions a CAMHS offer within Manchester Youth Justice Service. This is recognised as an area of good practice and further work is required to measure the impact of this investment.

Under the governance of Manchester's OFSTED Improvement Plan, the system will be able to assure and track CAMHS take up within the LAC population. Added to this LAC health assessments will make provision for children and young people's emotional health and wellbeing at two points in time.

Future in Mind is explicit in its assertion that children and young people should not be discharged from the service on the basis of non-attendance. This can be indicative of safeguarding issues. A piece of work is currently in progress, in order to understand the contributing factors for non-attendance and to establish robust follow up. Investment into an assertive outreach home treatment model will have an impact here.

The implementation of a Mental Health and Wellbeing Offer articulated against the THRIVE model will allow for flexible acceptance criteria based on need rather than presenting diagnosis and will incorporate models of effective interventions for vulnerable children and young people. Through this mechanism we will strengthen lead professional role for most vulnerable to liaise with all agencies to ensure services are targeted and co-ordinated.

The NSPCC estimates that 5-16% of fewer than 16 year olds are subject to sexual exploitation. They report that 34% who are abused by an adult and 83% abused by a peer do not report. Health professionals are ideally placed to identify child sexual exploitation. The Manchester Protect Team has identified the need to engage with health professionals providing them with the necessary skills and resources.

Our ambition is that during 15/16 CAMHS staff will attend level 3 CSE training. System partners recognise the strategic link CAMHS have with the Multi Agency Safeguarding Hub and assert that an operational link is also required.

“No wrong doors: working together to support young carers and their families” sets out a memorandum of understanding between Manchester CCGs and the Local Authority in relation to support for young carers in light of changes to local authority powers to duties from April 2015 under the Care Act 2014. Through this mechanism we will ensure that the Mental Health and Wellbeing needs of young carers are recognised and targeted support offered.

## **Consistency with Learning Disabilities Fast track**

Greater Manchester is committed to significantly re-shaping services for people with learning disabilities and/or autism, to ensure that more services are provided in the community and closer to home, with a shift away from long-term hospital care. The aim is to bring a person-centred and individualised approach to ensuring that the treatment and support needs of the person with learning disabilities and their families are met and those barriers to progress are challenged and overcome.

The Greater Manchester Mental Health strategy will link the existing Fast Track programme of activity across GM, with priorities for children and young people. This will ensure the prevention and community based aspects will be built into GM and locality level CAMHS Transformation Plans, reducing the need for high cost out of area health and social care placements.

## **Workforce**

In response to the recommendation of the CAMHS review the commissioners have conducted a training needs analysis of front line professionals working across health, social care and school nursing to understand current levels of awareness, confidence and experience of children’s mental health issues.

The analysis of the three hundred and fifty responses received highlights the need for an emotional health and wellbeing training package for frontline staff health and social care staff working with children.

The commissioners from both the City Council and Manchester CCGs are now taking a collaborative approach to reviewing workforce development and training with a view to making new training packages available. It is anticipated that by improving the training offer for tier 1 professionals across relevant social care and health cohorts that the following outcomes will be realised:

- Increased confidence in identifying and dealing with mental health issues amongst Tier 1 professionals.
- Improved understanding of CAMHS service offer amongst Tier 1 professionals.
- Improved quality of referrals by Tier 1 professionals into CAMHS services.
- Improved working knowledge amongst Tier 1 professionals of the impact of key factors, including relationships, abuse and neglect, on children and young people's emotional health and wellbeing.

It is our intention over the next twelve months to define develop and promote the programme (taking account of existing national and local provision including Mind Ed, Connect 5 and the Behind the Behaviour Programme) and measure it's impact in relation to enhancing confidence, capacity and the standard of referrals across the system.

Adopting a One Team approach is a shift to a new way of working. It will require a cultural shift in how different professions work together.

## **Accountability and Transparency**

The governance arrangement supporting this plan insures a whole system approach to delivery at local level. Strategic oversight and governance will be provided by the Joint Clinical Commissioning Committee. The Emotional Health and Wellbeing Sub Group will be the central delivery vehicle, with associated work streams established to monitor progress against key performance indicators and manage risk.

