The Rochdale Borough
Children and Young People’s Mental Health
and Emotional Wellbeing Transformation
Plan

SUPPORTING CHILDREN AND YOUNG
PEOPLE TO THRIVE IN YEAR 4
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  - Rochdale Borough Council, Children’s Social Care, Early Help and Schools, Youth Offending and Public Health services  
  - Pennine Care NHS Foundation Trust  
  - Rochdale and District Mind  
  - Early Break Drug and Alcohol Services  
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The Transformation of Children and Young People’s Emotional and Mental Health Services in Rochdale

In December 2015, we developed and launched our ambitious plan to enhance and improve the mental health and emotional wellbeing support for children and young people in Rochdale. We are happy to report that we have already travelled some way to achieving our aims, and our progress is highlighted within this refreshed plan.

Our financial commitment to improve children and young people’s mental health and emotional wellbeing is evident within this plan. Our investment in children and young people’s emotional and mental health and perinatal infant mental health will rise each year until 2020/21 in accordance with the national requirements. This new investment has made it easier and more convenient for those children and young people, and families needing support to access it in a timely manner. Enabling children and young people, as well as parents and carers to self-refer into our new emotional health and wellbeing service, #Thrive, has increased the number of children and young people accessing support in the borough, with 654 children and young people accessing a first appointment in 2016/17, rising to 1323 in 2017/18 and 1222 in 2018/19 (April 2018 to January 2019). We are therefore confident that Rochdale will over perform against the national ambition of increasing the number of new children accessing mental health support by 2020/21.

The main focus of the plan during 2019/20 is to:

- Continue to improve access into children and young people’s emotional and mental health services
- Build community resilience and capacity
- Implement the Thrive principles across the children and young people’s services
- Improve the emotional and mental health support in schools by developing mentally healthy schools
- Implement the whole system redesign of children and young people’s services in Rochdale to move to the Family Services Model
- Improve Perinatal Infant Mental Health support in the borough.
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Foreword to the Rochdale Borough Mental Health and Emotional Wellbeing Transformation Plan

We are delighted to be able to present our local Transformation Plan, setting out how we aim to improve the emotional and mental health support for our children and young people over the next 5 years.

Our local transformation plan has been developed in response to the government’s policy ‘Future in Mind’ and describes how we intend to meet the challenges and opportunities presented to deliver both the national and our local vision to achieve true parity of esteem in children and young people’s mental health and emotional wellbeing services.

Throughout, we have involved a range of stakeholders in the development and design of our local transformation plan, including professionals involved in delivering mental health services for our children and young people. Locally, we are committed to a co-design approach to service delivery and improvement and will continue to listen to and involve our children, young people and their families in the delivery of this plan.

We are clear that the local transformation plan is just the starting point in a journey to deliver our vision for improved mental health and emotional wellbeing services for our children and young people and our priorities may shift over the coming years. The local transformation plan will therefore evolve over this time as more detailed intelligence and insights emerge.

We are excited to begin to deliver the priorities set out in this plan and will be working hard to provide timely, high quality services for all children and young people in Rochdale. This plan demonstrates our commitment to addressing the emotional and mental health needs of our children and young people and our service enhancements will continue to be developed with their future in mind.

Sally McIvor, Director of Commissioning & Director of Adult Social Care  
NHS Heywood, Middleton and Rochdale CCG/ Rochdale Borough Council  
Gail Hopper, Director of Children’s Services  
Rochdale Borough Council
1.0 Executive Summary

The emotional health and wellbeing of children is just as important as their physical health. Good mental health allows children and young people to develop the resilience to cope with whatever life throws at them and grow into well-rounded, healthy adults.

Timely, high quality and accessible emotional and mental health support is vital to improving outcomes, enhancing life chances and enabling our children and young people to reach their true potential, thereby reducing the reliance (and cost) on mental health services in later life.

Locally, we believe that Mental Health is ‘everybody’s business’ and the CCG and Rochdale Borough Council are committed to working together, with our local services, communities, the third sector, children and young people and families/carers to build integrated, safe and accessible services, which meet the needs of our children and young people. This plan highlights how we have worked closely together to review services and develop clear priority areas, which are aligned to the national vision to transform child and adolescent mental health services outlined in Future in Mind. NHS Heywood, Middleton and Rochdale CCG and Rochdale Borough Council will lead the delivery of this plan in conjunction with our partner organisations.

Our Local Transformation Plan for child and adolescent mental health services (CAMHS) outlines how we intend to improve the mental health and emotional wellbeing support for our children and young people over the course of the coming 5 years. It is important that we are absolutely transparent in our improvement plans and therefore the local transformation plan also describes the services, support and resources that are currently available, alongside our pledge to improve them.

The local transformation plan builds on the priority areas outlined in Future in Mind and aligns them to local need utilising both existing resources to deliver parity of esteem as well as additional investment to deliver our CAMHS transformation. Ours plans saw an additional CCG recurrent investment in CAMHS and Perinatal Infant Mental Health locally of £1,473,000 in 2018/19 rising to £1,995,000 in 2020/21 from the 2014/15 baseline.

This local transformation plan is iterative and will continue to be developed over the five-year timeframe in accordance with local need and priorities. Our vision articulated in this plan is to transform emotional and mental health services in Rochdale by 2021 by building the resilience of children, young people and their families, as well as developing the capacity of trusted adults within the community. Our aim over the next five years is to shift the focus of mental health services to prevention and early intervention, whilst maintaining high quality intensive support for those children and young people who need it. We want our services to be centred on delivering the outcomes that are important to our children and young people and their families/carers, in order to provide a solid foundation from which they may continuously develop as individuals and as a family unit. Our children and young people should be able to access the right support to meet their identified needs, whatever they may be, and this plan hopes to ensure that the system and pathways are configured in a way that allows this.

Poor emotional and mental health is directly linked to non-attainment and this local transformation plan is an exciting opportunity to truly make a difference to the life chances of our children and young people and to stem the need for mental health services in adulthood.
2.0 Introduction

2.1 The Government published its report ‘Future in mind: Promoting, protecting and improving our children and young people’s mental health and wellbeing’ in March 2015. This report made key recommendations to schools, commissioners, and early years’ staff emphasising the need to improve services for children and young people. The key themes emerging from the report which are fundamental to creating a system that properly supports the emotional wellbeing and mental health of children and young people are:

- Promoting resilience, prevention and early intervention
- Improving access to effective support – a system without tiers
- Care for the most vulnerable
- Accountability and transparency
- Developing the workforce

There are concerns within the report around the coordination of services, particularly as there are many different commissioning agencies, with services often fragmented, where there is the risk that children and young people may fall through the gaps. It is recommended that services are developed with shared ownership, delivering a coordinated seamless provision to achieve the outcomes that are important to children and young people and their families. The report also made clear the Government’s commitment that mental health services for people of all ages should have parity of esteem with physical health services.

As part of its commitment to achieving parity of esteem, the Government has released additional funding allocations to CCGs to develop local child and adolescent mental health service (CAMHS) transformation plans to improve the services available locally for our children and young people.

3.0 Purpose of this document

3.1 This document sets out the local transformation plan for children and young people’s mental health and emotional wellbeing services in Rochdale. It describes the emotional and mental health needs of children and young people in the Borough and the resources currently available to meet those needs, as well as our future plans to transform mental health services for our children and young people and deliver parity of esteem in accordance with national plans.

4.0 The mental health needs of children and young people in Rochdale

4.1 Joint Strategic Needs Assessment (JSNA) - is used to help determine what actions local authorities, the local NHS and other partners need to take to meet health and social care needs, and to address the wider determinants that impact on health and wellbeing. Rochdale Borough Health and Wellbeing Board made the decision to refresh our JSNA for 2017/18. The JSNA is an ongoing story about how our population is made up, how healthy we are and the resources we have to help us stay healthy. The JSNA addresses our children and young people’s services in the sections pertaining to Early Years, Developing Well and Early Adults. The JSNA for 2017/18 can be downloaded here. The key findings of our JSNA for 2017/18 relating to children and young people’s mental health within Rochdale are described below.

4.2 The Lifecourse of Children and Young People

Demographics - Rochdale’s population is currently slightly younger (20.1% under the age of 15) than that of Greater Manchester (19.2) and England (18%). Children and young people under the age of 20
years make up 26.2% of the population (2016), although this is projected to reduce to 25.8% by 2026. A higher proportion of young people are from BME groups and the latest schools’ survey data suggests this is increasing. 35.3% of school children in 2016 are from a minority ethnic group. 54.1% of 0-19 year olds live in one of the two most deprived JSNA groups. Levels of child poverty (children under 16) in the Borough is also higher than national average at 21.6% compared to 16.8% in England.

Mortality – the Infant Mortality rate (child health profile 2018) is similar to England with an average of 12 infants dying before age 1 each year. Recently there have been 9 child deaths (1-17 year olds) each year on average.

Health Protection - Our performance in health protection is generally good with immunisation rates above the North West and England averages in most indicators.

School Readiness – measured at the end of Reception Year 2015/16 was 63.3% in Rochdale compared to 66.7% across the North West and 69.3% in England. For those children in receipt of free school meals, only 49.0% were considered school ready in Rochdale, compared to 51.1% in the North West and 55.4% in England. Three factors are very important to the likelihood that a child is ready to start school: socio-economic status, high-quality early education and care, and ‘good parenting’. Gaps in achievement between the poorest and better-off children are often established by the age of 5.

Wider Determinants of Health - There are high rates of children in care with rates steadily increasing since 2009/10. The rate per 10,000 population of children in care (2017) in Rochdale (89) is significantly worse than the England position (62). In 2016, the Our education performance is below that of England and the North West although there is a significant correlation within the Borough between deprivation and educational attainment.

Health Improvement - Rates of low birth weight babies increased in 2012 and remained above national and regional levels in 2013. There has been no significant change in 2016 in rates of low birth weight, although locally we are at 3.3% still above the national average of 2.8%. Dental health is worse than the England, with 47.1% of 5 year olds having one or more decayed, filled or missing teeth compared to the England average of 23.3% (2016).

Health Prevention - Our rates of smoking at the time of delivery are higher than average (16.3% compared to England 10.7%), whilst our rates of breastfeeding initiation are lower (63.5% compared to 74.5%).

Health Related Behaviours - Positive trends are seen in the Health Related Behaviour Survey for smoking and alcohol, however the challenge of diet and physical activity remains a concern.

4.3 Mental Health and Wellbeing in Children & Young People - Over half of people with a lifetime mental health disorder at the age of 26 will have met the diagnostic criteria first by the age of 14. The reasons why a child or young person experiences mental health problems are likely to be complex. However, certain factors are known to influence the likelihood of someone experiencing problems. These include children with learning disabilities, children in care, homelessness, those suffering from domestic abuse and deprivation. Research has shown that there is a strong link between Adverse Childhood Experiences (ACEs) and physical, psychological and behavioural problems in later life. ACEs are those that directly harm a child; such as physical, verbal and sexual abuse, or physical or emotional neglect – as well as those that affect the environment where they grow up; including parental separation, domestic violence, mental illness, alcohol abuse, drug use or incarceration. The more ACEs a child experiences, the greater the risk of adverse health effects. These include: physical problems, such as heart disease, cancer and obesity; psychological issues, such as depression, anxiety, learning, attention
and memory difficulties, and behavioural problems, for example, smoking, alcoholism and drug abuse. There are an estimated 12,310 children and young people with a mental health problem appropriate to a response from CAMHS in Rochdale. The majority of these (7,715) would be appropriate to a Tier 1/Step 2 response.

Prevalence estimates for mental health disorders in children aged 5 to 16 years have been estimated in a report by Green et al (2004). Prevalence varies by age and sex, with boys more likely (11.4%) to have experienced or be experiencing a mental health problem than girls (7.8%). Children aged 11 to 16 years olds are also more likely (11.5%) than 5 to 10 year olds (7.7%) to experience mental health problems. If we convert the estimated prevalence to our local population we estimate that 885 boys aged 5-10 and 1,070 aged 11-16 will have a mental health disorder and 420 girls aged 5-10 and 840 aged 11-16.

Estimates of the number of children and young people who may experience mental health problems appropriate to a response from CAMHS at Tiers 1, 2, 3 and 4 have been provided by Kurtz (1996) and are shown in figure 1 below. As one would expect the number of children at each tier decreases with the severity of the mental health problem (7,715 in Tier 1, 40 in Tier 4).

