

Child and Adolescent Mental Health Services Local Transformation Plan Refresh March 2019

1. Background and Context

- 1.1 The Deal for Health and Wellness - the Wigan Locality Plan, approved by the Wigan Health and Well Being Board in June 2015 and refreshed in June 2017, is our joint plan for fundamental reform of the health and care system in the Wigan borough.
- 1.2 By 2020 we have committed to delivering a transformed, sustainable health and care system, which is focused on; keeping people well and in control of their lives and removing the barriers that prevent joined up care being delivered, as well as responding to our financial challenges.
- 1.3 We believe the implementation of our Locality Plan will transform the health and care system for the residents of our borough. A fundamental enabler of the plan is the development of a Local Care Organisation (LCO), where commissioners and providers work collaboratively to deliver a set of ambitious population outcomes.
- 1.4 To deliver these changes we have established the Healthier Wigan Partnership (HWP), as a partnership of health and social care providers working together to develop an integrated approach to health and social care for the borough, and to set out our journey to an LCO. Its mission is to create a joined up health and care system that best meets the needs of the people of Wigan, working together to help people live healthy, happy and fulfilled lives.
- 1.5 In 2017 Wigan also saw a step change in the development of place based integrated health and care provision based around seven Service Delivery Footprints (SDFs), under the auspices of the Healthier Wigan Partnership. It is critical that our work to reform and enhance our emotional health and wellbeing offer is connected in to this approach.
- 1.6 The development of SDFs included the strengthening of GP leadership through the development of GP clusters aligned to SDFs, this connected Primary Care and other public and voluntary sector services to positively impact on the determinants of ill health. Services also included (but not exclusively); Housing, Social Services, the

Police, Mental Health Services, Offender Management Services and access to a wider set of non medical support and interventions for patients, such as social prescribing through community groups.

- 1.7 To deliver this approach in children's services in line with the agreed principles of public service reform, and to ensure that our services are sustainable and resilient between now and 2020, we recognised that we needed to change the way we deliver services to children. This was the catalyst for the development of the Deal for Children and Young People in 2015.
- 1.8 In Wigan we have high ambitions and a clear **vision** for our children, young people and families. We want them to feel safe and to care about their health, education and employment. We also want them to be confident and resilient individuals who are connected to their community and are able to make an effective contribution as responsible citizens.
- 1.9 The **Deal for Children and Young People in Wigan** is an informal contract that provides the basis for reforming children's services in the borough to deliver this vision and acknowledges the importance of our residents as our most important asset. Through our workforce having different conversations, and connecting people to opportunities, it is our ambition to build more resilient communities with children and families at their heart. We call this an asset based approach to our work and want to embed a new culture in our workforce; know your community; have a different strength based conversation, to make more meaningful connections to children, young people and families.
- 1.10 Children's emotional health and wellbeing is a fundamental component of our children's services, and our Child and Adolescent Mental Health Services (CAMHS) Local Transformation Plan (LTP) set out our **ambition** to redesign our services by 2020 to create a model for CAMHS that supports our vision by developing:
 - Integrated, place based working that is visible and active in communities;
 - linked to Schools, Early Years Settings, Start Well Centres and GPs; and
 - builds on the wider workforce capacity for the promotion of positive mental health and well-being.
- 1.11 Wigan's CAMHS LTP was first published in December 2015, and since then the CCG has published an annual update on progress with the plan. This year's update shows how CAMHS transformation funding has enabled Wigan to deliver changes in the year, and to outline how we intend to use the funding to continue to transform services.

2. Wigan's Mental Health Strategy - Start Well Programme

- 2.1 The CAMHS LTP is aligned to the Start Well programme for children and young people, which is part of the joint CCG and Local Authority mental health strategy (July 2018). The strategy compliments the ambitions and opportunities that we have set out locally as a partnership to reform services for children, young people and their families. The Start Well programme includes our aspirations for children and young people's mental health services in Wigan:
- 2.2 We are ensuring that our Early Help programme will meet vulnerable children's needs. This will involve professionals working with families to identify strengths and areas that they need to develop. Early help means providing support as soon as a problem emerges, at any point in a child's life, from the foundation years through to the teenage years.
- 2.3 We are working with young people and families to develop and implement the locally agreed CAMHS transformation plans which will deliver a THRIVE model of care. This will result in a synergy with the local 'Start Well' offer that will increase the protective factors around families that will increase the resilience and ability of those family units to self-manage times in their life that are stressful and place them at risk of emotional or mental health problems that can affect family cohesion.
- 2.4 We are working with children and young people, schools, colleges and communities raising awareness of, and developing change programmes that address the risks associated with bullying, low self-esteem distorted body image, communities of Interest and other risk factors associated with mental ill health.
- 2.5 We will deliver a fast responsive CAMHS treatment service that families can access within six weeks of being referred if that referral is routine and within 24 hours if urgent. We will increase the workforce in these services so they can deliver evidence based treatments for those children and young people and their families that require those treatments.
- 2.6 We are developing our Atom Service. A model of intervention developed based on 'No Wrong Door' that will support the transformation of residential care for young people in care, enabling them to achieve permanence in family based care. The model also provides community based intervention to support families edging away from care The three residential care homes will become multi-agency hubs that will deliver interventions a range of bespoke interventions.

- 2.7 We will continue to strengthen our offer for children in need of help and protection including children in care and care leavers, through developing collaborative effective teams around the child models embedding the THRIVE approach within statutory children social care frameworks.
- 2.8 We are working in partnership with our schools and expand our support by commissioning a schools link worker to be attached to every SDF in the borough. We will support the implementation of the Green Paper for children which will further aspire to provide emotional wellbeing support in educational settings.
- 2.9 We are improving services for children and young people with a Statement of Educational Needs Disabilities (SEND) to ensure a more effective whole system response for children and their families.
- 2.10 We are improving services for children and young people who feel in crisis through improving access to a mental health assessment at Accident and Emergency. All children will receive an assessment within one hour of arrival. We are supporting the Greater Manchester aspiration to create safe places/crisis cafes across the region where children can seek help and support earlier for their distress and receive that support in a more appropriate child friendly environment.
- 2.11 We are redesigning and implementing a new neurodevelopmental pathway so that children and young people who are suspected of having a condition of autism or Attention Deficit and Hyperactivity Disorder (ADHD) will start an assessment for that condition within six weeks of being referred to the pathway.
- 2.12 We will improve the care and support of families who are experiencing mental health problems prior to conception, during pregnancy and after childbirth. Colleagues across Greater Manchester Health & Social Care Partnership (GMH&SCP) commission a specialist mother and baby unit with attached community services to support follow up after discharge. We are developing localised perinatal pathways to support the GMH&SCP specialised services.
- 2.13 We are working with our colleagues across GMH&SCP to make sure that the right number of CAMHS, Eating Disorder, Learning Disability and secure tier 4 inpatient beds are available locally and reduce the need for children and young people to be placed a long way away from their home when needing an inpatient bed.

2.14 We are ensuring that all children and young people who urgently need access to a Community Eating Disorder Service (CEDS) do so within 24 hours of referral and routine access within four weeks of referral.

3 THRIVE

3.1 The aspirations set out in the Deal for Children and Young People and the Start Well programme of Wigan’s mental health strategy will be delivered through a THRIVE model of care¹.