The Emotional Health and Wellbeing Sub Group will report directly to the Joint Clinical Commissioning Group via the Children's and Maternity Neo Natal Sub Group.

Going forward the Emotional Health and Wellbeing Sub Group will agree mechanisms for insuring the continued involvement of children, young people, their parents and carers in the development and delivery of this transformation plan.

## **Programme outcomes and measures of success**

A detailed programme tracker has been developed describing; our local priorities, funding streams, and expected outcomes. These are reflected within the Children and Young Peoples Citywide delivery plan currently in development.

Key performance indicators will be co-produced with system partners as the programme is operationalise and will include the following success measures:

- A new Integrated School Health offer
- Citywide training offer

- Anti-Stigma Campaign
- Emotional Health and Wellbeing Embedded into Early Help
- Reduction in crisis presentations
- Reduction in DNAs
- Enhanced Management of Tier 4 Admissions and impact on re admissions
- Number of children and Young People completing evidence based treatment
- Number of Children and Young People discharged by mutual consent
- Patient Reported Outcomes
- Effective engagement of Children and Young People

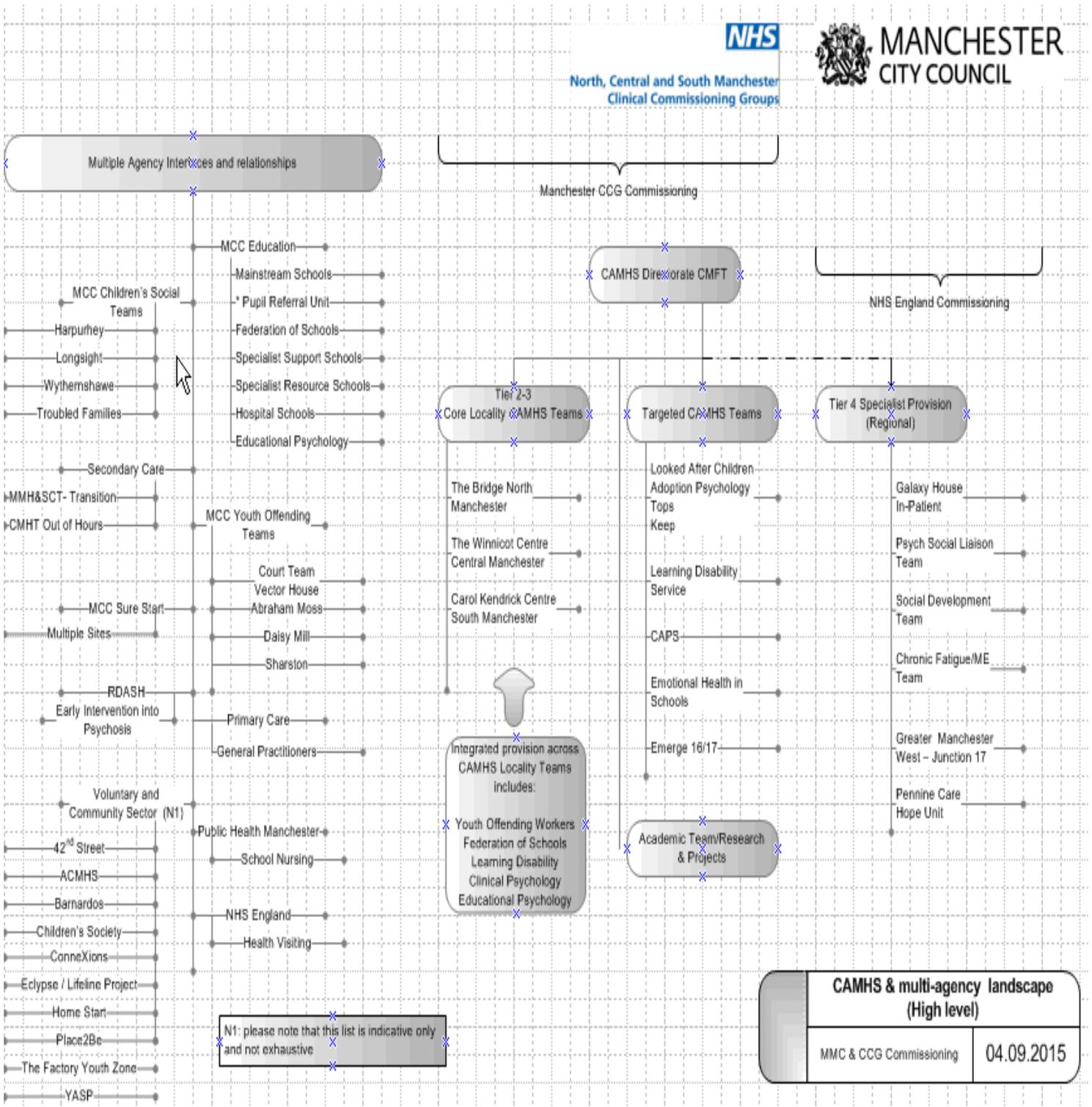
## Projected Costs

Priority	North Manchester		Central Manchester		South Manchester	
	16/17	15/16	16/17	15/16	16/17	15/16
Redesign of Emotional Health and Wellbeing Offer	£13,680	£3,420	£12,920	£3,230	£11,400	£2,850
Community Eating Disorder Service	£118,062	£29,516	£109,077	£27,269	£98,034	£24,509
Rapid Access and Home Treatment Pilot	£126,000	£31,500	£119,000	£29,750	£105,000	£26,250
Integrated School Health	£36,000	£9,000	£34,000	£8,500	£30,000	£7,500
Early Help Hub Pilot	£54,000	£13,500	£51,000	£12,750	£45,000	£11,250
Dedicated Transition Offer	£27,340	£6,840	£25,820	£6,460	£22,780	£5,700
Vulnerable Groups Project	£36,000	£9,000	£34,000	£8,500	£30,000	£7,500
Resilience Programme		£25,200		£10,200		£9,000
Anti- Stigma Campaign		£7,200		£6,800		£6,000
Peer Support		£7,200		£6,800		£6,000
Publication of Plan		£1,800		£1,700		£1,500
<b>Total</b>	<b>£411,082</b>	<b>£144,176</b>	<b>£385,817</b>	<b>£121,959</b>	<b>£342,214</b>	<b>£108,059</b>