The map in figure 1 below shows a measure of child poverty by LSOA (lower super output area). The highest child poverty is seen in the areas of high deprivation such as Central Rochdale, Kirkholt, Langley, West Heywood and Smallbridge & Firgrove. Our deprived areas also have the youngest population profile; therefore, a substantial proportion of the Borough’s young people are at increased risk of developing poor mental health.
The impact of parental mental ill health, domestic abuse and substance misuse on the mental and physical health of children and young people’s own mental and physical health have been recurring themes in the serious case reviews which have been carried out within the Rochdale Borough and is reflected in national data.

A review of children and young people attending A&E with mental health problems was undertaken by the North West Utilisation Management Unit in May 2017. The review was commissioned jointly by Bury CCG, Heywood, Middleton and Rochdale CCG and Oldham CCG. The primary purpose of the review was to establish whether there was any potential for children and young people who had attended and/or been admitted to Pennine Acute Hospitals NHS Trust with a mental health related condition to have been managed differently, from an attendance or an admission perspective. Of the 150 children and young people in Heywood, Middleton and Rochdale who attended and/or were consequently admitted to a Pennine Acute Hospital, the key findings were as follows:

- The majority of children and young people had a known mental health diagnosis or a history of a mental health related issue for e.g. self-harm prior to their attendance at hospital (82%, n=123).
- Half of the young people attending (50%, n=75) were aged between 16 and 17 years of age.
- Cared 4 children accounted for 22% (n=33) attendances.
- Monday-Wednesday were the busiest days, attendances exceeded 25 on these days. 69.33%, (n=104) children and young people attended Out of Hours (Out of Hours is defined as between 18:30 and 08:00 hours and all day and night at weekends/bank holidays).
- The majority of presentations were related to an overdose 46% (n=69) or lacerations 26% (n=39).
• Very few attendances 14% (n=21) had prior documented evidence of substance and/or alcohol abuse.

Additional prevalence data relating to the mental health of children and young people in Rochdale is detailed in Appendix 1.

4.4 What children and young people say

The 2013 Health Related Behaviour Survey asked school age children about their self-esteem and the scores are plotted in the chart in figure 1 above. It can be seen that boys had higher self-esteem scores compared to girls in both age groups. At age 8-11 37% of boys had a high score compared to only 28% of girls. At age 12-15 scores had increased for both genders with up to 52% of boys and 39% of girls having high self-esteem. Children reporting low self-esteem and fear of bullying were as follows:

• 3% of pupils aged 8-11, and 2% of pupils aged 12-15 had low self-esteem scores.
• 31% of Year 6 pupils reported that they felt afraid of going to school because of bullying. This falls to 28% in Year 8 and again to 17% in Year 10.

The 2016 Health Related Behaviour Survey reached 2648 pupils in 23 primary (years 4 and 6) and 6 secondary school (years 8 and 10) settings in Rochdale. It can be seen that:

• 39% of boys and 34% of girls aged 8-11, and 47% of boys and 29% of girls had high self-esteem scores.
• 5% of pupils aged 8-11 had low self-esteem scores, and 4% of pupils aged 12-15 have very low self-esteem scores.
• 32% of Year 6 pupils reported that they felt afraid of going to school because of bullying. This rises to 36% in Year 8 and then falls to 24% in Year 10.

4.5 Identifying Risk and Inequalities

We know that some children are at a greater risk of experiencing mental health problems. Risks to mental health for children and young people in Rochdale include:

• Lone parent households – within Rochdale 9.1% (7,031) of households with dependent children are lone parent households. This is higher than both the Northwest (8.1%) and England (7.1%). We understand that children from lone parent households, or those experiencing the breakdown of marriage are more at risk of experiencing mental health than those children living with two parents.

• Children in low income families – 2015 data shows that within Rochdale 21.6% (9,750) of children under 16 are living in low income families. This is higher than the England average of 16.8% England, although shows a decrease from the 2013 rate of 24.2%. We know that children living in low incomes families are nearly three times as likely to suffer mental health problems as their more affluent peers.

• Teenage pregnancy – 2014 data shows that within Rochdale conception rates for under 18s were 30.8 per 1000 births (130). This compares to 26.8 per 1000 births in the North West and 22.8 in England. 2016 data shows that a reduction in conception rates for under 18s, with the rate per 1000 births in Rochdale at 21.2 compared to the England rate of 18.8. We know that teenage mothers have 3 times the rate of post-natal depression of older mothers and a higher risk of poor mental health for 3 years after the birth. Children of teenage mothers have a 63% increased risk of
being born into poverty compared to babies born to mothers in their twenties; have higher mortality rates under 8, and are more likely to have accidents and behavioural problems\(^1\).

- Young Carers – there are 2,101 (3\%) unpaid children and young people aged 0-24 years providing unpaid care in the borough. Of these, 1,474 children and young people provide between 1 to 19 hours unpaid care a week, 350 provide 20 to 49 hours unpaid care a week and 273 provide 50 or more hour’s unpaid care a week.

4.6 Identifying Priority needs

**Self-harm**

The Rochdale Child Health Profile June 2018 compares the health profiles of children and young people in Rochdale against the England rate. Nationally, the rate of young people aged under 18 years being admitted to hospital as a result of self-harm is increasing. This is not the case in Rochdale where the trend is decreasing. In the period 2015/16, the number of children and young people aged 10 to 24 years in Rochdale admitted to hospital due to self-harm was 269.8 per 100,000 population compared to the England average at 430.5. 2016/17 saw this rate increase to 380.6 per 100,000 population, whereas the England average saw a decrease to 404.6.

Nationally, the rate of young people aged under 18 years being admitted to hospital because they have a condition wholly related to alcohol is decreasing, and this is also the case in Rochdale. The admission rate in the period 2012/13 – 2014/15 was 40.8 per 100,000 population compared to the England average of 36.6. This has reduced during the period 2014/15-2016/7 to 36.6 per 100,000 population in Rochdale, slightly above the England rate of 34.2.

Substance misuse is higher than the England value with admissions of young people aged 15-24 years at 121.6 per 100,000 population compared to 95.4 in England in the period 2013/14 – 2015/16. The period 2014/15-2016/17 has seen an increase up to 102.6 per 100,000 population in Rochdale, whilst the England has fallen during this period to 89.8.

In the period 2015/16 the number of children and young people aged 0-14 who were admitted to hospital for injuries was 140.5 per 100,000 population; higher than the England average at 104.2. 2016/17 has seen a slight decrease to 140 per 100,000 population against an England average of 101.5.

**Teenage Suicide**

Suicide is a key issue locally. Mortality rates from suicide and injury undetermined in Rochdale currently stands at 15.4 per 100,000 for males and 9.9 overall (PHE/PHOF 2011-13). The rate for females is not published for data disclosure reasons as the number of recorded deaths is very low. There are on average 20 deaths of all ages from suicide each year in Rochdale and small differences in this total have a significant effect on the rate. The rate of suicide in Rochdale was particularly low for 2006/2008 and since then the rate has increased. However, there have been no suicide related deaths for young people under 21 years in Rochdale during the last 18 months.

**Cared 4 Children and children in care**

Cared 4 Children are at greater risk of not realising their full potential and having poorer outcomes in terms of physical health, emotional health and educational attainment. There is an increased risk of offending, substance abuse and an increased likelihood of young pregnancies in these children and young people. Most children become cared for as a result of abuse and neglect. Although they have many of the same health issues as their peers, the extent of these is often greater because of their past experiences; for example, almost half of children in care have a diagnosable mental health

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\(^1\) Department for education and skills (2010). Teenage pregnancy: Accelerating the Strategy to 2010, London: DFES
disorder and two-thirds have special educational needs. Delays in identifying and meeting their emotional well-being and mental health needs can have far reaching effects on all aspects of their lives, including their chances of reaching their potential and leading happy and healthy lives as adults\textsuperscript{2}.

Rochdale has high numbers of cared 4 children in comparison to the national average. As of March 2018, Rochdale Borough Council had 498 children in care. Of these, as at the end of December 2017, there were:

- 32 children placed for adoption.
- 18 children currently placed with adopters.
- 19 children have a placement order and adopted family finding is currently being undertaken.
- 18 cases in Public Law Outline (PLO) and 53 children subject to care proceedings.
- 228 subject to a Child Protection Plan.

Unfortunately, the number of cared 4 children in the borough has increased during 2018/19, where as of January 2019 there are 560 children in care. Of these:

- 30 children placed for adoption.
- 21 children currently placed with adopters.
- 31 children have a placement order and adopted family finding is being undertaken.
- 41 cases in Public Law Outline (PLO) and 69 children subject to care proceedings.
- 334 children subject to a Child Protection Plan.

In addition, there are high numbers of children and young people placed in private residential accommodation within the Borough, by other local authority areas.

\textit{Children with learning difficulties, disabilities and developmental disorders}

National evidence suggests that children with learning disabilities are up to six times more likely to have mental health problems than other children; and more than 40% of families with children with learning disabilities feel they do not receive sufficient help from health and care services.

\textit{Neurodevelopment disorders Autistic Spectrum Disorder (ASD)/Attention Deficit Hyperactivity Disorder (ADHD)}

Rochdale Borough Council and partners were subject to a Joint CQC and OFSTED SEND Inspection in September 2016. This highlighted some challenges facing the borough with regard to its offer and provision for children and young people with, or requiring an ASD diagnosis. The inspection identified a number of areas that required improvement and as a result, a multi-agency Autism Strategic Partnership was convened to address these concerns. This partnership has enabled cross agency input for the delivery of the ASD care pathway. An Autism and Social Communication Needs Strategy has been developed, which whilst identifying a Borough wide view of prevalence in Autism, has also identified gaps in local knowledge. Consequently, a robust deep dive into data, specifically around the area of Autism has been undertaken. A Data Task and Finish Group is currently developing a joint electronic dashboard where all SEND Data, including Autism will be stored. Further work is required in respect of wider multi-agency provision for the post diagnostic offer from universal services and this forms part of the priorities considered as part of the local transformation plan in 2017/18 and beyond.

\textit{Asylum seeking families and unaccompanied children seeking asylum}

Rochdale is a distribution centre for asylum seeking families. A significant number of asylum seeking children and young people coming to Rochdale arrive having experienced significant trauma. These

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\textsuperscript{2} Department of Education, Department of Health, 2015 ‘Promoting the health and wellbeing needs of Looked After Children’
children also run the risk of impaired parenting, as their parents may traumatised. Families seeking asylum arrive from differing countries and there is a wide distribution of languages spoken. The support offered in schools for these children and young people is different, depending on the school that the child has been placed in. Locally, there is no specialist therapeutic trauma provision within commissioned services.

Unaccompanied children seeking asylum may have experienced war-related trauma and various dangers in their journeys to the UK. Challenges continue upon arrival, as these children must cope with the stresses of living in a new country with a new language and all without the support of their parents. Such children are considered at high risk for psychological distress, including sleep disturbances, attention and concentration difficulties and flashbacks of previously experienced trauma. For example, it is estimated that one-third of asylum-seeking Afghan children who arrive in the UK without their parents are likely to experience symptoms associated with post-traumatic stress disorder.

**LGBTQ+ (Lesbian, Gay, Bisexual, Transgender, Queer/Questioning)**

LGBTQ+ individuals, like anyone, will experience mental health challenges and distress during their lifetime. However the evidence both from the UK and internationally highlights increased levels of common mental health problems, such as depression, anxiety and stress among people from these groups. The negative impacts of experiences of discrimination, homophobia and marginalisation, both direct and indirect, on LGBTQ+ individuals and groups are well established. Research also suggests that there may be additional inequalities affecting LGBTQ+ people from ethnic minority communities or those living with disabilities. Addressing these impacts and preventing them in the first place must be part of our approach to protecting and improving our young people’s mental health. Suicide and self-harm among young LGBTQ+ people is evident, where nationally 52% of young LGBT people reported self-harm either recently or in the past compared to 25% of heterosexual non-trans young people and 44% of young LGBT people have considered suicide compared to 26% of heterosexual non-trans young people3.

**Perinatal and Infant Mental Health**

Mental health problems affect more than one in ten women during pregnancy and the first year after childbirth and can have a devastating impact on them and their families. In extreme cases, perinatal mental health problems can be life-threatening – suicide is one of the leading causes of maternal death in the UK. We know that the first few months and years of a child’s life are perhaps the most sensitive to them developing secure attachments with their carers. These formative years lay the cornerstone for a child’s ongoing social, cognitive and emotional development. There is considerable evidence to support that sensitive, attuned care giving, warmth and empathy consistently predict secure attachment. Secure attachment predicts resilience and resilience predicts later mental health in both childhood and adulthood. Early detection and timely intervention can therefore significantly reduce or prevent the lasting effects of perinatal mental health problems.