3.2 The THRIVE framework is an integrated, person centred and needs led approach to delivering mental health services for children, young people and their families. It groups need in five categories; Thriving, Getting Advice and Signposting, Getting Help, Getting More Help and Getting Risk Support. Emphasis is placed on prevention and the promotion of mental health and wellbeing.

3.3 Children, young people and their families are empowered through active involvement in decisions about their care through shared decision making, which is fundamental to the approach.

3.4 The THRIVE model is illustrated below:



The picture on the left describes the input that’s offered for each group, and the picture on the right describes the state of being of young people in that group - using language informed by consultation with young people and parents with experience of service use.

¹ Miranda Wolpert et al. THRIVE The Anna Freud Centre–Tavistock Model for CAMHS

The THRIVE model is aligned with the principles of the Deal, which are to promote resilience in our children and young people while making sure that they have the right support available at the right time and building on the strengths and assets we have in our communities.

There has already been a significant amount of reform work done in Wigan as part of the Deal, which we will build on to fully implement a THRIVE model.

4. NHS Long Term Plan

4.1 This year's LTP update coincides with the publication of the NHS Long Term Plan, which sets out the NHS's ambitions to improve health services over the next 10 years and has mental health as one of its priorities. The plan includes the following core ambitions for children and young people's mental health:

- Over the next 10 years, 100% of children and young people who need it will be able to access specialist mental health services.
- Test four week waiting times pilot in services with view to establish a national waiting time standard for children and young people.
- At least an additional 345,000 children and young people aged 0-25 will be able to access support via NHS funded mental health services and school or college-based Mental Health Support Teams by 2023/24.
- Extend current service models to create a comprehensive offer for 0-25 year olds that reaches across mental health services for children, young people and adults.
- Over the next five years the NHS will fund new Mental Health Support Teams working in schools and colleges, building on the support already available, which will be rolled out to between one-fifth and a quarter of the country by the end of 2023.
- All children and young people experiencing crisis will be able to access crisis care 24 hours a day, seven days a week by 2023/24.
- New services for children who have complex needs that are not currently being met, including a number of children who have been subject to sexual assault but who are not reaching the attention of Sexual Assault Referral Services. For 6,000 highly vulnerable children with complex trauma this will provide consultation, advice, assessment, treatment and transition into integrated services.

- Boost investment in children and young people’s eating disorder services. As need continues to rise, extra investment will allow us to maintain delivery of the 95% standard beyond 2020/21.

The ambitions set out in the long term plan recognise the importance of children’s emotional health and wellbeing, and support our ambitions locally to transform services.

5. Progress in 2018/19

5.1 In the third year of our transformation plan the Wigan system has invested an additional **£1,234k** in children and young people’s mental health above the baseline funding that was set out in the original CAMHS LTP. The projects funded by this additional investment are described in the following sections and have made good progress in achieving the aspirations set out above.

The projects are summarised in the following sections and categorised according to the THRIVE quadrants: ‘getting advice, ‘getting help’, getting more help’ and ‘getting risk support’).



5.2 Thrive School Link Service

The Wigan CAMHS School Link Service has been successfully implemented this year with an investment of **£360k**. Building on the Wigan schools link pilot project, the key role of the service is to provide consultation, interventions and assessments for children and young people’s referrals received directly from schools and colleges. The service aims to build up professionals knowledge for supporting all young people’s

emotional health that attend the school through advice, guidance and skill development on mental health and emotional wellbeing topics.

Each of the Wigan CAMHS School Link team members are linked to one of the seven SDF areas in Wigan and aligned to the schools and colleges in their SDF. They attend multi agency meetings (Huddles) in their footprint to support the integration of collaborative working with other services by supporting and promoting the ‘Thriving’ and ‘Getting Advice’ section of the Thrive model.

The service implementation is a phased approach over this school year (September 2018 to July 2019) with three key phases;

- Borough wide engagement with all children’s services,
- Individual school engagement, and
- Supporting schools to develop an emotional health and mental wellbeing policy for their school, which includes how the school and the Wigan CAMHS school link practitioner will work together.

To date the team have six of the seven practitioners in place and engaged with 100 of the 129 schools and colleges in the Borough. All those engaged with the service have access to a named CAMHS practitioner, telephone and face to face consultation for advice on young people they are concerned about and regular meetings with their link to support emotional wellbeing in the school. Multi agency working is a key element of the Wigan CAMHS school link service, with practitioners attending January review and development planning (RDP) meeting in schools alongside other services to support those with identified vulnerability factor and learning needs.

The team will continue to build on the relationships with schools and other professionals over the school year, working with other services to look at what other forms of early intervention and prevention practices can help to support children’s emotional health and wellbeing.

5.3 **Kooth**

Children and young people in Wigan now have access to free online mental health services via Kooth (**£42k investment**). Kooth is an online counselling and emotional well-being platform for children and young people, accessible through mobile, tablet and desktop.

Since the service was launched in August 2018, 892 children and young people in Wigan have registered with Kooth. The children and young people have accessed a range of resources offered:

- Sessions with a professional online counsellor,
- Joined live, pre-moderated forums, and
- Accessed practical self-help information and articles

We will continue to work with Kooth to make sure that their services are an integral part of the THRIVE offer in Wigan.

5.4 **Enhance Core CAMHS**

The current service offer for CAMHS in Wigan is provided by North West Boroughs Healthcare NHS Foundation Trust (NWB). The Trust provides the Single Point of Access, Tier 2 and Tier 3 CAMHS.

A continuing challenge of the offer is to have timely access to the service and realistic waiting times.

CAMHS transformation funding has provided additional capacity in our third sector provider, Wigan Family Welfare, to work with NWB to offer one to one, and group work for children and young people on the waiting list (**£18k investment**)

NWB have also taken a number of actions to reduce the current waiting times within the current funded service pathway including:

- DNA project (reduction from 19.05% to 15.88%)
- Start Well Enhanced Evidence Based Practice (EEBP) Trainees working with Tier 2 cases under supervision
- CAMHS treatment group offer.
- Agency staffing to increase capacity for SPoA

We are working with NWB to review the current position of core CAMHS in terms of numbers of staff, skill mix and capabilities and to continue to implement the new Greater Manchester CAMHS specification.

5.5 Neurodevelopmental services

Transformation of the neurodevelopmental pathway for children and young people with autism spectrum disorder (ASD) and attention deficit hyperactive disorder (ADHD) has been a priority for the LTP in 2018/19.

It is estimated from local data sources that there are over 700 children and young people in the Borough with ASD and a further 1,500 with ADHD. A number of these children are, or will end up in statutory services as a result of the challenging behaviour associated with their condition.

Over the past 12 months a project group has been working together to create a shared vision for the future of the neurodevelopmental service offer for children and young people in the Wigan Borough. Using the GM ADHD Standards alongside NICE Guidance, the group are working towards development of a high quality pathway to provide assessment, diagnosis, treatment and education for ASD and ADHD.

Work has been completed to understand capacity and demand in the current service, which will support the development of the new offer. LTP funding has been used to increase the frequency of the ASD diagnosis panel (**£34k investment**), reducing wait times from assessment to diagnosis to 2-3 months.