\*subject to change further to service modelling

# Appendix 1

## The Emotional Health and Wellbeing Offer in Manchester



CAMHS services in Manchester are signified by a tiered system of interventions reflecting increasing input at each stage.

- Tier 1 CAMHS is provided by professionals whose main roles and training is not mental health. These include GPs, health visitors, school nurses, social services, voluntary agencies, teachers, residential social workers and juvenile justice workers.
- Tier 2 CAMHS is provided by specialist trained mental health professionals. They work on their own but may provide specialist input into multiagency teams Manchester City Council.
- Tier 3 CAMHS is aimed at young people with more complex mental health problems and the service will be provided by multiagency teams
- Tier 4 CAMHS are aimed at children and adolescents with severe and/or complex problems. These specialised services may be offered in residential, day patient or out-patient settings. The service requires a combination or intensity of interventions that cannot be provided by Tier 3 CAMHS. These services include adolescent in-patient units, secure forensic adolescent units, eating disorder units, specialist teams for sexual abuse and specialist teams for neuro-psychiatric problems.

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

Core CAMHS are provided on a locality basis in North, Central and South Manchester. They provide comprehensive coverage for the emotional, psychological and psychiatric needs of children and young people between the ages of 5 and 18 years, from consultation to Tier 1 professionals and brief interventions for identifiable conditions, to serious and/or enduring psychiatric presentations.

CAMHS provision is also integrated within Manchester City Councils Youth Justice Service and The Federation of Schools, providing consultation and direct referrals. This model recognises the links to mental health prevalence in youth offending and children with special educational needs.

'Behind the Behaviour' is a multi-agency training programme for professionals working with children and young people. It is designed to increase awareness of a range of mental and emotional health problems.