Public Health England data for Rochdale, where 2,702 women gave birth in 2015, shows the estimated number of women with:

- postpartum psychosis: 5
- chronic SMI: 5
- severe depressive illness: 80
- mild-moderate depressive illness and anxiety (lower estimate): 270
- mild-moderate depressive illness and anxiety (upper estimate): 405
- post-traumatic stress disorder (PTSD): 80
- adjustment disorders and distress (lower estimate): 405
- adjustment disorders and distress (upper estimate): 810

3 Gov.uk, Public Health England, Public Health Matters, 2017 ‘Mental health challenges within the LGBT community’
With regards to attachment, research shows that:

- **60-80%** of parents get it broadly right. They will raise securely attached children who will go on to take their place in a civic society.
- Up to **30%** of parents will struggle to tune into their baby, due to a lack of awareness of infant development, preoccupation with their own needs, or trying too hard.
- **10%** of parents are of real concern. Preoccupation with their own problems following the birth of their baby means they are likely to develop psychological problems or psychiatric symptoms. As a result, the developing infant/parent relationship is at great risk.
- Of the 12,052 0-3 year olds in Rochdale (source ONE MYE 2016), **3,615 (30%)** will have parents who struggle and **1,205 (10%)** will have parents where the infant/parent relationship is a real concern.

**Adverse childhood experiences (ACE)**

Adverse Childhood Experiences (ACEs) are traumatic events that affect children while growing up, such as suffering child maltreatment or living in a household affected by domestic violence, substance misuse or mental illness.

Adverse Childhood Experiences have links to risky health behaviours, chronic health conditions, low life potential and early death. As the number of ACEs increase, so does the risk for these outcomes. A child can experience adverse childhood events either directly or indirectly:

**Direct**
- Sexual abuse by parent / caregiver
- Emotional abuse by parent / caregiver
- Physical abuse by parent / caregiver
- Emotional neglect by parent / caregiver
- Physical neglect by parent / caregiver

**Indirect**
- Parent / Caregiver addicted to alcohol / other drugs
- Witnessed abuse in the household, e.g. domestic violence
- Family member in prison
- Family member with a mental illness
- Parent / Caregiver disappeared through abandoning family / divorce

### 5.0 Our vision and plans for mental health services for children and young people in Rochdale

Our vision is for every child in the Rochdale Borough to grow up mentally well. Early Help is ‘everybody’s business’ particularly if we are to intervene at the first sign of potential issues. All children, young people and families have a right to receive appropriate high quality services to achieve the best possible outcomes and to provide a solid foundation from which to continuously develop as individuals and as a family unit. We aim to shift the focus from promoting services as ‘help’ to promoting them as an entitlement. The emotional wellbeing of children is just as important as their physical health. Good mental health allows children and young people to develop their resilience to cope with whatever life throws at them and grow into well-rounded, healthy adults. Our vision is for our children and young people to be able to identify when they are struggling and to know how and where to access help, should they need it. They will have access to timely, integrated, multi-disciplinary mental health and emotional wellbeing services, which will ensure early effective assessment, treatment and support for them and their families. The vision is one, where children and
young people’s care will be co-ordinated and sign-posted according to need, and where they only have to tell their story once. We will aim to build the capacity of ‘trusted adults’ to spot, make sense of, and be available to manage emotional distress, including building the emotional literacy of parents.

Children and young people experiencing emotional and mental health distress are able to access a range of support that is available locally, ranging from prevention and early help to specialist inpatient care. Although, there is a raft of services available within the Borough, we know, from our work with young people and service providers, that children and young people may not always access support early and often are not seen by services until they reach a point of crisis requiring specialist provision. Enabling early identification and access to services is a local priority.

To support us in making our vision a reality, the following programmes of work are planned to take place over the coming years until 2020/21:

5.1 **Family Services Model** – as part of the Rochdale Borough Locality Plan and to support our vision for children and young people’s mental health and emotional wellbeing, there is an intention to fully integrate children’s services to deliver a whole system approach for children, young people and families. The Family Service Model describes an integrated delivery offer from universal/community level support to highly specialised and acute interventions. The key elements of the Family Services Model are:

- **Complex Early Help and Safeguarding Hub** – providing a single point of access into Children and Young People’s Services - as part of our ambition to integrate the children and young people’s health and social care system in the Rochdale Borough, a multi-disciplinary targeted support hub has been developed. The Complex Early Help and Safeguarding Hub brings together a seamless offer of targeted and specialist services and support, and will ensure that the right provision is offered at the right time according to the needs of the child/young person and their family. The triage provision offered will be multi-professional with expertise from across children’s services and a clear sense of what is available in the borough. Mental Health and emotional wellbeing expertise, along with additional expertise from the Children with Disabilities Team is represented in the triage team to ensure that children and young people are directed to the right level of support to meet their needs. This will ensure that a holistic view of a child/young person and their family’s needs is undertaken and so will support a timely and coordinated approach to addressing all of their presenting needs.

- **Early Help Enabling Teams** – we have developed four Early Help Enabling Teams which are situated in each township across the borough. These teams provide a locally co-ordinated multiagency response to need which fully utilises local knowledge, builds on community assets and scales up early help interventions. The Early Help Enabling Teams support both children and young people/families and professionals offering signposting, consultation, advice and guidance, and where necessary, support to initiate Early Help assessments. In accordance with the Borough’s Locality Plan, the Early Help Enabling Teams also support all agencies that come into contact with children and young people, including schools and nurseries to undertake high quality Early Help Assessments at the earliest opportunity and provide support and challenge with the subsequent process, including Team Around the Family meetings, step up etc. The intention is to deliver training and support through multiagency sessions on the locality footprint.

Each Early Help Enabling Team currently runs a locality network with a range of organisations including, Rochdale Borough Council (libraries, sure start, social care, youth workers etc.), schools (such as SENCO, pastoral & inclusion staff), police, voluntary sector, childcare providers, health
visitors and school nurses etc. We have enhanced our emotional health and wellbeing service, #Thrive to offer emotional and mental health expertise in each of the Enabling teams.

➢ **Integrated ‘intermediate’ response** – will be planned and developed during 2018/19 for more complex issues that require enhanced support to that offered through the early help enabling teams, and which will prevent escalation through to very specialist services (such as social care, in-patient mental health beds). The Intermediate Tier will bring together existing borough wide teams such as, Healthy Young Minds, Acute and Ongoing Needs and SEND etc. to offer a coordinated response to the child’s needs. It is anticipated that the Integrated ‘intermediate’ response will be implemented in 2019/20.

The Family Services Model specifically responds to the need to:

- Avoid children, young people and families entering crisis due to a failure to recognise and respond to need at an early help level.
- Recognise the interdependency of social and environmental based issues and how these can impact upon mental health for adults and children.
- Recognise that many children and young people experience adverse outcomes due to the adults in their lives being unable to parent effectively. This may be due to their own vulnerabilities or previous experiences, e.g. children removed from care.
- Effective risk management – addressing the factors that lead to risk adversity, and default responses being to specialist services.
- Eliminate duplication of resources as a result of poor co-ordination and fragmentation.
- To respond to contacts and intervene in accordance with need.
- To enhance the co-ordination of an “out of hours” response through the Complex Early Help and Safeguarding Hub
- Stop families being passed from ‘pillar to post’ with demand and costs passed around the system.
- Build families’ capacity and the confidence of families to self-manage and reduce the perceived dependency by residents on ‘professional advice’.
- To support a behaviour change amongst the workforce and local population.
- System wide workforce development - new skill sets and approaches across the whole workforce and different disciplines.
- National pressures around recruitment of key staff, e.g. mental health nurses, paediatricians.
- Strengthening and scaling up responses to key issues that impact on children’s outcomes such as attachment, mental health, parenting and parental health.
- Strengthening the community and voluntary sector to build on our community assets and capacity.

The Family Services Model system diagram can be viewed [here](#). A significant focus in 2019/20 will be on the implementation of the Family Services Model.

5.2 **The Rochdale Children’s Needs and Response Framework** - it is important that children and young people, however they first present with difficulties, are supported by professionals to receive appropriate help and support as soon as possible. Local integrated, multi-agency care pathways that enable the delivery of effective, accessible, holistic evidence-based care are a necessity if we are to intervene early.

The Rochdale Children’s Needs and Response Framework forms an integral element of the Family Services Model and applies to all children and young people from conception to the age of 18 years, and up to 25 years for young people with specialist education needs of disability. It has been refreshed
during 2017/18 as part of the development of the Complex Early Help and Safeguarding Hub/Early Help Enabling Teams. The aim of the framework is to assist practitioners and managers in assessing and identifying a child’s level of need and crucially how best to respond and meet those needs as early as possible to prevent difficulties escalating into crises.

Rochdale Needs and Response Framework can be viewed at: https://www.rbscb.org/UserFiles/Docs/Procedure/CN%20and%20RF%20Jan%202018.pdf. The Thrive model integrates with this framework.

5.3 Healthy Young Minds – following the development of a Greater Manchester Core CAMHS service specification, it is intended to review the Healthy Young Minds service to understand the implications of delivering in accordance with the requirements of the Greater Manchester specification. Healthy Young Minds has undertaken a capacity and demand analysis in 2018 to determine the service’s ability to offer more accessible access, including evenings and weekends. It has also undertaken a review of the skills mix and capabilities within the service to ensure that the service delivery model is able to deliver evidence-based practice to meet the needs of our children and young people. The Self Assessed Skills Audit Tool (SASAT) will identify any skills gaps and training needs, which will be considered and implemented as appropriate. The reports from the capacity and demand analysis and SASAT are expected early in the new 2019/20 financial year. We are keen to ensure that our workforce is trained in CYP IAPT evidence-based practice and we encourage our staff in the NHS, children’s services and third sector to participate in the CYP IAPT programme.

5.4 Improving access – is a requirement of the Five Year Forward View for Mental Health and is a key element of our plans locally. According to the latest published access figures showing October 2018 data, we have exceeded the national requirements (see section 10.1). We are however, keen to improve access further and will continue to work with our providers locally to support early accessible access into services.

5.5 All Age Raid (Rapid Assessment Interface and Discharge) – working with our colleagues across the Pennine Care NHS Foundation Trust footprint, we are progressing plans to enhance the current RAID model (which currently sees young people and adults from age 16) to an all age model in accordance with Greater Manchester plans. Pennine Care NHS Foundation Trust are currently in the process of recruiting CAMHS practitioners into the current RAID teams locally, with the intention of building additional capacity as well as skilling up adult colleagues to manage children and young people. It is intended that the All Age Raid Model will be operational early in the new 2019/20 financial year.

5.6 Neurodevelopment disorders Autistic Spectrum Disorder (ASD)/Attention Deficit Hyperactivity Disorder (ADHD) – the pathways for both ASD and ADHD have been a focus for improvement over 2017/18 and 2018/19. Plans have been made to shift both ASD and ADHD from a single agency to multiagency pathway with the ultimate aim of developing a single multiagency ‘needs led’ pathway for neurodevelopmental disorders including pre and post diagnosis. We have undertaken significant work in the borough in 2017/18 to reduce waiting times for an autism assessment and this has continued in 2018/19. As at January 2019, waiting times for an autism assessment are currently outside the 18-week threshold, with the average pathway from referral to ADOS and feedback to parents standing at 36.1 weeks. Much of this wait (12.5 weeks on average) is around obtaining a detailed developmental history and work is progressing with partners in the borough to review how this may be undertaken and provided with the referral. Our provider (Healthy Young Minds) is also reviewing how this stage of the pathway can be undertaken in a more timely manner. The waiting times of autism assessment will continue to be monitored closely through 2019/20. Our plans in 2019/20 will continue to focus on the implementation of our Autism Strategy, including the: redesign of diagnostic pathways, commissioning of neuro developmental pre and post diagnostic support and
ultimately commissioning of an integrated autism service in line with the Rochdale Family Service’s Model. We will also continue to implement the recommendations from the Greater Manchester, Lancashire and Cumbria Strategic Clinical Network’s good practice guidance on ‘Delivering effective services for children and young people with ADHD’ and link with the Greater Manchester Autism Consortium on improving Rochdale as an Autism Friendly Town. Both ASD and ADHD Pathways offer support up to the age of 25, and robust transition pathways and a new Transition Strategy are in place.

Plans are also being implemented to develop a specialist in Borough Residential Unit for young adults with autism in order to avoid high cost out of borough placements, along with a Primary ASD Resource Educational Provision, which is due to open early in the new 2019/20 financial year.

5.7 Perinatal and Infant Mental Health (PIMH) – the first 1001 days, conception to the age of 2, are known to be the most critical period for child development. This has been recognised within the Greater Manchester Early Years Delivery Model; an evidence based pathway from pregnancy to school, which has seen developments in a wide range of services, including: maternity, health visiting, children’s centres and schools. Parental mental health is a key component of the model and much work has been done to increase the knowledge and understanding of all early year’s partners.