Community Paediatrics, CAMHS and Start Well have started a joint triage process to review all referrals made to the current pathway, identifying children and young people who may benefit from CAMHS support during the assessment process for ASD. The teams review their electronic record systems as part of the triage process, to identify those families that have not had an early help started and also those that have had duplicate referrals made to Community Paediatrics and CAMHS allowing the team to make informed decisions about support options for individual families.

The training offer for families who have children or young people with diagnosis of ASD has been established. The offer in the borough now consists of:

- 6 week course Autism programme, for 0-8 years and 9-16 years running constantly on a loop.
- 1 day autism awareness sessions monthly.
- Coffee mornings/drop-ins on the last Thursday in the month.

The Borough now benefits from ADHD diagnosis supported by QB testing equipment. Staff in community paediatrics at Wrightington, Wigan and Leigh NHS Foundation

Trust are trained to offer this element of assessment in line with the GM ADHD standards.

5.6 Eating Disorder Services

The Wigan and Bolton Children and Young People's Community Eating Disorder Service (CEDS), provided by NWB was successfully launched on the 1st April 2017 with an investment of **£200k**.

The service manages and coordinates community care for children and young people with eating disorders across both Boroughs, and also provides support to them on Rainbow Ward (the acute paediatric ward at Wrightington Wigan and Leigh NHS FT) if they have acute medical needs.

The service is working towards achieving the national access and waiting time standards, which are that an urgent referral should be seen within one week and routine referrals within four weeks.

The service has made significant progress during the year in achieving the standards. Based on the latest data, in Quarter 3 (October to December 2018) Wigan achieved the standards for:

- urgent referrals to be seen within 1 week, and
- routine referrals within 4 weeks.

The standard is 95%, and performance was 100% in Quarter 3 for both. The year to date position (April to December) is improving (just below 86% for routine and 100% for urgent referrals).

Children and young people's Community Eating Disorder Service referral to treatment times:

WBCCG Completed Routine Referrals That Began Treatment Within 4 Weeks of Referral									
Standard 95.00%	2017-18				2018-19				18/19
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	YTD
Treatment Began < 4wks After Referral	1	2	2	3	5	1	6		12
Treatment Began > 4wks After Referral	4	3	2	3	1	1	0		2
Total Treatment	5	5	4	6	6	2	6		14
<4 Weeks Referral To Treatment Rate	20.00%	40.00%	50.00%	50.00%	83.33%	50.00%	100.00%		85.71%

WBCCG Completed Urgent Referrals That Began Treatment Within 1 Week of Referral									
Standard 95.00%	2017-18				2018-19				18/19
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	YTD
Treatment Began < 1wk After Referral	2	0	3	2	4	2	1		7
Treatment Began > 1wk After Referral	1	1	0	3	0	0	0		0
Total Treatment	3	1	3	5	4	2	1		7
<1 Week Referral To Treatment Rate	66.67%	0.00%	100.00%	40.00%	100.00%	100.00%	100.00%		100.00%

(Source: NHS Digital)

LTP funding has also been used to commission specialist eating disorder training for schools provided by national charity BEAT (**£28k**).

5.7 **All age RAID**

CAMHS LTP funding supported the implementation of an all age RAID Core 24 Service in Wigan in 2018/19 (**£105k investment**). This is an extension of the adult RAID service, and provides mental health interventions to children and young people with a suspected mental health problem who attend A&E or are admitted to the paediatric ward at Wrightington Wigan and Leigh NHS FT (WWL).

The provision was launched in shadow form in June 2018, and formally transferred to an all age RAID Service in September 2018. The team now includes two additional band 7 children and young people's clinical leads and three band 6 senior children and young people's practitioners. There is medical support from NWB's CAMHS medical team and on call rota.

Children and young people's staff are directly available to respond to CAMHS referrals between 07:30 and 20:00, Monday to Sunday, with adult practitioners responding to and supporting referrals outside of those hours.

Performance has been aligned to the adult RAID service with referrals from accident and emergency having a 1 hour response timescale and 24 hours for inpatient wards.

A competency framework has been implemented, through supervision with identified mentors, to support adult staff in developing the knowledge and skills to work effectively with children and young people. This promotes patient safety and integration of the work force as well as ensuring standards and quality of assessment/interventions for children and young people.

There is on-going engagement with partners at a strategic and clinical level in WWL regarding the transformation of CAMHS services and there is a clear commitment to partnership working to ensuring the experience of young people in the acute trust is positive and improving services for children and young people.

5.8 **ATOM**

Wigan Council's ATOM project aims to transform services for young people on the edge of care and or in care in the Borough.

ATOM is a specialist team that work with young people in care aged 12 and above, which aims to help them become resilient, confident adults by:

- Enabling them to stay safe,
- Helping them find a place to belong, and
- Supporting them to build strong relationships in their local community and with professionals.

Each young person that the team work with will have a network of people around them to provide support when needed and as part of their overall plan. This includes a:

- Social worker,
- Key worker,
- Police community support officer,
- Therapist/life coach, and
- Foster carer.

The service includes dedicated CAMHS resource, which is supported by funding from the LTP (**£200k investment**), in recognition of the vital role of CAMHS in supporting the most complex children and young people by providing a timely, integrated emotional wellbeing and mental health support service.

In addition, the NWBH CAMHS practitioners contribute skills and knowledge to the wider team, helping to improve the emotional literacy and mental health knowledge of the wider staff team, and creating more holistic understanding of young people, and holistic assessments and packages of care to support their wider developmental needs. These actions will promote better experiences of care, and reduce the need for high cost external services to meet the needs of this sometimes complex and challenging population.

5.9 **Workforce development.**

The CCG and Local Authority are working collaboratively with NWB to re-design and review the clinical need and demands of this service in line with THRIVE and our local DEAL asset based approach and to move away from the traditional tiered offer.

All the professionals working in the service demonstrate a commitment to engaging our young people in their care and also use CYP IAPT² goals and assessment tools to help engage and devise treatment plans. The CCG and Local Authority are currently engaging with providers to ensure swift and appropriate data flow of these outcome measures to demonstrate effectiveness of the service and therapeutic interventions.

Locally, as it is nationally, recruitment and retention of experienced skilled clinicians continues to be an area of significant challenge. In Wigan, we have embraced the enhancement of the whole workforce and engaged with CYP IAPT to plan for a long term investment in our workforce.

By using initiatives such as the schools links services, local expertise of our safeguarding training board and national available training we are developing a series of training opportunities for our workforce across the Wigan footprint.

The continued development and delivery of the Wigan LTP, including the adoption of the THRIVE model, is an ongoing transformation of all services for young people within our borough which requires collaboration between all agencies to ensure children and young people receive an integrated response from health, social care and education partners.

In order to achieve this, the CCG and Local Authority have re-visited the partnership arrangement within CYP-IAPT and extended it to social care providers, and we are committed to engagement with our third sector providers to further enhance the emotional and wellbeing offer to our young people.

Transformation funding was used in 2018/19 to back fill for staff that are on CYP-IAPT training (**£129k**) and for clinical supervision (**£17k**)

Using the Five Year Forward View document, Greater Manchester estimated that Wigan Borough CCG should support the training of eight additional therapists and two supervisors by 2021 to meet the nationally-set targets. From 2016/17 (Phase 5 of CYP-IAPT), three therapists in CAMHS have been trained in Cognitive Behaviour Therapy (CBT) and two in Systemic Family Practice (SFP). The end of Phase 8 (2019/20) will see four practitioners trained in clinical supervision to Postgraduate Certificate (PG Cert) level.