Currently commissioned by Child and Adolescent Mental Health Services (CAMHS), and delivered by a range of specialists including Psychologists, Psychiatrists, Healthcare Professionals and other Child and Adolescent Mental Health experts, this is relevant for all who support children, young people and their families at Levels 1 and 2.

The programme is coordinated by Manchester Healthy Schools. Courses help professionals; develop their understanding of basic mental health concepts and specific mental health problems.

The Children and Parenting Service (CAPS) is a pre-school service offering a multi-agency and multi-disciplinary service model with a range of evidenced based clinical interventions to pre-school children and their families. Interventions deliver key aspects of the Sure Start Children's centres core offer, particularly those regarding Family Support/Parenting and Post-natal support. CAPS service include a 14 week evidenced based Incredible Years parent course (for 2-12 year olds) and a 10 week course for under 2 years old. Referrals for CAPS services come through the generic referral system within each of the Locality Core teams.

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

CAMHS Looked after Children (CAMHS LAC) provides consultation and therapeutic services to a population of around 1300 children (and their carers) looked after by MCC. It also provides consultation sessions to children's homes and training to foster carers, children's service workers and health workers. The CAMHS LAC structure also houses the Adoption Psychology Service, TOPS Service (Therapeutic Foster Care) and KEEP (Foster Care group interventions).

Evidence shows that looked after children have incredibly complex health and social needs and this includes much higher prevalence rates of mental illness than children who are not looked after and live with their birth families. (Ford T et al 2007)

The Learning Disability Service provides support to children (up to 18) with severe learning disabilities, acquired brain injury (ABI), Autism and other complex disabilities. Learning disability includes the presence of a: significantly reduced ability to understand new or complex information or to learn new skills, a reduced ability to cope independently; an impairment that started before adulthood, with a lasting effect on development. People with a severe learning disability often use basic words and gestures to communicate their needs. Many need a high level of support with everyday activities. Some have additional medical needs and some need support with mobility.

The service ensures that children with disabilities have the same access to CAMHS and interventions recommended within NICE guidelines as their non-disabled counterparts. Clinicians draw on behavioural psychology, skills in functional analysis, cognitive psychology and systematic interventions.

The Emotional Health in Schools service provides training; consultation and schools based interventions in nine high schools across Manchester. The service aims to deliver early interventions and improve communication and access to Tier 2/3 core CAMHS district

42nd Street promotes mental well-being and is responsive to the emotional and mental health needs of young people between the ages of 13 - 25 years; engaging with issues around diversity and difference. The service is part of the range of services that are focused on early intervention and also offers an appropriate and continuous service that addresses the transition into adulthood for young people between the ages of 16 to 18 years. The service provides evidence based therapeutic interventions through 1:1 and group work, e.g. CBT approach, solution-focused counselling.

The Gaddum Centre provides practical and emotional support to children and young people and their families who are experiencing difficulties coping with the death of someone of significance to them and provides information on death, the grieving process and social and cultural rituals. The service also offers palliative care for families and siblings.

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

## Appendix 2

### Universal and targeted provision for Children

#### Early help offer in the city

Early help within the health provision starts in the antenatal period and include a range of services across all professions and includes commissioned voluntary sector organisations.

These services can be classed as “universal “ – available to all or “targeted”- aimed at providing additional support to those in need. Some families may receive a combination of both universal and targeted provision.

#### Universal support

##### Maternity Services

All three acute trusts within Manchester provide robust midwifery services within the city. Each service covers a geographical location either north central or south Manchester.

Maternity Services are taken to comprise the following components and the systems and processes that underpin their delivery:

##### Ante-natal care

This is the stage at which the mother (with the rest of the family) should make contact with services, and be introduced to the choices of care for the following months, along an integrated pathway. Modern maternity care means using models of care which are known to be effective in reaching disadvantaged and/or vulnerable women; and it must take account of mobile populations in planning continuity of care.