Locally, we are dedicated to improving the mental health of infants/children (0-2 years) and their parents and carers, and to support them irrespective of their level of need. Our focus includes prioritising both perinatal mental ill health and the parent-infant relationship. Good parental mental health, positive parenting and a secure parent infant relationship will result in better outcomes for the child. Making sure that every parent gets the co-ordinated care s/he needs at all times to keep healthy during and after pregnancy, whether that care comes from maternity services, GP, health visiting, mental health team, or other hospital and community specialists, is paramount.

To support the whole system approach that is required to deliver the Greater Manchester ambition for children and their families, a multi-agency PIMH steering group was convened in 2017 to progress plans to develop a multi-agency integrated perinatal care pathway, which includes the commissioning of an early attachment service by 2020/21. Initial priorities have been progressed, during 2018/19 which included the recruitment of a core team, which includes: a child and adolescent principal clinical psychologist, enhanced specialist mental health midwifery support, a specialist perinatal IAPT practitioner, specialist PIMH health visitor, PIMH adult CPN, Homestart coordinator and administrator. Plans are currently in place to launch the Early Attachment Service by 1st April 2019.

5.8 Community Eating Disorders Service (CEDS) – work has been undertaken in 2018/19 with commissioners from across the Pennine Care Footprint to review and develop the pathways for young people with eating disorders, to ensure that specialist eating disorder support is available to all young people who need it. We will also work with the service to consider plans to extend the service up to the age of 25 years during 2019/20.

5.9 Cared 4 Children - locally, over a number of years, there has been an increase in the number of young people with emotional and mental health needs requiring out of area residential based placements offering therapeutic support, which cannot be provided locally. These placements are usually high cost and the quality of the therapeutic support provided is often questionable. The increase of out of area placements has been due to the lack of stability in the local market which has often been unable to meet the needs of complex children and young people within Rochdale. There has also been an increased number of care placement breakdowns over the financial year 2018/19, resulting in an increased number of residential placements, as well as an increased number of children and young people with a learning disability or mental health diagnosis, such as Autism requiring residential ‘therapeutic’ based provisions.
The current situation is not sustainable and therefore work has begun and will continue during 2019/20 to review the overall support for our Cared 4 Children with the aim of:

- Eliminating duplication of assessment of children’s needs (specifically relating to Psychological Assessment)
- Eliminating duplication of provision (locally commissioned support versus support provided as part of purchased package)
- Fewer children entering residential care, especially those from foster care placements (stabilise current provisions)
- Fewer children requiring placement moves in residential care (stabilise placements)
- Reduction in specialist / out of area placements at a significant distance from Rochdale
- Longer term reduction in costs to adult services/wider public services
- This work will be underpinned by a Cared 4 Children’s Needs Assessment and Summary Statement (service review) which will also be used to support commissioning intentions and service redesign.

5.10 **The Youth Offending Service** – we recognise that many young people who are facing the criminal justice system may do so due to underlying issues with mental health. We know that a custodial sentence does not always deliver the best outcomes for this group of young people and therefore locally, we intend to strengthen the mentally disordered offenders’ (MDO) pathways to support diversion and avoid criminalising young people with mental health illness. The multi-agency MDO pathway redesign will be undertaken jointly with the police and other partners.

5.11 **Building Community Resilience and Capacity** – we firmly believe in building the capacity of our local communities to recognise and support children and young people and their families who may be at risk of mental health. Everybody has a role to play and therefore we have commissioned a number of schemes since 2015/6, which: raise awareness of mental health, offer peer support, reduce isolation and stigma, engage with hard to reach/vulnerable groups, support participation and engagement, and support the wellbeing of asylum-seeking children and families. The schemes are delivered by 3rd sector organisations and a prerequisite of funding was that they must link to and enhance the service offer of our children and young people’s emotional health and wellbeing service #Thrive. It is intended to work with our third sector providers during 2019/20 to ensure that they are aligned to the development and implementation of the Family Services Model A brief outline of the schemes that will be delivered in 2019/20 can be found [here](#).

5.12 **Develop a mental health awareness training package targeted at schools, colleges and community groups** – we will review the current training offer in the borough with a view to developing a coordinated package of support to build local awareness, knowledge and capacity in children’s centres, schools and youth organisations, and with school nurses, therapists and other partner organisations. This will enable prevention, early detection, and positive promotion of mental health and wellbeing to be considered as “everybody’s business”. This package of support will also specifically strengthen the knowledge and resilience of the ‘trusted adults’, which our young people told us are so important to their own wellbeing. This work will be taken forward as part of work to implement Thrive in Rochdale.

5.13 **Mentally Healthy Schools and Colleges** – schools and colleges play an important role in supporting children and young people’s emotional health and wellbeing. Teachers and school staff are fundamental in recognising when a child is not their self and can be a great source of support, often becoming a ‘trusted adult’. Although, schools and colleges directly commission services to support emotional health, this is dependent on individual school priorities. Consequently, there may be inequity in terms of the emotional health supported offered depending on the school a child/young person attends.
We know that there are many agencies locally currently delivering emotional health support and training to our schools. Work is currently being undertaken to map this support with the aim of identifying any gaps in provision across all schools.

The #Thrive service offer includes an emotional health and wellbeing awareness and resilience rolling programme for schools. #Thrive are also delivering drop-in clinics in some schools and are currently undertaking an analysis of schools’ referrals into the service so that direct access can be developed for those high referring schools. As mentioned in section 5.1 above, #Thrive has been enhanced to provide a CAMHS Practitioner in each of our localities within the borough. It is envisaged that these practitioners will develop relationships with the schools within that locality becoming the named link for those schools for advice and consultation.

We intend to work with other local transformation partnerships to identify the best current practice in supporting schools and colleges to identify and help students who have challenged emotional well-being and mental health. Early evidence from pilot sites across Greater Manchester suggests a shift in referrals to CAMHS, with GP referrals reducing and schools direct referrals increasing, and the overall number of inappropriate referrals declining. There is still further work to be undertaken with our schools to incorporate self-care for non-service users as part of a whole school approach to mental health. We are also keen to begin working together with our schools and colleges to plan how we can implement the recommendations in the government’s green paper ‘Transforming Children and Young People’s Mental Health’.

Locally, we responded to the Government’s Children and Young People’s Mental Health Green Paper Consultation. Whilst we wholly support the recommendations for additional emotional and mental health support in schools and colleges, it must be acknowledged that schools are already overburdened and therefore implementation must be adequately resourced nationally. It is likely that the new mental health teams in schools could unearth unmet need and therefore work would also need to take place to ensure that our local emotional and mental health services are able to meet the additional demand.

Student mental health is really important, particularly for young adults who are under a lot of pressure with exams and careers. Young people often find themselves at University away from home for the first time, coping with new academic pressures and learning to live independently, frequently feeling isolated and alone. Organisations and services working together to support young people is a must and this is a priority area that is being taken forward by the Greater Manchester Health and Social Care Partnership (supported by CCGs) with our universities in Greater Manchester.

### 5.14 Elective Home Educated Children and Young People

- within Rochdale, there are 217 children and young people educated at home. These children and young people/families are supported by the Elective Home Education Team. Health and wellbeing is a significant area of concern for some young people currently being educated at home and the emotional health of home educated children and young people can be difficult to monitor, particularly where parents do not wish to engage. However, where a need is identified the Elective Home Education Team will refer into appropriate emotional and mental health services and offer any support that families may need. It is acknowledged that this is an area that requires more focus locally and it is intended to include home education in our work to implement mentally healthy schools.

### 5.15 Improving School Readiness

- the Children and Young People’s Partnership has established a sub group to address the low level of school readiness in the Borough as assessed by a Good Level of Development at the end of reception (currently 63.3%). The subgroup during 2018/19 has focussed on
the 1,001 days as the data clearly demonstrates that children are below expected levels of development on entry to nursery and that this gap remains despite progress being made. The School Readiness action plan focuses on key priorities including the pathways underpinning the Greater Manchester Early Years Model, Language and Communication, the role of the voluntary and community sectors and incorporates the work on developing our perinatal infant mental health pathways and implementing an early attachment model in the Borough. The action plan addresses children’s social and emotional wellbeing as we know this is a key indicator of emotional resilience, good relationship building and the capacity to learn. This will be assessed from birth through utilising the ASQ assessment and specific tools such as the Leuven Scale. The 1001 days pathway has been developed and can be viewed here.

5.16 Improving young people’s experience of transition – we know that transition into adult services is generally a daunting experience for young people, who may also be experiencing several transitions simultaneously. Putting young people at the centre of well planned, integrated and supported transition enables them, and where appropriate, those who care for them, to understand and prepare for the changes ahead, and know what to do if they are worried. Locally, we want to ensure that the experience of transition is a good one whether that is a transition into adult services or a step up/step down. Consequently, a two year CQUIN (Commissioning for Quality and Innovation) has been developed for delivery across the Pennine Care NHS Foundation Trust footprint to look at transition in its broader sense, in terms of understanding what the young person’s experience has been and how it could be improved. The CQUIN commenced in 2017/18 and will end at the end of March 2019. Initial work looked at what young people should expect when leaving Healthy Young Minds and what they should expect from the service that they move onto. A detailed plan has been developed to track young people to determine their experience of transition, and to follow them up 6 months following their transition to ensure that the experience has been a positive one. The service is also considering the views of parents and carers to understand their experience of the transition, as this is often quite an anxiety provoking time. The new transition process that has been implemented as part of the CQUIN over the last two years will be embedded in the Healthy Young Minds service and form part of the core service offer in future years. Work will also continue with receiving providers to build relationships and continuously develop and test the transition processes.

All young people are likely to need support during the transition to adulthood. Young people leaving care are likely to be particularly vulnerable due to their previous life experiences and often more limited immediate family support. Rochdale does not see leaving care as a process driven by the age of the young person, rather that plans for each individual will be based on a systematic assessment of their emotional maturity and coping skills. It is the intention of Rochdale Borough Council to act as a ‘good’ Corporate Parent to offer support to our children who are leaving or have left care so they feel that they can turn to us as their support. This may be in the form of advice and assistance or more pragmatic support as any other good parent would offer.

5.17 Services and pathways for young people aged 18 to 25 years - our Young Advisors were asked to extend their co-design activity to undertake research on the range of service needs 18-25 year olds have and present a design concept that will align with existing services. The scope of any new service model would take into account the different needs of this age range and explore the whole range of needs, including: education, training / skills; employment and housing. The research identified:

- Recommendations of how current services might be changed / transformed.
- How current provision can be more effectively coordinated and how it is resourced / funded, with a view to informing new commissioning arrangements.

The research was presented to the CAMHS Transformation Partnership who will now begin to consider how the recommendations within their gift are taken forward across the borough and through
individual pathways, and how those requiring wider system transformation, may be highlighted with the relevant agencies.

5.18 Participation and engagement - is key to meaningful transformation and high on our agenda in Rochdale. #THRIVE was co-designed by young people and we have worked hard to embed the voice of children and young people within key strategic decision making and service redesign. This ethos and vision is now to become further embedded with a refreshed Children and Young People’s Participation Strategy and associated action plan being agreed and implemented across the Borough. As we move forward we will ensure that all agencies across the children’s system, not limited to mental health, will have structures and systems in place to respond to the ideas, views and priorities of children and young people who will be treated as key stakeholders in re-designing and monitoring services aimed at bringing about full system change and improved outcomes in line with the new Family Services Model. A new Participation Steering Group will enable a top down bottom up approach to providing children and young people with the opportunities to grow and develop. We will also provide opportunities for future and continued involvement within and for the community and build upon the assets of young people by developing apprenticeships and opportunities for peer mentoring, employment and training. This exciting work will move forward during 2019/20.

Linked to this, a CQUIN has been agreed as part of the children and young people’s community services contract aimed at improving and enhancing participation across the children’s community services. Although, this CQUIN is aimed predominantly at the Children’s Acute and Ongoing Needs Service (CAONS), elements of the CQUIN which will empower children and young people and give them a greater voice in designing service improvements will be delivered in #Thrive. This CQUIN will be completed at the end of March 2019 and to date has implemented a series of projects, including:

- Reviewing and Co designing Transition Pathways and Family Action
- Development of a Volunteer/Befriender Service with parent/carers and Family Action
- Developing and implementing recruitment and selection training with young people and Barnardos.
- A review of social media functions, website, local offer and co-designed films for the website
- Co-designing the physical environment of the Children’s Community Health Centre at Callaghan House
- Review of patient information available
- Development of creative and Interactive awareness raising tools
- Development of a framework for involving young people and parents and carers moving forward

Staff have been involved in supporting a co-design exercise led by Young Minds as part of a successful Amplified Trailblazer project. The lessons from this activity are to be embedded within Participation training which will be delivered to CAONS, Healthy Young Minds and #Thrive in April 2019.