² The Children and Young People's Improving Access to Psychological Therapies programme (CYP-IAPT) is a change programme for services delivering CYP mental health care. It aims to improve outcomes and experience of care for children, young people and their families by increasing access to effective services and evidence-based therapies through system-wide service improvements.

It is therefore anticipated that Wigan can meet the minimum contribution by 2021. Retention of staff post-qualification will be a focus of on-going workforce plans.

The Borough has invested in wider workforce development with support of the Learning Disability (LD)/ASD programme and Service Leadership (with eight staff since 2014/15 having undertaken the latter course), both to PG Cert level. Local Authority colleagues in Start Well have been supported to complete the Enhanced Evidence Based Practice (EEBP) course – five expected to complete in 2018/19, and six to be supported in 2019/20. Wigan is also set to host three Children & Young people Well-being Practitioners (CYWPs), and one Education Mental Health Practitioner (EMHP) in 2019/20. The latter courses help address Self-assessed Skills Audit Tool (SASAT)³ recommendations to diversify the CAMHS workforce by providing entry-level roles; whilst the EEBP will serve to enhance the Getting Advice and elements of the Getting Help offer by skilling up the wider workforce.

Wigan will contribute to the GM Workforce group to ensure that interpretation of the SASAT and associated planning is in-line with regional expectations. Service-level analysis will also ensure that CAMHS and the wider borough workforce have the necessary skills to implement collaboratively agreed GM clinical pathways.

The LTP has been supported directly by a CAMHS transformation lead commissioned from NWB to provide clinical input to the development and delivery of the plan (£55k) and a CAMHS lead on the development of the schools link project (£46k).

6. Next steps for 2019/20

- 6.1 To improve the emotional health and well-being of children and young people we need to dramatically improve the accessibility of services not just through an investment in more efficient clinical services, but through an investment in Schools, GPs and community organisations to ensure more emotionally resilient communities, where mental health is understood and services are available where and when they are needed.
- 6.2 Using the Deal and THRIVE as our framework, we are committed in 2019/20 to working across the Wigan partnership on our model of integration for children's emotional health and wellbeing, including specific aspirations around our workforce

³ The Self-assessed Skills Audit Tool (SASAT) maps the skills in the workforce to support workforce planning.

development, developing community capacity and how that's delivered in our SDFs connected to community assets.

6.3 We will continue to monitor and evaluate the services that have already been funded by additional CAMHS LTP investment, described above, to make sure that they are achieving the aspirations that we have for our children and young people and delivering the THRIVE model across the Borough. This year there will be a focus on achieving the key access and waiting time targets.

6.4 **Children and young people's access to mental health services**

Implementing the Five Year Forward View set out an indicative trajectory to achieve the NHS's commitment that *"by 2020/21, at least 70,000 more children and young people should have access to high-quality mental health care when they need it"*.

The CCG has planned increased access rates in order to meet this trajectory over the period to 2020/21. The trajectory for Wigan is shown in the following table:

	2017/18	2018/19	2019/20	2020/21
Percentage of CYP with a diagnosable mental health condition receiving treatment from an NHS-funded community mental health service	30%	32%	34%	35%
Total number of CYP with a diagnosable mental health condition in Wigan	6,400	6,400	6,400	6,400
Number of CYP who should be receiving treatment	1,920	2,048	2,176	2,240

For Wigan the indicative figure for 2018/19 is that **2,048** children and young people should be receiving treatment, which is **32%** of estimated prevalence.

Based on the latest published data (December 2018), the forecast for 2018/19 is that **1,261** children and young people will have received treatment, which is **19.7%** of estimated prevalence shows.

The reported access rate is based on submissions of the Mental Health Services Data Set (MHSDS). At the moment, the only provider in Wigan that's submitting the MHSDS is NWB, which means that we are not capturing the activity that is done by

community paediatrics at WWL or by our third sector provider, Wigan Family Welfare. A national one off data collection that was done for 2017/18 showed that the access rate in Wigan would have been 31.80% if all that data had been captured

The CCG is working with these providers to support their submission of data to the MHMDS, and to routinely evidence that there is significantly more activity being done in Wigan than is being reported.

The biggest area of activity that's not being captured is for children and young people with ADHD and autism. This activity is done in community paediatrics at WWL. The NHSE Intensive Support Team (IST) is also supporting WWL to resolve their issue with data capture for community paediatrics. . The Trust are aiming to make their first submission by March 2019, for January activity

The new projects that have been funded this year with NWB (Schools Link, ATOM and all age RAID) and Kooth's online counselling service will also continue to increase access rates.

6.5 Children and young people's waiting times for mental health services

Greater Manchester has made a commitment that children and young people should be seen in an initial appointment within 6 weeks of being referred for specialist mental health services, and enter treatment (denoted by 2 appointments) within 12 weeks (a schools term) of referral.

Wigan's performance against those standards has been raised as a concern by Greater Manchester, and all partners in Wigan are now working together to improve the position.

Wigan CAMHS performance (April 2018 – December 2018) shows that:

- Children and young people are waiting just over 19 weeks for their first appointment, and
- They are waiting on average just over 29 weeks before treatment starts at their second appointment.

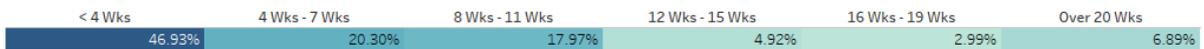
Wigan's performance against the other 9 GM localities is shown in the following charts:

Referral to first appointment times:

Waited Weeks Referral to First Appointment by CCG

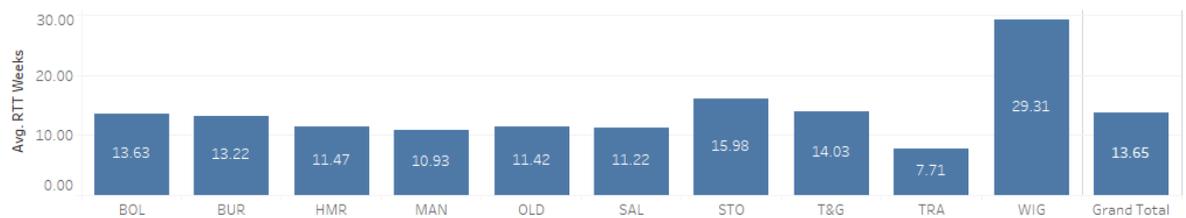


Referral to First Appointment by Week Band

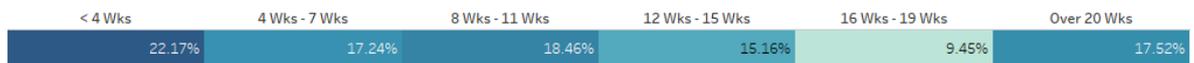


Referral to treatment times:

RTT Weeks (2nd Direct Appointment) by CCG



RTT by Week Band



(Source: GM tableau)

CAMHS LTP funding will be prioritised in 2019/20 to address waiting times and provide a more sustainable offer. GM have given Wigan additional funding to use for this (£150k) The plan for this funding is additional investment in NWB CAMHS, widening the third sector offer in Wigan and developing a multi-agency referral hub.

The NHS Intensive Support Team is also supporting Wigan to do a wider diagnostic review of how we commission and provide CAMHS, to identify other areas which could improve the position.