The purpose of antenatal care should be to:

- Improve health and well-being outcomes for women and their babies;
- Reduce infant/neonatal and peri-natal mortality rates;
- Reduce maternal morbidity and mortality rates;
- Improve access to services, particularly for vulnerable and disadvantaged groups of women;
- Improve the knowledge, skills and capabilities of women and their families in relation to pregnancy and motherhood
- To provide support in line with the healthy child programme

Ante natal services also include Early access to a lead midwife for advice and treatment, whether directly or through a GP or other health setting, access to an early pregnancy unit and the opportunity and the environment in which women may choose to discuss domestic abuse. Services also provide lifestyle information (in appropriate formats/languages) and advice including maternal and infant nutrition (including Healthy Start and Vitamin D) healthy weight gain during pregnancy, BMI screening and referral on to appropriate commissioned weight management services, smoking cessation, alcohol and screening.

##### Post-natal care

The 6-8 weeks from the baby's birth, in which the mother and baby become established back in their usual home environment, give rise to a range of needs for support. Services are consistent with NICE clinical Guidelines for postnatal care and maternal and child nutrition, as well as the Healthy Child Programme and include:

- A comprehensive assessment of the health and social care needs of mother and baby.

- Screen and assess risk of parents mental health needs.
- Identification and treatment of mental health problems with clearly develop pathways.
- To access treatment and support (including access to psychological therapies).
- Observation of parent/infant interaction.
- Neo-natal screening including newborn bloodspot screening, newborn hearing screening.
- NHS Newborn Infant and Physical Examination Programme (NIPE)
- Continuing information and support with breast-feeding and parenting including promotion of healthy start.
- Transfer to health-visitors, as part of an integrated care plan.
- Check family are signed up to the Healthy Start scheme and vitamin D.
- With parents' consent, notification of birth to local children's centre.

Maternity and community services also provide a number of evidence based tests have been recommended by the National Screening Committee. All such screening tests must be offered to all women by the maternity service. Including:

- Infectious Diseases in Pregnancy Screening.
- Sickle Cell and Thalassaemia Screening.
- Foetal anomaly Screening (including Down's Syndrome Screening)
- New-born screening.
- NHS Newborn Infant and Physical Examination Programme (NIPE).
- NHS Newborn Blood Spot Screening Programme.
- The NHS New-born Hearing Screening.

Immunisation is also provided by services or families are signposted to an appropriate service in relation to

- Influenza.
- Neonatal BCG.

### **Private midwifery providers**

Manchester CCG's do not commission any private midwifery provider in the city; all support is via the three acute trusts.

Maternity choice depends on what services the CCG commissions, as well as on clinical judgment about what is best for women and their baby/babies. However, for the majority of women, the choice of where to go for their maternity care is personal to them and we recognise that it is essential that women have the information they need to make this choice.

Women may choose their lead provider for each stage of the pathway, however the provider must be within the local choice offer the CCG has identified. Community midwifery is provided by the provider nearest to your home to allow for access to local clinics and support services during pregnancy. The local choice offer for NHS North, Central and South Manchester Clinical Commissioning Groups is detailed on the CCG website

<https://www.centralmanchesterccg.nhs.uk/your-nhs-services>

In exceptional cases, non-emergency treatment may be delivered by a non-contracted provider. These providers can only be used where prior agreement has been sought from the CCG through the individual funding panel, direct referrals from GPs or midwives, transfers from local providers, or self-referrals will not be supported without this prior agreement, information regarding the CCG's effective use of resources can be found on the CCG website.

## **Early Years New Delivery Model**

The provision of both universal and targeted services within the city help support the delivery of the health child programme and early year's new delivery model, services include midwifery, speech and language therapy and Children and parenting service.

## **Community nurses**

The Children's Community Nursing Team (CCNT) provides care for the acutely ill child/adolescent between the ages of 0-16, 0-19 with children and young people from some vulnerable groups who are registered with a Manchester GP, in the community 7 days a week, 8am to 10pm.

The team works with children, families, carers, nursery and school staff to enable children to attain and maintain their optimal level of health within their home and school environment. CCNT supports and enables parents/carers to look after their sick/injured child at home, reducing the trauma caused by hospital admissions and attendances and ensuring there is as little disruption to the routine of their children and their families as possible.