Progress on the delivery of our plans can be found here.

6.0 Greater Manchester Strategic Plans to Improve Children and Young People’s Mental Health Services

6.1 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 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 achieve 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:

www.greatermanchester-ca.gov.uk/downloads/file/161/greater_manchester_mental_health_strategy

### 6.2 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 Greater Manchester 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/Local Authorities 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 be 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.

### 6.3 Greater Manchester Programmes

- The Greater Manchester Health & Social Care Partnership has made £60m available to support Greater Manchester’s Local Transformation Partnerships to implement a three year cross sector system transformation programme that is characterised by:

  - The development of a single Greater Manchester Children and Young Person's mental health specification and a single outcomes and performance framework was adopted by all providers of Greater Manchester’s children and young people’s mental health services by April 2018. The Greater Manchester specification was refreshed towards the end of 2018 to particularly align the outcome framework to the national outcomes. The refreshed specification will be varied into our provider contracts for the new 2019/20 financial year.
• The ongoing implementation of **Greater Manchester Community Eating Disorder (CED)** standards across all of Greater Manchester’s 10 localities. Across Greater Manchester 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 are achieving the national access and waiting time targets by 2020, which current trends would indicate is on track, although not currently being achieved (see section 10.1). Building on the learning each service has developed since being established, the Greater Manchester 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 Greater Manchester CEDS service specification for autumn 2019 in advance of commissioning intentions being agreed.

• The ongoing implementation of **Greater Manchester Attention Deficit Hyperactivity Disorder (ADHD)** standards across all of Greater Manchester’s 10 localities. 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 Greater Manchester 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 Greater Manchester 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 lead 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, which includes data collection and reporting, with access and wait times.
  - Post-diagnosis support offer that includes face to face sessions for parents and carers to attend.
  - There is an expectation that ADHD services are both commissioned and deliver access to 1.5% of the population.

• The implementation of **THRIVE (iTHRIVE)** across Greater Manchester – Each of the 10 Local Transformation partnerships will work with the Greater Manchester iTHRIVE team to enable the delivery of the Greater Manchester Children and Young People’s 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 Greater Manchester iTHRIVE Training and Development team over a three-year period. Greater Manchester 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 Greater Manchester team will coach and mentor local leads through THRIVE informed transformation processes and work flexibly with each Local Transformation Partnership 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 locality with a tailored package of support.

Utilising the iTHRIVE implementation, evaluation and outcomes framework, the Greater Manchester 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 localities, and share knowledge about service improvement, innovations, that emerge within individual localities.

The Greater Manchester iTHRIVE programme team came into place in July 2018 and since then the following progress has been made:

- All localities are engaged and fully committed to implementing THRIVE
- All localities completed initial intelligence gathering tool
- All localities have received a draft implementation plan and have had one to one meeting 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 Greater Manchester.
- Greater Manchester Outcomes Framework drafted.

Plans for 2019/20 include:

- 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 Greater Manchester to work on implementing iTHRIVE 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 Greater Manchester 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.

- The development of a Greater Manchester wide Whole System Crisis Support Pathway – REACH-IN that supports an extended offer from community mental health services and includes:

  - 24/7 CAMHS Medical On Call rota.
  - All Age RAID (Rapid Assessment Interface and Discharge) – all children and young people presenting at A&E departments within Greater Manchester will receive timely mental health assessments 24/7 and within 2 hours of a child/young person being admitted.
  - Four Rapid Response Teams (Crisis Care and Home Treatment Teams) that by 2021 will be available 24/7.
  - Two Safe Zones (to be commissioned from the voluntary sector) and three 72 hour Crisis Beds for children and young people experiencing an emotional or psychiatric crisis to stabilise/prevent deterioration.
  - A Greater Manchester inpatient Assessment and Inreach Centre – the centre will support decision making relating to admissions and facilitate more informed discharge planning leading to improved patient safety and experience of care.
  - As part of an integrated crisis care and inpatient care offer “Care Closer to Home” agreement has been reached with NHS England to collaborate with the Greater Manchester Commissioning Hub to develop Greater Manchester place based commissioning arrangements for inpatient mental health provision within Greater Manchester. This has resulted in agreement for three inpatient beds to be reallocated as 72 hours crisis care beds to support the crisis care pathway.
In 2018/19, extensive work was undertaken to begin to operationalise the model, engaging with partners across Greater Manchester, recruiting staff and designing clinical pathways and protocols. For 2019/20, the overarching aim is to launch 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 Greater Manchester, 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. For further information please go to: https://www.penninecare.nhs.uk/gmccp/

- **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 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. It will 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 Greater Manchester 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 Greater Manchester New Care Model and the efficiencies within the areas of responsibility.

In support, the Greater Manchester children and young people’s Crisis Care Pathway – REACH-IN 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 and will divert those who could be managed through an alternative to inpatient (assertive outreach and active case management/home treatment).

- **A Greater Manchester wide Mentally Healthy Schools Rapid Pilot** - a six-month rapid schools emotional wellbeing and mental health pilot was delivered at pace across Greater Manchester to increase access to evidence informed mental health support and help for students/pupils and staff. The pilot was 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 Street, 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 children and young people 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 Greater Manchester 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 gave an overview of the pilot, key findings, and recommendations for further development of the programme. An End of Pilot Summit was held in October 2018 at the Etihad Stadium. The summit was an opportunity to celebrate the successful completion of the 6-month Rapid Pilot, and 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
- 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 Greater Manchester footprint, with the third phase of the project involving the procurement of additional providers to deliver to a further 63 schools and colleges – bringing the total coverage of schools and colleges in Greater Manchester to 125, representing 10% of our total schools and colleges.

- A Greater Manchester wide development programme to support Further Education Colleges to be better able to understand and respond to the impact of Adverse Childhood Experiences and Trauma on staff and students.

- **Vulnerable Groups** - under Greater Manchester’s improving access ambition, plans have/are being established that will seek to improve access and care for the following groups of children and young people 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 Carer (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 Greater Manchester 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 initiate work programmes that will centre on Trauma and adversity and LGBTQ+ in 2019.

- **Transition services** for young people moving from children and young people’s mental health services to adult mental health services. The development of processes and protocols will be informed by the learning gained from two pilot projects uplifting ADHD and Community Eating Disorders to a young person’s 25th Birthday. All of Greater Manchester’s 10 Local Transformation Partnerships will support the implementation of agreed transition arrangements between CAMHS and AMHS and will work with adult mental health commissioners to achieve the above objectives.

- **Perinatal and Infant Mental Health Services** – Greater Manchester service components include:
  
  - Improving access to Perinatal IAPT services:
    - Develop Greater Manchester standards.
    - Options appraisal of different models of care.
    - Develop business case detail as required.
    - Developing elements for inclusion in IAPT Service Specification (with performance and outcomes framework).
  
  - Early Attachment Services across Greater Manchester:
    - Draft a Business Case for CCGs to use.
    - Develop Greater Manchester standards.
    - Developing a Greater Manchester PIMH Service Specification (with performance & outcomes framework).
    - Offer support to localities to take interagency PIMH developments forward.
  
  - Developing a PIMH training ladder.

- **Greater Manchester CAMHS Workforce Development** - the importance of ensuring that organisations have the right workforce with the right skills and knowledge to deliver effective services is recognised by all and is a key ingredient in creating system transformation through building an effective workforce. In order to sustain delivering increased access and improved outcomes for children and young people’s mental health – as per the national must do - a significant expansion in the workforce (and associated investment) is required. Following the 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 is required to hold plans detailing how it will grow the mental health workforce to enable us to deliver the FYFVMH objectives. In addition, Greater Manchester and its localities has recognised the potential risk to effectively delivering our ambitious children and young people’s mental health transformation plans are largely centred on the workforce.

In response, a £1.4 million investment through Greater Manchester 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 Provider; Clinicians; CCGs, and the Greater Manchester Strategic Clinical Network – to name a few. The scope of the strategy focuses on the specialist element of Children and Young People’s Mental Health workforce – CAMHS. Over time and through work funded via Greater Manchester transformation, i.e. Greater Manchester i-Thrive programme, strategic planning will seek to develop strategies for the wider Children and Young People’s workforce. The purpose of the strategy is to outline principles and solutions across four key domains:

  - Improving supply and retention
To date all specialist Greater Manchester 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 Greater Manchester 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 Greater Manchester 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, Greater Manchester 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. The table below illustrates the required workforce expansion across of localities in Greater Manchester.

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

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

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 18 years) to meet the population needs.
Greater Manchester 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 focuses 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 Greater Manchester Youth Justice Support Programme for Collaborative Commissioning Networks aims to support the 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.

Greater Manchester’s Trauma / Resilience Hub – was set up to support those children, young people and families who were affected by the terror attack in Greater Manchester, and options are being considered to determine the legacy arrangements for this highly effective model. A range of options have been developed to support the ongoing function of the Hub to enable a Greater Manchester trauma service, supporting any child, young person or family who has experienced trauma, for example, families coming into Greater Manchester seeking asylum, being established.

Greater Manchester 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 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 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. 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 Greater Manchester iTHRIVE programme.

7.0 Our Progress – Improvements made to Children and Young People’s Mental Health Services since 2015/16

Significant progress has been made in the borough since the development of our original CAMHS Local Transformation Plan in October 2015. Improvements include:

7.1 Moved from a Tiered Model of Care to the Thrive Model – we are moving away from the traditional tiered model of care for children and young people’s mental health services to a more holistic model supported by the Thrive Framework. This model focuses on a community-based approach promoting prevention, early intervention and supporting the early help agenda. In doing this, we aim to remove some of the arbitrary cut offs between services and ensure that help and support is provided according to need. It supports the ethos that mental health is everybody’s business. The Thrive model gives greater emphasis on thriving, resilience and coping, which reflects our plans to increase capacity and capability at this stage, both for children and young people’s emotional and mental health services and more generally across the health and social care system. THRIVE addresses the key issues in children’s mental health care and is aligned to emerging thinking on payment systems, quality improvement and performance management. It conceptualises need in five categories (see diagram below). Prevention and the promotion of mental health and wellbeing is emphasised and a clearer distinction between treatments on the one hand and support on the other is highlighted. 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. During 2019/20 we will continue our implementation of Thrive, beginning with an engagement event across the whole of the Children and Young People’s emotional and mental health system to scope, map and analysis the full range of support offered and to identify any gaps in meeting the needs of our children and young people. Further details of Greater Manchester’s plans to implement Thrive can be found in section 6 above – Greater Manchester’s vision for Children and Young People’s Mental Health Services.
The Thrive model is heavily focused on helping workers within universal and early help services, GPs and other children’s services to develop skills to support the promotion and management of children’s emotional health and wellbeing within communities. Section 8 below describes the services and support that is offered locally at each of the stages of the Thrive model.

7.2 Building Community Resilience and Capacity - a number of projects/schemes have been delivered over the previous four years, with the aim to build community resilience and capacity, including schemes to: enhance and build peer mentoring support with children and young people; engage with hard to reach/vulnerable groups; support participation and engagement, reduce isolation and the stigma associated with mental health and support the wellbeing of asylum seeking children and families. A brief overview of some of the schemes delivered is detailed below:

'The Stories We Can Tell' was particularly successful in reaching young people who may have previously found it difficult to engage or who felt socially isolated. This scheme aimed to encourage and enable young people aged 11 to 21 years who had experienced traumatic episodes in their lives to tell and share their stories. A diverse group of young people took part in the workshops, including young people from asylum-seeking families and cared for children. The scheme took the young people from a place where they felt that they couldn’t open up or tell their story, to actually producing it in a way that was personal to them and performing it live on stage to a packed audience of stakeholders. As well as providing the young people with new skills in writing and performing, the scheme was able to build confidence, empathy and understanding, and help the young people to find their voice and to realise that they were not alone – we all have a story to tell. This scheme has continued to grow over the last 3 years.