6.6 Perinatal Infant Mental Health

GM has identified parent infant mental health as one of the key transformation priorities and a whole system transformation programme is underway. The programme focuses on enriching the provision in universal services including

maternity, health visiting and children's service by building on three key mental health elements. These are:

- GM Perinatal Community Mental Health Team (PCMHT)
- Parent Infant Mental Health Teams – one in each locality
- Perinatal Infant IAPT – enhancing IAPT services to meet the needs of parents in the pregnancy to 2 years of age period

The GM Perinatal Community MH Team (PCMHT) became operational in Wigan in January 2019. Wigan's share of the cost of the team is **£99k** in 2019/20

Plans are progressing in Wigan to develop a Parent Infant Mental Health team in line with the GM Service Specification. The investment allocated to develop the team in 2019/20 is **£244k**. A child psychotherapist has been commissioned to lead the team, and the next step is to identify existing resources and gaps in the current offer in Wigan in order to progress our plans towards meeting the GM specification.

The local psychological therapy services have all developed plans to become compliant with the GM perinatal infant IAPT standards implementing the 'Babies can't wait' protocol. This will ensure that priority access to services will be given to parents in the perinatal period and adaptation to therapy sessions to facilitate easier access. Additional investment has been allocated to support the development (**£163k**) and we will monitor the success of these plans and adherence to the standards throughout the coming year.

6.7 Children and young people's participation and engagement in the planning, design and delivery of services

We are committed to actively involving children and young people in the transformation of services in Wigan to support their emotional health and well-being.

During 2018/19, young people's engagement has included: 17,191 young people voted mental health as the top issue of concern for local young people in the UK Youth Parliament's 'Make Your Mark' ballot (facilitated locally by Wigan and Leigh Youth Cabinet).

- Wigan and Leigh Youth Cabinet's young people are developing a campaign in response to the Make Your Mark results.

- Young people held a local debate in November on mental health, for UK Parliament Week.
- Young people from Wigan also attended the GM event on mental health arranged by the High Sheriff in November.
- Healthwatch consultation with young people on mental health.
- Papyrus prevention of young suicide have consulted with Youth Cabinet on a new app they want to develop.
- During Leigh's 'month of action' in October, Wigan Council consulted with 200 children from Leigh primary schools using the 'Life tool' to ask how young people feel about family life, school life, life outside the home, life as a whole.
- Young people involved in Wigan Council's PR team's campaign on mental health 'Together We Can'.

Our plan for 2019/20 is to use the feedback from the engagement that's already been done to develop and co-design a consultation process with young people, which will lead to wide consultation to inform on-going transformation and more in-depth consultation with targeted groups (including LGBTQ+ young people, young people from different backgrounds, care leavers, and young people involved in the youth justice system).

7. Greater Manchester Strategic Plans to Improve Children and Young People's Mental Health Services

Wigan's CAMHS LTP is closely aligned with Greater Manchester's strategic plans to improve children and young people's mental health services.

7.1 Greater Manchester Health and Social Care Partnership and the Sustainability and Transformation Plan (STP)

Mental health problems in children are associated with educational failure, family disruption, disability, offending and antisocial behaviour, placing demands on social services, schools and the youth justice system. Untreated mental health problems create distress not only in the children and young people, but also for their families and carers, continuing into adult life and affecting the next generation.

Devolution has enabled Greater Manchester to collectively respond to the challenges outlined within Future in Mind and in doing so, make a step change in transforming mental health services for children and young people living in Greater Manchester.

Greater Manchester has developed an all age Mental Health and Wellbeing Strategy that provides a framework to support the transformation of Children and Young People's mental health at a Local Transformation Partnership level and across the wider Greater Manchester Footprint.

The Greater Manchester strategy focuses on:

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

The Greater Manchester Mental Health Strategy can be viewed at:

https://www.greatermanchester-ca.gov.uk/downloads/download/55/greater_manchester_mental_health_strategy

7.2 Collaborative Commissioning across Greater Manchester

Following the publishing of Future in Mind a collaborative approach to the commissioning and delivery of children and young people's mental health services across all 10 of GM's Local Authorities/CCGs has been established.

This collaborative approach across the 10 Local Authority footprints is enabling the sharing and implementation of good/best practice, development of consistent care pathways and quality standards, leading to improved quality and equitable services across Greater Manchester.

Working together CCGs/LAs are delivering more efficient use of resources by commissioning and delivering some services at scale. The costs of Specialist CAMH Services are unlikely to be reduced, but efficiency will improved as a result of an

implementation of THRIVE informed service delivery which will result in increased throughput. Additional efficiencies will be delivered by reducing the numbers of professionals involved in complex families for whom managing risk is the primary support/intervention.

7.3 The Greater Manchester programmes cover:

- Vulnerable Groups
- GM Support Programme for Children and young people in contact with the youth justice system (Collaborative Commissioning Networks)
- Greater Manchester Tier 4 (inpatient) CAMHS
- GM Children and Young People Participation and Engagement in the planning, design and delivery of services
- GM Children and Young People's Crisis Care Pathway - REACH-IN
- Greater Manchester ADHD Standards
- GM i-THRIVE
- GM Mentally Healthy Schools Rapid Pilot

Details of the programmes, and how they link to our work in Wigan are given in Appendix 1

8. Conclusion

8.1 In Wigan we have high ambitions and a clear vision for our children, young people and families. We want them to feel safe and to care about their health, education and employment. We also want them to be confident and resilient individuals who are connected to their community and are able to make an effective contribution as responsible citizens.

8.2 Children's emotional health and wellbeing is a fundamental component of our children's services, and our CAMHS LTP sets out our ambition to redesign our services by 2020 to create a model for CAMHS that supports our vision.

8.3 The Deal for Children and Young People and the THRIVE model provide the basis for reforming services in the borough to deliver this ambition.

8.4 We have made good progress in 2018/19 in achieving our aspirations by investing in new services and developing our workforce. In 2019/20 we will build on this, and the significant amount of reform work done in Wigan as part of the Deal, to fully implement a THRIVE model.