### **Aims**

- Deliver nursing care closer to home for children and young people who are acutely ill, have long term conditions or who have complex health needs.
- Reduce avoidable hospital admissions of acutely ill children and young people.
- Facilitate early discharge from hospital after elective and non-elective admissions.
- To improve access to health services for all children and young people according to their needs, particularly by co-locating services and developing integrated ways of working.
- To improve health outcomes and life chances for all children and young people.

### **Objectives**

- To provide more care closer to home, promoting the shift of service delivery. (Including staffing resources from a hospital based to community based model).
- Care will be provided from a variety of community settings including the family home.
- Offer greater access to high quality child centred healthcare.
- Reduce inpatient admissions and length of stay.
- Facilitate earlier discharge.

## **Therapies**

A range of services to support families around communication and daily living are commissioned and include

### **Speech and language**

- To meet the changing needs and demands of children with communication impairment/feeding and swallowing problems as quickly and effectively as possible. The service will be responsive to demographic trends, contractual obligations and developments in clinical practices.
- For appropriate referrals, to provide a range of efficient and effective high quality interventions.
- To have a role in the prevention and early identification of speech, language and communication difficulties and the training and development of the children's workforce.
- To enable all children and young people to achieve their full communication and/or feeding and swallowing potential in order to be healthy, stay safe, enjoy and

achieve, make a positive contribution and achieve economic wellbeing [Every Child Matters – 5 Outcomes] and have the confidence and abilities to move into a fruitful and successful adult life with reduced instances of mental health issues and offending behaviour.

- To train the wider children's workforce to enable us to work in partnership with them in order to achieve the aforementioned aims.

### **Physiotherapy**

- To harness and maximise the physical potential of any child or young person referred to the service.
- To enable him/her to become an active member of the community.
- To provide timely assessment, advice and intervention to children and young people referred to the service.
- To work with carers, health and education staff to ensure the child or young person's needs are met by providing advice, training and individual therapy programmes where appropriate.

### **Occupational Therapy**

- To harness and maximise the potential of any child or young person referred to the service to enable him/her to become an active member of the community.
- To enable children to achieve independence in everyday tasks both at home and at school. Everyday tasks for children and young people are learning to dress, use the toilet and bath, in addition to school tasks like writing using scissors and playing.
- To provide assessment, intervention and advice to children referred to the service. This includes assessing for specialist equipment at home and in school, in addition to treatment to improve ability in motor skills.
- To work with carers, health and education staff to ensure that the child or young person's needs are met by providing advice, training and individual programmes where appropriate.

## **CAMHS**

Core CAMHS in Manchester aims to provide comprehensive coverage for the emotional, psychological and psychiatric needs of children and young people between the ages of 5 and 18 years, from consultation to Tier 1 professionals and brief interventions for identifiable conditions, to serious and/or enduring psychiatric presentations, including emergency on-call cover (see description of appropriate referrals).

Core CAMHS aims to provide timely, responsive assessments, evidence-based interventions, and clear guidance/consultation to children, young people and families in a range of settings, both clinic and community-based.

Core CAMHS is staffed by a full range of trained professionals, including Child Psychiatrists, Clinical Psychologists, Nurse Practitioners, Mental Health Practitioners, Child Psychotherapists and Family Therapists, and other specialist workers with the clear aim to ameliorate distress, and promote growth and improvement for children, young people and their families in the following key areas (and in line with the 5 key outcomes in Every Child Matters):

- Psychological and emotional well-being
- Behavioural functioning
- Social presentation and self-esteem
- Attachments and relationships with parents/carers

- Peer Relationships
- Educational progress
- Engagement with the wider community

## **SEND**

Health has been actively involved with the introduction of the SEND reforms within the city and all services are included in the local offer. Although this could be classed as a targeted offer, provision of support within the city is made available through the comprehensive range of community and specialist services available within the city.

## **Voluntary and 3<sup>rd</sup> Sector**

The CCG's commission a range of services to provide support and psychological therapies to adults and some children and young people.