'Clueless Monologue' – delivered by M6 Theatre, is a powerful, authentic and relevant creative intervention with the aim of raising awareness about mental health and serious self-harm. The delivery model proved highly effective in deeply engaging young participants emotionally. It reached 630 participants in secondary schools in the borough, where pupils actively discussed scenarios and raised lots of questions. Overall, the whole experience was very thought provoking for all pupils and succeeded in raising awareness of mental health and self-harm. All students received a CLUELESS postcard signposting to local support services. M6 Theatre has continued to develop monologues and the latest which will be delivered locally across schools in 2019 is ‘crossing the line’ which focusses on gang culture.
7.3 **Young Advisors** – during 2017/18 we have invested in our Young Advisors team to enable them to extend their work. The Young advisors developed a number of ‘young people’ led campaigns to promote services and access to community provision, including health and wellbeing campaigns over the period 2017/18. Using their expertise in new media and our new investment in accredited training, we hope to increase the range and diversity of opportunities for children and young people to participate meaningfully in activities that enable them to manage their own health, including their emotional health. The Young Advisors have developed a ‘Self-help’ booklet, which is being used successfully with young people attending ‘drop-ins’ at #Thrive. The booklet is intended to support young people whilst they are waiting for treatment, or those who may not be ready for a formal intervention. It contains lots of useful tips, including mindfulness techniques, as well as contact details of local services that can be accessed as needed.

The Young Advisors were also commissioned in 2017/18 to extend their co-design activity to undertake research on the range of service needs 18-25 year olds have and present a design concept that will align with existing services. The potential new service model should take into account the different needs of this age range and explore the whole range of needs, including: education, training / skills; employment and housing. The research will also identify (where possible):

- Recommendations of how current services might be changed / transformed.
- How current provision can be more effectively coordinated and how it is resourced / funded, with a view to informing new commissioning arrangements.

This work has been completed and will now inform both local and where appropriate, Greater Manchester commissioning requirements.

7.4 **Books on Prescription** – we have enhanced our current books on prescription scheme by offering books in school libraries, under the five ways to wellbeing section, which aim to support our children and young people’s mental health and wellbeing. An approved list of titles was chosen for their quality and include help on issues such as: resolving conflict, reducing anxiety, dealing with bullying through being more assertive, low mood, increasing self-esteem, bereavement and loss.

7.5 **Our Rochdale: Directory of Services (DOS) in the Borough** – significant work has taken place during 2017/18 as part of the Prevention Theme of our Locality Plan to develop a directory of services and support in the borough. The Our Rochdale platform is now available offering information, advice and signposting to all age support services both locally in Rochdale, as well as support offered more widely, including nationally. The Our Rochdale platform provides services with administrative access to review and amend their service offer as required. Going forward, we would hope to enhance the Our Rochdale platform to include additional functionality, for example, to coordinate communication across organisations/services and expand our digital audience. Our Rochdale can be accessed by visiting [www.ourrochdale.org.uk](http://www.ourrochdale.org.uk).
7.6 **Kooth – online counselling service** – we have commissioned online counselling provision, enabling young people aged 11-24 years to facilitate early help and prevent escalation of need for children and young people. The service works collaboratively with other local mental health services to ensure an integrated approach to delivering the outcomes that our children and young people feel are important and to deliver an online but ‘local’ service. The service offers support online and out of hours, which was previously a gap within the borough and something that young people articulated was important. A local Integration & Participation Worker forms part of the service offer to build solid relationships with schools, Healthy Young Minds, and GPs etc., training staff on how the service operates and how young people can register with it. The service also delivers assemblies in schools, giving presentations to show young people how to access Kooth as well as offering more in-depth sessions which can be part of PHSE or ‘drop down’ days.

7.7 **#Thrive – Children and young people’s emotional and mental health service** - our new children and young people’s emotional and mental health service went live on the 1st July 2016 meaning that children and young people in the borough can now get dedicated emotional health and wellbeing support when they need it. The service is run by Pennine Care NHS Foundation Trust, Youth in Mind and Link4Life, and has been co-designed with young people.

The service offers early support to children and young people up to the age of 19 years, including 1:1 drop in sessions and ‘sort it’ sessions in schools and community venues, solution focused therapy, early intervention, group work and counselling. Social prescribing, including exercise, culture and arts is also an important element of the service and something that was clearly articulated by young people through the co-design process.

#Thrive helps those children and young people aged up to 19 years who may be: feeling worried, angry or upset; stressed about school or exams; feeling low and not enjoying things in general; or are experiencing bullying or relationship worries. Children and young people can drop in or ring the service if they feel they need some support without the need for a referral, which is something that our young people have advised is important to them.

#Thrive can also offer advice and support to parents, carers and anyone who works with a child or young person. A new under 8s pathway has recently been developed.

The hub in the form of a café opened at the end of March 2017 offering a drop-in facility, information and signposting, as well as planned clinical sessions. The hub is located at 48 Drake Street, Rochdale and has been named ‘Around the Corner’ following a co-design session with young people. Children and young people have also participated in the design of the hub and have clearly articulated how they want it to look and feel. The hub is an essential and exciting element of the #Thrive service delivery as it allows any child, young person or parent access to advice and support, or simply just a chat.

A children and young people’s participation group has been convened through #Thrive to support the continued co-design of improvements to the service delivery. This is also a forum for children and young people to learn and gain experience of service delivery processes, as well as come together as a group, sharing thoughts and ideas and building support networks.

To continue our process of co-design, we were keen to ensure that this was extended to service delivery. Consequently, supported by the Innovation Unit, #Thrive has worked with young people and families to ensure that the service delivery model is truly designed around the needs of young people. Innovative ways of testing the service delivery and clinical pathways, including the use of prototyping have been implemented. This process, to test, challenge and adapt the service delivery has continued.
Below is a fantastic example of the role #Thrive can play in identifying emotional wellbeing issues early, before crisis, and supporting individuals to build resilience.

“During XX’s first engagement with #Thrive he presented with a Core 10 score of 32/40, which when explored by the talking therapy CYP, revealed child protection concerns. The CYP acted to support this young person immediately, and in subsequent sessions, this Core 10 score reduced to as little as 2. At this point XX was referred to the activity offer to support his anxiety in social situations, and increase his physical activity levels. From the start XX was eager to try new activities and quickly engaged in multiple sessions running from Rochdale Leisure Centre. As time progressed, he found the ones he preferred. XX was initially met and supported by myself to engage in each session, but quickly developed enough confidence to attend without support. XX’s Core 10 score continued to remain around the 2 mark, and he and his parent reported in their exit from #Thrive that they were delighted with the support that #Thrive gave, and particularly to the CYP who first supported him”.

#Thrive will play a key role in the planned Children’s Early Help Enabling teams. We are enhancing #Thrive so that it is able to offer a named practitioner in each of the four children’s enabling teams within the borough, offering advice, support, guidance and assessment. The #Thrive locality practitioner will take a multi-disciplinary case management approach to care provision, liaising where necessary to other services, including Healthy Young Minds, social care, primary care, schools and 3rd Sector.

#Thrive has successfully participated in a national pilot for the creation of a new post, the Psychological Wellbeing Practitioner (PWP) programme. The vision for this pilot is to create a new PWP practitioner that complements the work of CAMH services providing assessment and evidence based treatment for mild to moderate presentation. #Thrive now employ 2 full times PWP’s who offer low level early interventions, particularly for behavioural activation, anxiety and exposure work. The staff have also developed a number of workshops relating to exam stress for high school pupils and transition workshops for year 6 pupils.

#Thrive’s Social Prescribing offer has also been enhanced during 2018/19. There are now 3 members of staff employed to provide specific borough wide support to young people to access social prescribing elements such as: Sow the City, Thrive@5 and Cartwheel Arts. There are Fix It drop ins offered across the Heywood, Middleton and Rochdale footprint to discuss the needs of young people accessing social activities to enhance their emotional health and wellbeing. These include Gym Pass access and holiday provision.

Funding has been granted to #Thrive from the Youth Council to provide early access to counselling for young people up to age 19 who have experienced bereavement and loss in its broadest sense. These practitioners will offer individual sessions/family and group work in the community to support ease of access. The Youth Council will monitor progress

The wellbeing practitioner from Link4Life (#Thrive) and the PWP’s have made links with the young people in the borough who are home educated to look at increasing support and access to services within the locality.

We are also delighted that #Thrive has been recognised as an area of good practice both nationally and within Greater Manchester. In June 2017, against strong competition, the service was the winner of the 2017 Healthcare Transformation Award for the Redesign of Care in Mental Health – the service was commended for its innovative approach to engaging with young people to develop a co-produced service which aims to intervene early to deliver better outcomes for children and young people. There
has also been significant interest in the service across Greater Manchester and beyond and a number
of visits to the service have taken place. An open day was arranged on the 22nd January 2018 for other
boroughs to come and learn about the service.

The co-design and commissioning of #Thrive has also been recognised by the national iThrive team as
a strong example of how service development can be aligned to the THRIVE framework. Consequently,
commissioners and the service were asked to support the development of a case study to support
national learning. The case study has recently been published and can be viewed at
http://www.implementingthrive.org/the-innovative-thrive-service-rochdale/

7.8 Redesign of Healthy Young Minds (specialist CAMHS service) – significant work has taken place in
2017/18 to redesign the Healthy Young Minds service delivery model. A new staffing model has been
developed and recruitment to vacant posts has been completed. The service is now reviewing its
internal policies, procedures and processes to ensure that it continues to deliver effective, timely and
quality care to all children and young people who need it. The implementation of the standardised
Greater Manchester CAMHS specification also has implications for the service. It is therefore intended
to undertake an exercise to map the current service model against the requirements of the Greater
Manchester specification with a view to identifying any service developments. A trajectory will be
produced with a clear timeframe of what is needed to fully deliver the Greater Manchester
specification by 2020/21.

To support the implementation of the children and young people’s Complex Early Help and
Safeguarding Hub (single point of access) within the borough, the HYM service has been enhanced.
This will enable the service to provide 2 practitioners to sit within the Hub and contribute to the multi-
disciplinary triage of all mental health and safeguarding referrals. These roles are particularly
important to ensuring that the emotional and mental health needs of children and young people are
addressed by the right the service in a timely manner. It is anticipated that once the Hub is fully
operational the referrals into HYM will reduce and the ongoing requirement of HYM staff in the Hub
will be incorporated within the core service provision.

7.9 Neurodevelopment disorders Autistic Spectrum Disorder (ASD)/Attention Deficit Hyperactivity
Disorder (ADHD)

- **Autism** – significant work has taken place during 2017/18 to improve both the diagnostic
experience and pre and post diagnostic support for children and young people with suspected
autism. A Rochdale Borough Autism Strategy has been produced and work has taken place to begin
the initial stages of implementation, this includes: a robust action plan, a data baseline and
associated dashboard and the development of a series of outcomes based upon a number of ‘I’
Statements which have been co-designed with young people with Autism. A staff training offer has
also been developed; and a number of schools have begun to gain Autism Champion Status. School
Improvement Services have also begun to target children with Autism at risk of educational
breakdown. The implementation of the Autism Strategy will continue during 2019/20.

- **ADHD** – work has taken place during both 2016/17 and 2017/18 to improve the clinical pathway
for ADHD. A CQUIN delivered by Healthy Young Minds in 2016/17 began the process of shifting the
pathway for ADHD from a single agency (Healthy Young Minds) to a multi-agency pathway, with
support from Early Help, #Thrive and our Parenting team. This work has further been enhanced
and supported by a ADHD multi-agency steering group. A multi-agency pathway has been
developed in accordance with the Greater Manchester, South Cumbria and Lancashire Strategic
Clinical Network recommendations on delivering effective services for ADHD. We are now at the
stage, where we will begin to launch the new pathway through a series of stakeholder engagements
events, beginning with conference for schools in April 2019.
7.10 **Community Eating Disorder Service (CEDS)** – the mobilisation of the Community Eating Disorder Service, (which we commissioned jointly with Bury CCG and Oldham CCG) was completed in 2017/18.

The service model focuses on early intervention and prevention, whole system, integrated and multi-agency working and is outcome focused. It encompasses the eating disorder provision already available within local Healthy Young Minds services in each borough and the service delivery will support and build on this local provision ensuring coordinated and seamless care. The service has planned and delivered training for Healthy Young Minds staff to up-skill on all issues pertaining to eating disorders and have begun to develop ‘mini’ eating disorder teams within Healthy Young Minds in each borough. The service has developed strong links with the Horizon Inpatient Unit and Independent Hospitals to support the care planning for young people who are nearing discharge from inpatient care. This ensures that the appropriate step down arrangements are in place to enable an effective discharge into the community.

Awareness raising of Eating Disorders is important to ensure that young people who may be at risk are able to access help early. The Eating Disorder Service has worked with B-eat during the last year to deliver a training and awareness raising programme.

A Parents’ Forum has been developed. The aims and objectives for this have been considered and a menu of options has been developed, so parents can choose which sessions to attend. Parents had expressed that they would like to have the opportunity to meet other parents, as well as have the opportunity to share their experiences, challenges and successes and so these feature in each parent forum session.

The CEDS is signed up to QNED (Quality Network for Eating Disorders) and has recently participated in the National children and young people’s Eating Disorders Training Programme.