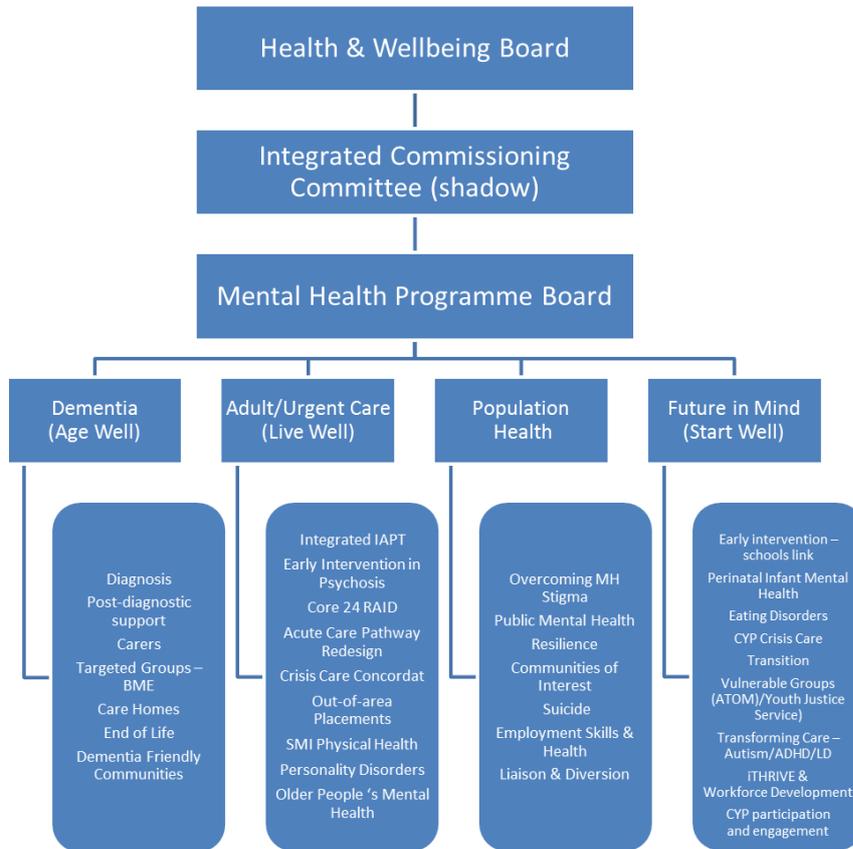
- 8.5 The funding that's been allocated to Wigan Borough CCG for Children and Young People's mental health in 2019/20 is **£1,353k**. The priorities for the allocation are described above and summarised in the following table:

Section	Summary	Value
5.2	THRIVE schools link service	£353k
5.3	KOOTH	£28k
5.5	Neurodevelopmental services	£35k
5.6	Community Eating Disorder Service	£202k
5.6	BEAT	£28k
5.7	All aged RAID	£106k
5.8	ATOM	£200k
5.9	CYP-IAPT training and supervision	£57k
5.9	CAMHS transformation lead post	£55k
6.5	Access and waiting time improvement and move to THRIVE	£289k
	Total	£1,353k

- 8.6 Funding has also been allocated to develop perinatal infant mental health services in Wigan (**£506k**). The priorities for this funding are:

Section	Summary	Value
6.6	GM Perinatal Community Mental Health Team	£99k
6.6	Parent Infant Mental Health Team	£244k
6.6	THRIVE schools link service	£163k
	Total	£506k

- 8.7 The local Future in Mind Group will continue to be responsible for overseeing the effective delivery of these priorities. The group meets monthly and has representatives from all the local commissioning and provider organisations, the community and voluntary sector and from education.
- 8.8 The Future in Mind Group reports to Wigan's Mental Health Programme Board, which holds the group to account for the delivery of the work programme.



8.9 All local partners are working together, through the Wigan Future in Mind group, to ensure the best use of existing as well as new resources, so that all available funds are used to support improved outcomes in line with the Mental Health Five Year Forward View.

Appendix 1 Greater Manchester Programmes

Vulnerable Groups

Improving Access to Children and Young People's (CYP) Community Mental Health Support and Treatment is a key priority for Greater Manchester (GM) and Nationally.

The NHS has committed to widening access so that by 2020/21, national 70,000 more CYP are accessing treatment each year. This equates to almost 4,000 additional CYP in GM being treated over the 2014/15 baseline (applying 2004 prevalence rates). Under GM improving access ambition plans have/are been established that will seek to improve access and care for the following groups of CYP deemed vulnerable to mental health and/or accessing support:

- Children affected by trauma or adversity (e.g. domestic or physical abuse, victims of sexual exploitation, death of close friend or family member, refugee or asylum, fleeing war, acts of terrorism).
- Looked after Children and Carer Leavers.
- Young Carers (someone aged 18 or under who helps look after a relative who has a condition, such as a disability, illness, mental health condition, or a drug or alcohol problem).
- Children and young people with Learning Disabilities
- Children and young people with Neurological conditions (e.g. Autistic Spectrum Disorders (ASD) and Attention Deficit Hyperactivity Disorder (ADHD))
- Young Lesbian, Gay, Bisexual, Transsexual, Queer/Questioning, (LGBTQ) People
- Children and young people in contact with the youth justice system
- Children and young people with chronic physical health problems – long term conditions
- BAME Children and Young People

To date at a GM level work has been initiated to improve access for young people where there is additional complexity and vulnerability that centre on LAC, ADHD, those in contact with the justice system, LD and ASD. Plans are being developed to expand to included initiate work programmes that will centre on Trauma and adversity and LGBTQ in 2019.

There is a significant local reform programme taking place within Children's Social Care in Wigan that will be critical in developing local pathways with mental health services to ensure vulnerable children and young people have improved access to appropriate services. Local plans will continue to be developed to compliment GM level programmes.

GM Support Programme for Children and young people in contact with the youth justice system (Collaborative Commissioning Networks)

We are committed to support implementation of collaborative projects focused on improving mental health services for children and young people in contact with the youth justice system.

At a Greater Manchester level work has been initiated that focus on enhancing the pathways and bridging the gaps for children and young people who are accessing Health and Justice commissioned services. This includes, but is not limited, to the following pathways for children and young people:

- Those transitioning into and out of custody and detention
- Those transitioning into and out of secure welfare placements
- Those presenting at Sexual Assault Referral Centres
- Those in contact with Liaison and Diversion Services

As such, the GM Youth Justice Support Programme for Collaborative Commissioning Networks aims to support shifting of resources at points in the system where it can have the greatest impact, including prevention and early help. We also aim to improve identification of health needs of young offenders through consistent screening processes to support them to live healthy lives away from crime.

Wigan has received GM funding for a Subject Matter Expert in our youth justice service. The Subject Matter Expert will work with partners in the local youth justice service to develop a common understanding of how THRIVE principles relate to their work settings and how better outcomes can be achieved for children and young people by using those principles in their work.

The Subject Matter Expert will also support the emerging GM youth justice emotional wellbeing mental health pathway development work.

Greater Manchester Tier 4 (inpatient) CAMHS

The NHS England National Commissioning Committee approved the delegated responsibility of CAMHS Tier 4 General Adolescents (GA) and Eating Disorders (ED) Services to the devolved Greater Manchester Health and Social Care Partnership (GMHSCP) Chief Officer. This enables Greater Manchester (GM) the ability to make key decisions around specialised Child Adolescence Mental Health Services (CAMHS) that will deliver cohesive pathways across the full spectrum of general mental health and eating disorders. Also enable creative solutions to service design to be pursued – in keeping with the national direction for specialised mental health services.

In this context, the GM delegated responsibility of CAMHS Tier 4 GA and ED commenced on 1st April 2018 and work is being undertaken to develop clear commissioning objectives that maximises the effectiveness of the GM New Care Model and the efficiencies within the areas of responsibility.

In support the GM CYP Crisis Care Pathway – REACH-IN pathway aims to dramatically improve the overall experience and outcomes for children and young people in crisis with mental health issues, along with those who care for and work with them. The work includes a new Tier 4 Assessment centre for managing referrals into specialist CAMHS inpatient bed. The Assessment centre will provide active case management pre and post admission. Divert those who could be managed through an alternative to inpatient (assertive outreach and active case management/home treatment).

GM Children and Young People Participation and Engagement in the planning, design and delivery of services

The Greater Manchester Health and Social Care Partnership (GMHSCP) have agreed to an overarching engagement framework which makes the commitment to securing expertise by experience into each of the Greater Manchester (GM) based programmes.