## **Targeted Support**

### **Maternity services**

In addition to the maternity pathway offered to all women in Manchester the providers offer help and support to mothers and families with a range of targeted services including:

### **Vulnerable Women**

- Women at risk of mental health problems
- Women with learning difficulties
- Women with physical disability
- Women at risk of domestic abuse
- Women who misuse substances, alcohol and/or drugs
- Child protection and safeguarding
- Women who are refugees and asylum seekers
- Young pregnant women (teenage pregnancy)

Midwives with specialist interests in vulnerable groups such as substance misuse, asylum seekers, refugees, are identified and easily accessible to women. Maternity services will work with local agencies including social care and other agencies providing substance misuse services to have a joined up care plan during antenatal care including opiate replacement therapy if required.

### **Specialist services**

Specialist services are required for women who have pre-existing medical conditions, which put them at risk of complications during pregnancy. The focus of these services is to reduce maternal mortality and morbidity rates and facilitate the delivery of a healthy baby. In addition locally agreed pathways are in place for women with HIV and those who smoke.

### **Children and parenting service (CAPS)**

CAPS Pre-school is a multi-agency and multi-disciplinary service providing a comprehensive range of effective, evidence based, clinical interventions to pre-school children and their families. The service is well established and has provided many effective parent training courses, staff training sessions and consultations across the city.

CAPS interventions deliver key aspects of the Greater Manchester New Delivery Model and the Sure Start Children's Centres Core Purpose, particularly those regarding Family Support/Parenting and Post-natal Support.

The service aims:

- To provide a district model for service delivery of early intervention services for pre-school children and their families and to work with multi-agency teams in an integrated model.
- To provide a rolling programme of parent courses for pre-school children across Manchester.
- To provide training and consultation to other agencies to enable them to deliver effective interventions.
- To provide needs-led interventions (such as Incredible Years and Video Interaction Guidance) to pre-school children and their families.
- To provide some individual work with parents and families in community settings where needed.

## **EMERGE**

Emerge provide young person centred, non-stigmatising, developmentally appropriate, flexible and accessible community based mental health services to the diverse inner city 16-17 years old population of Manchester and Salford; including engaging minority groups and harder to reach young people. They provide specialist mental health assessments for young people aged between 16 and 18 who have moderate to severe mental health needs (Tier 2-3), the service will provide direct therapeutic, psychological and psychiatric services (Including using individual and group work approaches) and work in partnership with other appropriate young people's services for social care and wider social inclusion needs.

Emerge works in partnership with a range of specialist young peoples' support services, (E.G Eclipse, SMART, Connexions, YASP, CCP, Creative Support, EIS, EDIT, FIP, Brook) taking the lead role in co-ordinating care and support for young people where appropriate.

## **Looked after Children (CAMHS)**

The service promotes good mental health and psychological wellbeing for Looked After and Adopted children, working together with other services by developing and supporting people who work with these children, through training and consultation, offering specialist mental health assessments and interventions and contributing a psychological perspective to planning and multi-agency working. CT-LAC is a consultation and therapeutic service to Manchester Looked after Children aged 0 – 17 years, their carers, and workers.

It offers a range of services and interventions to promote and support the achievement and maintenance of good mental health in looked after children. This involves consultation to any professional or foster carer who may have concerns that issues (past or present), or worries about the future, are having an adverse impact on a particular child and are consequently impacting on their ability to experience good emotional health and well-being.

Children can also be referred for direct psychological assessment or interventions where the concerns are of a routine or urgent nature (emergency referrals are not seen by this service).

## **Emotional health in Schools**

EHS aims to provide mental health services to young people aged 11 to 16 attending High Schools in Manchester. The service also works with young people in transition to and from High Schools. Six High schools were selected on the basis of meeting criteria defined by a

multi agency group including health and education staff and in line with the Manchester Emotional Health and Wellbeing strategy.

EHS aims to provide training and consultation to education staff and timely, responsive assessments, and evidence-based interventions to young people and their carers in accessible educational settings. The service also aims to facilitate communication with and transition to Specialist CAMHS (Psychology and Psychiatry) and other targeted mental health services such as services for Looked after children (CTLAC), Learning Disability and Youth Offenders.