The service will continue to develop and review its pathways during 2019/20.

7.11 **The NHS Long Term Plan** – will be reviewed and plans made during 2019/20 to implement the requirements of the NHS Long Term Plan relevant to children and young people’s mental health.

8.0 **Children and young people’s emotional and mental health provision in the Borough**

Alongside the new services that have been commissioned since 2015/16 highlighted above (see Section 7), there are a plethora of services available in the borough to support children’s and young people’s emotional and mental health. These are set out across the Thrive Model below. A summary of the services and support available in the borough are also contained within our Local Offer, which can be accessed [here](#).

### 8.1 Thriving (Prevention and Promotion)

There are a variety of services/schemes locally offering help, support and guidance to enable children and young people and their families to become more resilience and Thrive. These include:

- **Five Ways to Wellbeing** – is a programme delivered by Rochdale Mind, which includes promoting positive mental health, including: anti-stigma, suicide prevention, self-harm prevention and a peer led support group.

- **Education and awareness for drug and alcohol misuse** – is provided by Early Break, who provide education and raise awareness around substance misuse issues and the link with wider factors, such as offending, emotional health and wellbeing, family/friends and much more.
• **Mentoring and Peer Support** – there are a number of services/schemes within the Borough offering peer support, including:

• **Community Champions** - provide access to “peer support” for people in the Borough of Rochdale who have a range of short-term, low level needs. The support is available to anyone who wants it (no eligibility criteria) and aims to meet a wide variety of needs including: health, skills, employment, family support, poverty, budgeting, mental health, loss and bereavement, literacy and more.

• **Homestart Rochdale** – aims to give support to families who may be struggling to cope with a variety of challenges, including post-natal illness, disability, isolation, the demands of parenting young children, bereavement and multiple births - helping prevent these difficulties from escalating into crisis, and crisis from developing into family breakdown. The service provides a range of support to parents of children under 11 years old, including low level emotional and mental health support offered by parents to parents.

• **The Proud Trust** - provide a range of peer mentoring, peer support and befriending to LGBTQ+ young people. This includes face-to-face / one to one peer support where young people meet up and provide face to face support, peer support by text message, through Facebook and/or email or telephone contact. All support is coordinated and delivered within a safeguarding framework and at a time and place agreed with young people.

• **Rochdale Connections Trust** - provide a mentoring service for young people in the Borough. Providing a drop-in service where young people can meet up with a team of mentors and build a strong relationship that enables them to meet up away from the centre. The adult mentors are drawn from local services and the general public to provide a whole range of unique skills to be match with young people’s needs.

• **Rochdale and District Mind Open Young Minds** – is the emerging gateway into community wellbeing provision for children and adolescents in the Borough of Rochdale. The service works in conjunction with main emotional health services for children and young people and provides guided/supported access for children 11 years upwards into a range of (mainly) social support, community arts and education provision; complimenting the social prescribing role within #Thrive. For young adults / adolescents under 25 years old, the service provides none time limited support and engagement in a social / community programme made up of Rochdale and District Minds internal services and community support from other services related to this age range and based on presenting needs

• **Non-clinical and Leisure activities** – there are a range of voluntary/3rd sector facilities commissioned within the Borough, which are aimed at supporting and enhancing emotional wellbeing for children and young people. Further details can be found here.

• **Link4Life** – is responsible for the management, operation and development of Rochdale Council’s leisure facilities. Link4Life works in partnership with other agencies to improve the physical health and emotional wellbeing of children and young people within the Borough.

• **Mental Health Training** – there is a variety of training offered within the borough to build community resilience, support self-care, and promote early identification of mental health problems. The training is currently being mapped and will be published alongside this document and on the Family Services Directory.

• **MeMotional** - is a new website developed by Early Break aimed at raising awareness around emotions. The website is specifically aimed at children and young people and helps them to learn about their emotions and look at putting strategies in place to help them understand and respond to their emotions in healthy ways.

8.2 **Getting Advice (signposting, self-management and one-off contact)**

There are a number of services locally offering help, support and guidance children and young people with emotional difficulties. These include:
• **General Practice and the wider community primary care team** - have an important part to play in supporting families, children and young people to develop resilience and in identifying and referring problems early. GPs have a number of far reaching priorities but are trained specifically to take an holistic approach to the physical and mental health needs of the whole family registered with them. Many GP practices are a less stigmatising environment than a mental health clinic and therefore offer increased potential for early identification of emotional and wellbeing concerns raised by children and young people.

In addition, there is a wide variation of confidence and competence in managing children and young people’s mental health. HMR CCG is committed to providing ongoing education to primary care and encourages providers to engage with local surgeries and the clinical leads within the CCG. With NHS mental health services, the voluntary sector and GP Care Ltd (a provider organisation of a group of GPs) an education session is being developed specifically about emotional mental health to improve confidence amongst primary care clinicians.

It is understood that the dental health of children and young people can have a huge impact on their mental health and behaviour, particularly for those children and young people who may have poor dental health and associated problems, such as issues with speech and bullying. Work has taken place within the Borough to develop pathways and links into dental care for children and young people who are under the care of CAHMS. CAMHS are now able to directly refer children and young people to a salaried dental service. Locally, we are looking to implement the inclusion of Oral Health brief intervention training as part of the requirement/contract for staff working with children and young people as part of their induction to the role. Plans are also being made to deliver oral health brief intervention training to services, including CAMHS, Safeguarding for cared 4 children, Health Visitors, Midwives, School Health and social care.

• **Health Visiting** – our health visiting team provide universal support around the ‘6 high impact areas’ including transition to parenthood and the early weeks, promoting secure attachment, positive parental and infant mental health, and parenting skills using evidence based approaches such as Neonatal Behavioural Observation and Neonatal Behavioural Assessment Scale. Our health visitors identify women/parents experiencing perinatal mental health issues, including postnatal depression, and provide care packages for maternal mental health.

• **School Health Service** – our school nurses deliver a wide range of Public Health interventions to school-age children and young people, including emotional health and wellbeing and substance misuse. They have a role in promoting emotional wellbeing throughout the school-age years identifying mental or emotional health issues and supporting those with emotional and mental health difficulties to access the appropriate level of mental health services. Our school nurses identify vulnerable children, young people, and families, and support them through the provision of co-ordinated, tailored packages of care. The school health service also provide an online text service – CHAT HEALTH, which enables young people to have access to confidential advice and support from a school nurse. An App has also been developed, which will allow parents and young people to access emotional health advice and information, with links to all other services and websites available.

• **Young Peoples Sexual Health Support Service – Rochdale** - young people may be referred to the Young Peoples Sexual Health Support Service via already established pathways and by a range of agencies including Children’s Social Care, The Sunrise Team, Health, Education and Parents; young people can also self-refer. The service operates as a network with other services such as substance misuse services, mental health services and other young people’s support services to help ensure young people with multiple needs are provided for in a co-ordinated and holistic way. Ongoing work with young people takes place in partnership with all other agencies involved and will be tailored to the needs of each individual.
young person. Young people are seen in a venue of their choice, e.g. at school, home etc. Where appropriate young people will be taken on as clients of the service and offered ongoing support. Young people will also be referred to the Young Peoples Sexual Health Support Service by other staff in the Integrated Sexual Health Service. Emergency or urgent referrals – such as in cases of suspected cancer or where the patient has acute mental health problems – can be referred direct, by a sexual health consultant to a consultant in another discipline. Onward referrals may also be made to other relevant agencies or services / practitioners, including: inpatient services, young people’s services, dental services, general practitioners, and outpatient services, e.g. dermatology, urology, mental health.

8.3 Getting Help (Goals focused, evidence informed and outcomes focused intervention)

There are a number of targeted services within the Borough, provided by specialists working in the community and primary care settings in a multidisciplinary way, such as: youth offending teams, primary mental health workers, psychologists, counselling and advocacy, including voluntary/third sector providers, as well as support available in social care and education. Services include:

- **Early Break** – is a drug and alcohol service for young people aged under 21 years and their families offering one to one support for children and young people who are using drugs and/or alcohol. The service carries out specialist drug and alcohol assessments to identify, plan and coordinate interventions to reduce/abstain from substance misuse.

  Early Break have a link worker attached to Healthy Young Minds to ensure that consultation takes place for those young people experiencing mental health issues and using substances. The service will also provide training to CAMHS staff about new and emerging substances and trends, which can affect the emotional and mental wellbeing of young people. This links into young people presenting at hospital for overdose or self-harm where substance misuse is involved.

- **Holding Families** – is a multidisciplinary service that aims to help families with problems associated with significant parental substance misuse, where children and adults’ needs are dealt with and responded to at the same time. The programme works with families where there is at least one young person under the age of 18 living in the family home, or where the substance misusing parent is pregnant. Holding families works with each family member separately and as a family unit. The aim is to:

  ❖ support and encourage the family to talk about substance use and associated problems
  ❖ highlight any significant harm caused by parental drug or alcohol use
  ❖ empower parents to make necessary changes
  ❖ encourage parents to remain in treatment for alcohol or drugs
  ❖ allow children’s voices to be heard by parents and workers
  ❖ help families move down the safeguarding threshold
  ❖ build on the things families are already doing well

- **Social Investment Fund** – For the past four years, HMR CCG has invested in a Social Investment Fund (SIF). Through the SIF the CCG has sought to embed a programme that is transformative in its relationship with the voluntary/3rd sector providers:

  ❖ to determine local needs and aspirations
  ❖ to promote health and reduce health inequalities
  ❖ to improve and broaden the range of voluntary/3rd sector provision
  ❖ to strengthen accountability in our communities in managing and delivering voluntary/3rd sector provision
This fund focuses on early help and self-care and HMR CCG believes this focus is vital for the services it commissions. There are a range of voluntary/3rd sector services within the Borough that support the emotional needs of our children and young people. These services can usually be accessed through self-referral and include both individual and family support.

The CCG’s Social Investment Fund will not continue in 2019/20; however, a new ‘Connecting You: Development Fund will be available. This fund offers short term grants to organisations aiming to improve the health and wellbeing of the borough’s residents.

• **Early Help Assessment Framework** - The Early Help Assessment process is well embedded in our work with children and young people across the Borough. The assessment is initiated with the family when more help and support is required than a single agency can provide. The assessment enables an holistic approach to support the child or young person taking an asset based approach and agreeing key actions for both the family and practitioners to undertake to improve outcomes.

| 8.4 Getting More Help (Extensive treatment) |

The services available for children and young people who need specialist help and support in the community include:

• **Healthy Young Minds Rochdale (Core CAMHS Service)** – Healthy Young Minds offers a skilled children’s emotional health assessment and intervention service to children and young people with more moderate to severe mental health needs up to the age of 19 years, including those with severe learning disability and complex neurodevelopmental disorders (ASD and ADHD). The service offers specialist interventions for a range of conditions, in concordance with NICE guidance, where guidance exists.

A systemic approach to care planning is in place and specific interventions provided that have regard to caring for children/young people who are cared for and have emotional/behavioural/mental health difficulties. Where a cared for child/young person has a mental health need, the service will work with residential care providers and foster carers as necessary to support the prevention of a placement breakdown, and to avoid children being placed unnecessarily out of Borough.

For children and young people requiring intensive support the service provides a coordinated response, drawing down support from children’s services, the inreach / outreach/enhanced outreach service, paediatrics, day unit provision where available and schools to ensure that all agencies work effectively together to address the needs of the individual and avoid an inpatient or residential admission.

The service has strong pathways to drug and alcohol services for young people with dual diagnosis and young people who may have parents that have substance related issues as well as mental health issues.

Urgent care pathways are in place to provide a 24-hour response to young people presenting in crisis. Currently, all young people under 16 presenting as an emergency are seen on the same day between 9am to 5pm by Healthy Young Minds and by the core CAMHS on call service between 5pm and 9am, and 24 hours a day during weekends and holidays. All young people aged 16 to 18 are seen by the adult Rapid Assessment Interface and Discharge (RAID) team 24 hours a day if they present in an emergency to A&E or the 136 suite. Healthy Young Minds also provide an urgent response to the Rochdale Urgent Care Centre and assess Rochdale young people on the Paediatric ward in Oldham between 9am and 5pm. There are robust links and clear pathways with Tier 4 and the Trust wide Young People’s Inreach / Outreach team, and so, if admission is appropriate, discharge and supported step-down planning can
begin immediately. Going forward, as the Greater Manchester Crisis Care Pathway is mobilised, children and young people requiring an urgent response will be picked up by the Greater Manchester Rapid Response Teams; however, the service will work closely with these teams to ensure that the needs of our children and young people are met in a holistic and seamless manner in accordance with the Thrive principles.