In February 2018 the Youth Combined Authority (YCA) was established; the YCA is part of the Greater Manchester Governance structure and gives young people under the age of 18 years, the opportunity to shape, influence and scrutinise Greater Manchester's practice, policy and plans. The YCA is made up of two representatives from each of the ten Local Authority Youth Councils, including 2 representatives from Wigan and Leigh Youth Cabinet, and two representatives from each of ten additional selected organisations from across Greater Manchester all of whom are committed to

youth voice and social action. The YCA is supported by the Mayor's office and co-ordinated by Youth Focus North West.

The YCA has elected a Health Working Group made up of members of the YCA and additional interested young people from the constituent groups and localities. The priority theme of the YCA Health Working Group is Mental Health with the following work streams:

- Stigma, challenging perceptions and raising awareness
- Quality, making services young people friendly, both those provided within the NHS and other agencies.
- Training for professionals and young people on supporting young people (i.e. Mental Health First Aid training) within the NHS and other agencies.
- Spreading good services across Greater Manchester and addressing the postcode lottery.

Children and Young People from January 2019 are represented as members of Greater Manchester Children and Young People's Mental Health Board (GMCYPMH Board) which seeks to support the young people's priorities as far as possible through coproduction principles. A representative from the Wigan and Leigh Youth Cabinet will be attending the Board.

Members of the GMYCA and the Health Working Group will consider the needs of the diverse nature of young people and consider accessible methods to gather views of young people who may not feel comfortable in a meeting environment by:

- Identifying stakeholders and people who have contact with young people; youth workers, organisations
- Use the information gained from their host organisations and by speaking to other young people
- Conducting surveys and focus groups
- Keep young people updated via the GMYCA Communications Strategy
- Social media
- Use a range of different platforms to spread information, because not all young people use social media
- Twitter – live chat hashtags
- Link in with Health-watch champions
- Presentations in schools and colleges

In addition work and training has been initiated to improve shared decision making by empowering young people voices in their own treatment decisions about their individual mental health and care and treatment. Shared decision making is a central element of the GM i-Thrive programme.

GM Children and Young People's Crisis Care Pathway - REACH-IN

A Greater Manchester Transformation Fund £ 13.3m proposal was approved in December 2017, which held the vision to develop a GM-wide whole system crisis care pathway which will provide a high quality and timely response to young people in crisis and their families, accessible across 7 days. The pathway will be fully inclusive, have open access, be holistic and multi-agency and provide a timely and proportionate response based on need.

In 2018/19, extensive work was undertaken to begin to operationalise the model, engaging with partners across GM, recruiting staff and designing clinical pathways and protocols.

For 2019/20, the overarching aim is to launch of all elements of the pathway, completing recruitment and beginning to accept referrals. By the end of this financial year, Rapid Response Teams will be available 24/7 across GM, reducing demand on A&E and community CAMHS and improving the experience of young people and their families.

As a key partner we will continue to support this vital work as it progresses.

Greater Manchester Community Eating Disorders

Across GM there are currently three community eating disorder services operating out of four different sites for young people. Work is taking place to ensure all services achieving the national access and wait time targets by 2020, which current trends would indicate that is on track, although not currently being achieved.

Source NHS Digital: Data shows CYP ED waiting Times for Urgent at Sept 2018

CYP Eating Disorder Waiting time - Urgent (rolling 12 months - quarterly for national & regional)			
	Mar-18	Jun-18	Sep-18
ENGLAND	78.9%	74.7%	81.3%
NORTH OF ENGLAND	78.8%	73.5%	81.6%
GREATER MANCHESTER (ICS)	74.5%	81.0%	90.0%

Source NHS Digital: Data shows CYP ED waiting Times for Routine at Sept 2018

CYP Eating Disorder Waiting time - Routine (rolling 12 months - quarterly for national & regional)			
	Mar-18	Jun-18	Sep-18
ENGLAND	79.9%	81.2%	80.2%
NORTH OF ENGLAND	85.7%	84.2%	83.4%
GREATER MANCHESTER (ICS)	80.4%	82.8%	86.6%

The performance of the Wigan and Bolton team is highlighted in section 5.2.

Building on learning each service has developed since being established, the GM CEDS Steering Group is working to support the services to deliver care in a more consistent way across the conurbation. The aim is to amplify aspects of the services that are working well, and continue to reduce unwarranted variation between the services. Clinical and operational staff are meeting monthly, along with commissioners and VCSE representatives to further develop a GM CEDS service specification for autumn 2019 in advance of commissioning intentions being agreed.

Greater Manchester ADHD Standards

Across Greater Manchester work is taking place to ensure paediatrics and CAMHS are jointly delivering the ADHD pathway for young people. Almost all localities have paediatric and CAMHS representatives as part of their local multi-disciplinary team developing and assuring the pathway. Additionally all localities in GM have access to an objective psychometric measure (via Qb Test) to support diagnosis and management if and when required. Further work is taking place to increase all services cognisance with the 12 GM ADHD Standards. This includes but not limited to:

- Multi-disciplinary team assuring the pathway and being involved in its ongoing quality improvement including education representatives who should be able to refer directly into the pathway (rather than only via a GP).
- Implementation of nurse led clinics
- Single point of access into the pathway, that will allocate cases to Paediatrics or CAMHS based on need.
- Reduction in unwarranted variation between CAMHS and Paediatric services including data collection and reporting, including access and wait times.
- Post-diagnosis support offer that includes face to face session for parents and carers to attendee.

There is an expectation that ADHD services are both commissioned for, and deliver access to at least 1.5% of the population. The Greater Manchester ADHD standards are the evidence base that's being used to develop the Neurodevelopmental offer in Wigan (section 5.8)

Greater Manchester CAMHS Workforce

In order to sustain delivering increased access and improved outcomes for children and young people's (CYP) mental health – as per the national must do - a significant expansion in the workforce (and associated investment) is required. Following publication of the Five Year Forward View for Mental Health (FYFVMH) and more recently Stepping Forward to 2020/21: The mental health workforce plan for England (July 2017), Greater Manchester (GM) is required to hold plans how it will grow the mental health workforce to enable us to deliver the FYFVMH objectives.

In addition GM and its localities has recognised the potential risk to effectively delivering our ambitious children and young people mental health transformation plans are largely centred on the workforce.

In response a £1.4 million investment through GM transformation funding has been secured to ensure a clear strategy and associate plans are in place to mitigate the known risks. The Greater Manchester Children and Young People's Emotional Wellbeing and Mental Health Workforce Strategy has been developed through consultation and engagement with a variety of stakeholders that included NHS Providers, Clinicians, CCGs and the GM Strategic Clinical Network – to name a few.

The scope of the strategy focuses on the specialist element of CYP Mental Health workforce – CAMHS. Over time and through the work GM transformation funded GM

i-Thrive programme strategic planning will seek to develop strategies for the wider CYP workforce. The purpose of the strategy is to outline principles and solutions across four key domains: -

- Improving supply and retention
- Building skills and knowledge
- Talent development and system leadership
- Improve workforce welfare and wellbeing

To date all specialist GM NHS CAMHS services have undergone the Self-assessed Skills Audit Tool (SASAT) to map their existing provision in order that a clear understanding of both local and GM gaps are understood. The assessment provides full information on staff numbers including whole time equivalents, skills and capabilities.