EHS is staffed by Clinical Psychologists and School Health Advisors (SHA's) with a specific remit for Emotional Health. In line with the 5 key outcomes in Every Child Matters the service addresses:

- Psychological and emotional well-being
- Behavioural functioning
- Social presentation and self-esteem
- Attachments and relationships with parents/carers
- Peer Relationships
- Educational progress
- Engagement with the wider community

EHS aims to provide input to the full range of client need across the age range, from consultation to Tier 1 professionals, drop in services and brief interventions for identifiable conditions (SHA's), targeted interventions in education settings (Psychology) and seamless transitions to Specialist CAMHS (Psychology and Psychiatry) for management of more complex and enduring conditions including emergency on-call cover (Psychiatry).

## **Community services**

### **Vulnerable Baby Service**

The service works with multi agency partners and health care professionals to identify and target families who are at risk of SUID and facilitate an initial vulnerable baby case planning meeting. The service carries out a public health role to ensure policies and procedures are informed and developed so that all multi agency partners and healthcare practitioners are aware of current practice and provide consistent advice to clients. The service aims

- To involve families in decision making and encourage them to lead on their package of care.
- To increase levels of support to vulnerable families.
- To improve long term outcomes for children.
- To reduce stress levels in staff.
- To facilitate joint working.
- To improve and enhance communication.

The service's objective is to improve outcomes for children, reduce infant mortality and contribute to improved life expectancy of the population of Manchester.

### **Looked after Children's Team**

The Manchester CCG's Designated Doctor and Nurse's for Looked after Children (LAC) will ensure that the health needs of LAC are met in accordance with statutory guidelines. The

Designated Doctor and Nurse and CMFT will work together to ensure the health needs of LAC are met.

The vision within the borough is that looked after children will access universal, as well as targeted and specialist services, and have their health needs met in the same way as other children and young people. Furthermore, children and young people who are cared for by any Local Authority will receive the same opportunities to access health services within the borough irrespective of their originating CCG.

The LAC team (within CMFT) remains responsible for ensuring that the health needs of all Manchester CCG's looked after children are met by ensuring quality health assessments are undertaken on time and care plans are in place to achieve clearly defined outcomes. This includes CCG children placed in out of borough placements and children living in the CCG areas placed by other Local Authorities.

### **Specialist community nursing services**

In addition to the universal offer, the service offers a range of targeted services including provision for special needs, palliative care and life limiting conditions, continence, epilepsy, asthma, complex care and children's continuing care and special needs school nursing.

## APPENDIX 3

### Breakdown of Investment by CCG and Service

Citywide CAMHS Investment	Actual	Actual	Plan
Core CAMHS	13/14	14/15	15/16
Outpatient First appointment multi professional	178,914	144,264	144,264
Outpatient First appointment single professional	674,466	729,925	729,925
Outpatient Follow up appointment multi professional	1,132,750	1,029,108	1,029,108
Outpatient Follow up appointment single professional	2,662,743	2,500,846	2,472,771
	<b>4,648,872</b>	<b>4,404,142</b>	<b>4,376,067</b>
<b>Targeted Services</b>			
16-17 Year old service		297,977	297,977
After Adoption		62,681	62,681
CAPSTIP		359,335	359,335
Chronic Fatigue		101,149	101,149
Complex Needs		100,344	100,344
CPCLD		203,024	203,024
CPLAC		133,978	133,978
Mental Health Foster Care		49,250	49,250
MH School		214,381	214,381
YOS		117,428	117,428
Link Youth		121,421	121,421
Manchester City Council		-267,824	-267,824
<b>Grand Total</b>	1,286,669	1,493,144	1,493,144
<b>Total CAHMS Investment</b>	<b>5,935,541</b>	<b>5,897,286</b>	<b>5,869,211</b>
<b>Investment by CCG</b>			
North Manchester	1,989,593	1,976,770	1,824,441
Central Manchester	2,102,962	2,089,408	2,084,493
South Manchester	1,842,986	1,831,107	1,960,276
	<b>5,935,541</b>	<b>5,897,286</b>	<b>5,869,210</b>
<b>Mental Health Placement Costs</b>			
North Manchester	1,000	6,690	6,690
Central Manchester	28,150	23,462	23,462
South Manchester	272,660	88,760	144,983
	<b>301,810</b>	<b>118,912</b>	<b>175,135</b>