Building on the SASAT and in order to meet the requirements and those of the Five Year Forward View for Mental Health and Stepping Forward to 2020/21: The mental health workforce plan for England, GM as an STP area has to submitted returns to NHS England on how we are planning to grow the CAMHS workforce to enable us to deliver increased access and better outcomes.

Table 1: Greater Manchester CAMHS Workforce expansion (2016-2021)

CAMHS Workforce Expansion	Medical	Nursing	Allied Health	Total Clinical
Greater Manchester (100%)	9.0	65.0	37.0	111.0
Bolton (10.1%)	0.9	6.6	3.7	11.2
Bury (6.5%)	0.6	4.2	2.4	7.2
Heywood, Middleton & Rochdale (8.0%)	0.7	5.2	3	8.9
Manchester (21.1%)	1.9	13.7	7.8	23.4
Oldham (8.1%)	0.7	5.3	3	9
Salford (9.5%)	0.9	6.2	3.5	10.5
Stockport (10.0%)	0.9	6.5	3.7	11.1
Tameside & Glossop (8.3%)	0.7	5.4	3.1	9.2
Trafford (7.4%)	0.7	4.8	2.7	8.2
Wigan (11.0%)	1	7.1	4.1	12.2
TOTAL	9	65	37	111

Note: Workforce expansion by service area in Full Time Equivalents (FTE)

The numbers provided are based on Public Health weighted capitation formulas to apportion the nationally agreed figures across Greater Manchester STP

The enhancement of an additional 111 CAMHS clinical staff across Greater Manchester, outlined above, will be supported by Greater Manchester Transformation funded uplift of 39 additional clinical posts working within the Greater Manchester Crisis Care Pathway (REACH-IN). This combined growth sets an ambitious target to grow the workforce by a total of 150 clinical posts by 2021; ensuring a comprehensive CAMHS (up to 18yrs) to meet the population needs.

GM i-THRIVE

Each of the 10 Local Transformation will work with GM iTHRIVE team to enable the delivery of the GM CYP mental health transformation programme. It is planned that this will be achieved by strengthening and developing closer relationships with leaders within provider and commissioning networks, supporting the identification of a range of local implementation leads and the creation of “THRIVE informed” local teams to better support the local implementation process.

Training will be provided and supported by a GM iTHRIVE Training and Development team over a three year period. GM iTHRIVE will provide training for a minimum of 60 front-line staff per year – 6 per locality to be trained and able to embed the training back in the locality to support delivery of THRIVE-like services. The GM team will coach and mentor local leads through THRIVE informed transformation processes and work flexibly with each LTP to develop a wider understanding of each locality’s needs and requirements and draw from both the resources in the THRIVE toolkit and the expertise within the National iTHRIVE team in order to provide each LTP with a tailored package of support.

Utilising the iTHRIVE implementation, evaluation and outcomes framework the GM team will create a learning network/community of practice alongside action learning groups, and will organise and facilitate joint learning days that will address and tackle common issues and challenges encountered across the 10 LTPs, and share knowledge about service improvement, innovations, that emerge within individual localities.

Since GM i-THRIVE programme team in place (July 2018):

- All localities are engaged and fully committed to implementing THRIVE
- All localities completed initial intelligence gathering tool

- All localities have as draft implementation plan and have had one to one meetings with programme manager to plan next steps.
- All localities have had an i-THRIVE presentation at their strategic board.
- Engagement workshops are starting to take place across GM.
- GM Outcomes Framework drafted.

Plan for next year (2019/20):

- All localities to complete workshops and have a full understanding of what their current whole system looks like and identify priorities.
- Phase 1 of implementation to be completed.
- Subject Matter Experts to be pulled in using the funding from GM to work on implementing i-THRIVE in different parts of the system.
- THRIVE training academy to start in January – all localities committed to allocating 6 people from across the system to attend training and embed practice back within the locality.
- All localities committed to Community of Practice.
- Localities committed to supporting the gathering of data for GM Outcomes Framework including assistant psychologists undertaking surveys/interviews with Children and Young People and the wider workforce.
- Explore supervision and consultation models to support the broadening of the system (phase 2).
- THRIVE leads from each locality meet regularly to share good practice and challenges in a peer support forum.

All localities to have a communication and engagement plan.

GM Mentally Healthy Schools Rapid Pilot

A six month rapid schools emotional wellbeing and mental health pilot was delivered at pace across GM to increase access to evidence informed mental health support and help for students/pupils and staff, delivered across primary and secondary schools, special educational needs (SEN) schools and a pupil referral unit (PRU). The pilot was linked with the Green Paper reforms for ‘Transforming Children and Young People’s Mental Health Provision,’ which was published in December 2017.

A key feature of the pilot was a collaborative model of delivery of the programme to 31 primary and secondary schools, SEN schools and PRU. The pilot was delivered by

four voluntary and community social enterprises (VCSE) organisations: Alliance for Learning (AfL), Place2Be (P2B), Youth Sport Trust (YST) and 42nd St, over an intense six month period and was completed in October 2018.

Each partner delivered areas of the programme which highlighted their expertise. AfL delivered Mental Health First Aid Training to support senior leaders and Mental Health First Aid Lite. P2B supported staff with a whole school approach and delivered Mental Health Champions training to senior leaders. They also worked with primary school students and supported YST with the delivery of their sessions.

YST delivered a programme of support to children and young people – ‘Moving Minds’ which was delivered by athlete mentors to support C&YP with their physical and emotional wellbeing. They also ran a programme of peer mentoring with Young Mental Health Champions/Ambassadors. 42nd Street offered a programme of supportive workshops to groups of secondary pupils and worked collaboratively with YST to deliver one on one support during their sessions.

The schools involved in the pilot were taken from across the GM footprint and a total of 7 of the 10 localities were included in the coverage of schools for the pilot. The localities involved in phase 1 were: Bolton, Bury, Manchester, Oldham, Stockport, Trafford and Wigan.

The University of Manchester were engaged to complete an evaluation of the programme and produced a final report which was summarised into an evaluation document, which give an overview of the pilot, key findings, and recommendations for further development of the programme

An End of Pilot Summit was held in October at the Etihad Stadium. The summit was an opportunity to celebrate the successful completion of the 6 month Rapid Pilot, to hear from the young mental health champions/ambassadors who had participated in the pilot, together with views from some of the Head teachers of the schools involved in the pilot.

The pilot delivered:

- 31 schools recruited, engaged trained and supported (including schools in the Wigan Borough)
- 62 Senior leaders received Mental Health champion training over four sessions
- 53 Middle leaders received Mental Health First Aid Training
- 60 Targeted school staff received Mental Health First Aid Lite Training

- 450 Year 5 Primary pupils participated in two active workshops with follow up support
- 240 Year 10 secondary pupils participated in tow active workshop with follow up support
- 67 Primary pupils received training to become Young Mental Health Champions
- 90 Secondary pupils received training to become Mental Health Champions

Phase 2 of the Pilot will see the continuation of work across the original 31 schools and the roll out to a further 31 schools & colleges, bringing the total number of schools and colleges within the Pilot to 62. The ambition is to scale the project to 10% of schools and colleges across the GM footprint, with the third phase of the project involving the procurement of additional providers to deliver to a further 63 schools and colleges – which will mean the total coverage of schools and colleges in GM (125) will represent 10% of our total schools and colleges.