- **Early Intervention in Psychosis Service** - works with young people aged 14 – 35 who describe having psychosis episodes or similar experiences. The service works with these young people to look at the experiences they are having and how it affects them, with a view to them making informed decisions around what can help in their recovery.

- **Section 136 Suites** – there are currently arrangements in place to record and incident report all episodes of young people attending 136 suites and such an episode triggers a follow up from core CAMHS for children and young people under 16 and known 16-18 year olds. Our Healthy Young Minds Service also has a protocol in place jointly with adults, such that if a young person presents to the 136 suite multiple times, a multi-agency review is required and will be convened.

- **Community Eating Disorder Service** – delivered from a vibrant, child/young person oriented hub located centrally in Bury supports young people from 8 to 18 years. The service offers drop in, group assessments and treatments and provides both routine and specialist support, including family based approaches. The hub provides somewhere that young people can come to for the day; however, a core element of the service is delivered in individual homes, schools and colleges. For those young people who present with additional complexity, including high levels of psychiatric risk, acute medical risk and significant co-morbidity or social adversity, the service has strong and routine interfaces with other professionals so that it can draw upon appropriate additional resource to meet the required need. This includes Tier 4 specialist CAMHS, social care or urgent medical intervention. The service has also maintained links with the Healthy Young Minds service to support joint working and to avoid unnecessary transitions and barriers for young people and families.

### 8.5 Getting Risk Support (risk management and crisis response)

Services to support children and young people who require specialist support are:

- **Tier 4/Specialist Services** – the specialist services are intended for those children and young people who are suffering from severe and/or complex mental health conditions that cannot be adequately treated by community-based services. The specialist commissioned services include: inpatient services, general specialist adolescent services, including day case and intensive outreach care, specialist autistic spectrum disorder services and specialist perinatal services. The Greater Manchester Health and Social Care Partnership was given delegated responsibility for commissioning inpatient general adolescents and eating disorder services from April 2018.

Locally, the Hope and Horizon Units are part of the CAMHS in-patient facilities, situated within Fairfield Hospital, Bury and managed by Pennine Care NHS Foundation Trust. Treatment and support are provided to young people, aged between 13 and 18 years old, who are suffering from a range of mental health difficulties. Both units are led by an expert team of healthcare professionals comprising psychiatrists, psychologists, nurses, occupational therapists, dieticians and teachers and their co-location enables the seamless assessment and treatment of young people with both acute and complex needs. Whilst these units are open to all young people within the UK, every effort is made to reduce the number of young people from Rochdale from being placed out with this service. For those young people who are placed out of area, CAMHS do, however, ensure continuity and consistency of care and will continue to be
involved in their care planning. Our local specialist CAMHS inpatient provider, Healthy Young Minds received a rating of ‘outstanding’ for its inpatient services following a CQC inspection in 2016. The full report can be found at: http://www.cqc.org.uk/provider/RT2/inspection-summary#mhadolescent

- **Specialist General Adolescent Services** – these are services provided for young people aged between 13 and 18 with a range of mental disorders (including: depression, psychoses, eating disorders, severe anxiety disorder, and emerging personality disorders), associated with significant impairment and/or significant risk to themselves or others, such that their needs cannot be safely and adequately met by Healthy Young Minds. The service provision includes young people with a mild learning disability and autistic spectrum disorders who do not require Tier 4 CAMHS Learning Disability Services. The Greater Manchester Health and Social Care Partnership was given delegated responsibility for commissioning inpatient general adolescents and eating disorder services from April 2018.

- **The Health and Justice Service:**

  **NHS England’s health and justice team** - are responsible for commissioning services for children and young people in secure settings, including secure children’s homes and prisons, as well as sexual assault referral centres (SARC) supporting victims of sexual violence. They work with police and the criminal justice system to respond to forensic requirements and to meet the needs of the children and young people in that process.

  **Police custody healthcare and liaison and diversion programmes** - the Health and Justice team have direct commissioning responsibility for Police Custody Healthcare and Liaison & Diversion programmes. The Youth Offending Triage provision can be accessed from police custody and liaison and diversion services (both within police custody and courts) in order to meet the needs of these children and young people and support the flow away from the criminal justice system. The Youth Offending Triage provision will assess young people who have been arrested for the first time and are admitting their offence. It is also used for those who are assessed as vulnerable and in need, including concern regarding mental health issues. The assessment may conclude with referrals to prevention services or to a specialist service, such as Early Break, to address issues around substance misuse.

  **Local Support to the specialist health and justice service** - we will work with the specialist health and justice service to continue to improve local pathways for children and young people leaving the justice system, or those children and young people, who are victims of sexual violence or are perpetrators of sexual violence.

  **Local support for children and young people leaving Welfare only homes** - all children and young people returning from Welfare only homes will have ‘Cared For’ status, therefore close working relationships between the child’s social worker and family/carer is imperative. Furthermore, this group of children are often extremely vulnerable, with complex needs, including CSE (child sexual exploitation) concerns, history of abuse and mental/emotional health issues. All children returning from secure accommodation are Cared for Children and will receive the support of their allocated social worker and a PA if they are over 16 years of age.

  **Local support for children and young people who are victims of, or perpetrators of sexual violence** – locally there are clear pathways in place between Healthy Young Minds, the Sunrise team (child sexual exploitation) and the Complex Early Help and Safeguarding Hub. Our Healthy Young Minds Service and the partner agencies work collaboratively with young people who have been victims of CSE, sexual violence and with perpetrators of sexual violence/abuse offering interventions based on the young person’s presentation, for example, post-traumatic stress disorder work, anxiety management, DBT, CBT
and psychological interventions.

**The Sunrise Team** - Children and young people at risk of CSE will be supported by the Sunrise team. Sunrise comprises personnel from Greater Manchester Police, children’s social workers, health professionals and charity workers, and has links to adult social care, the youth offending team, targeted youth support, licensing and housing departments. It works on the front line in Rochdale, Heywood, Middleton and the Pennines, reaching out to young people at risk in the community. The specially trained staff help children to break free of exploitative relationships, and ensure offenders are brought to justice.

**Child Sexual Exploitation (CSE)** - in addition to the Sunrise Team, the ACT (Achieving Change Together) service for victims of CSE has been launched. This service has been delivered jointly with Wigan Borough Council as part of the Department for Education (DfE) innovation pilots and was co-designed with young people, partners and parents. The service has been inclusive of a trauma therapist and through working in a strength based and relationship model of intervention it has provided intensive early support to 25 young people affected by sexual exploitation. This work builds on the success of the Sunrise Team, Project Phoenix and it is testament to the scale of our ambition to prevent and support victims of CSE.

In relation to the health and protection of young people experiencing/at risk of CSE, the Sunrise Health Co-ordinator has had a key role particularly in relation to hard to reach young people, such as young people absent from school and young people over the age of 16 who are not in further education etc. The Health Co-ordinator undertakes a health assessment on each child open to the team and will either liaise directly with the relevant health services involved or work directly with young people in respect of their health.

**The Youth Offending Service** - where young people are assessed as at risk of, or have perpetrated a sexual offence, AIM2 (assessment, intervention and moving on) assessments are provided by and overseen by the Youth Offending Service. Referrals can be made by Children’s Social Care or the police and the young person does not have to be criminalised in the process.

The service has continued to be delivered as a multi-disciplinary team with a key focus on improving outcomes for young offenders. A key element of this has been the continued successful identification of sexually harmful behaviour, and implementation and delivery of AIM2 assessments for young people in the Borough. Through this work we have developed a more consistent approach to addressing inappropriate sexual behaviour by young people who are either referred through Welfare pathways or through the Criminal Justice System. The Youth Offending Service staff are trained in ‘AIM2’ assessments and interventions and are able to lead and advise colleagues from Children Services dealing with these issues and therefore ensure that an holistic approach to meeting both victim and perpetrator needs is adopted.

The Youth Offending Service includes a Health pathway for young offenders to ensure that there is robust holistic health provision for all young offenders. All referrals now go to the dedicated Senior School Nurse for the Complex Caseload. The Senior School Nurse and Service Lead will meet regularly with Youth Offending Team practitioners and the management team to ensure that all health needs are met, as well as linking with other health specialists, for example, sexual health and Early Break. The Senior School Nurse will proactively engage with Youth Offending Service clients to ensure health needs are met and healthy lifestyles promoted.

Working with the police, we have enhanced our pathways to avoid criminalising young people with emotional and mental health problems by considering implementing out of court disposals, such as:
prevention, restorative justice, diversion and triage, all of which offer an assessment and package of intervention.

# 9.0 Current resource and investment in Children and Young People’s mental health services

## 9.1 Investment

The table below details the Borough wide investment on mental health services and support for children and young people. Although, it is recognised that early help and support is provided across universal services, for example, the role of health visitors, school nurses and children’s centres, the table below represents only the directly commissioned services relating to emotional and mental health. It is further acknowledged that Health and Wellbeing form a fundamental aspect to the school curriculum throughout the age range. Alongside their statutory duties, schools have a wide variety of activities both within the taught curriculum and through extra-curricular activities that support pupil wellbeing.

<table>
<thead>
<tr>
<th>Level of Need</th>
<th>Description of Support</th>
<th>Investment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prevention and Promotion (Thriving)</td>
<td>A range of services aimed at building resilience, and promoting self-help, including: five ways to wellbeing; self-help books on prescription; and a self-harm prevention campaign.</td>
<td>£10,000 2014/15, £10,000 2015/16, £10,000 2016/17, £10,000 2017/18, £0 2018/19</td>
</tr>
<tr>
<td>Early Help and Support (Getting Advice)</td>
<td>Through its social investment fund, the CCG has commissioned a range of community and voluntary sector services offering emotional and mental health support to children and young people, as well as building community resilience and capacity.</td>
<td>£131,528 2014/15, £432,582 2015/16, £272,140 2016/17, £385,108 2017/18, £395,619 2018/19</td>
</tr>
<tr>
<td>Targeted Help (Getting Help)</td>
<td>Counselling and Bereavement Services /#Thrive emotional health and wellbeing service.</td>
<td>£185,568 2014/15, £184,737 2015/16, £561,010 2016/17, £607,243 2017/18, £723,507 2018/19</td>
</tr>
<tr>
<td>Specialist Care (Getting More Help)</td>
<td>Core CAMHS provision offering specialist services to children and young people who are experiencing mental health difficulties up to and including the age of 18 years. The service provides assessment and intervention and support to families/carers, as well as training and advice to other front line services.</td>
<td>£3,274,000 2014/15, £3,017,000 2015/16, £3,231,846 2016/17, £3,357,000 2017/18, £3,387,000 2018/19</td>
</tr>
<tr>
<td>Community Eating Disorders</td>
<td>N/a 2014/15, £134,019 2015/16, £134,019 2016/17, £137,000 2017/18, £137,000 2018/19</td>
<td></td>
</tr>
<tr>
<td>Specialist Inpatient Care/Complex Care (Getting Risk)</td>
<td>Specialist inpatient care including: eating disorders; secure learning disabilities; low-secure placements; psychiatric intensive care unit;</td>
<td>£369,317 2014/15, £586,198 2015/16, N/a 2016/17, N/a 2017/18, N/a 2018/19</td>
</tr>
</tbody>
</table>
Support) MSU; mother and baby; acute and medium/longer term admissions.

Specialist Health and Justice Service Specialist secure estate and Sexual Assault Referral Centres (SARC) are provided on a national footprint.

Block contract – cannot disaggregate for HMR residents.

Block contract – cannot disaggregate for HMR residents.

Block contract – cannot disaggregate for HMR residents.

Block contract – cannot disaggregate for HMR residents.

Rochdale Youth Offending Service Multi-disciplinary team working with young offenders in Rochdale from 10 years up to the age of 18. The team provides a fair and consistent service for all young people in the criminal justice process and aims to work effectively with young people to reduce the level and impact of youth crime in Rochdale.

Dedicated Youth Justice Grant for whole service provision.

Dedicated Youth Justice Grant for whole service provision.

Dedicated Youth Justice Grant for whole service provision.

Dedicated Youth Justice Grant for whole service provision.

Early Break Young People’s Drug and Alcohol Service - offering information, advice and support (including emotional support) for young people and families with substance misuse related issues.

£399,619 £399,619 £379,619 £350,600 £350,600

9.2 Staffing and workforce development – we aim to deliver the national ambition to increase staffing levels for therapists and supervisors. The table below indicates the anticipated additional therapists and supervisors we need locally to meet the national agenda.

<table>
<thead>
<tr>
<th>Staffing Numbers (WTE)*</th>
<th>2014/15</th>
<th>2015/16</th>
<th>2016/17</th>
<th>2017/18</th>
<th>2018/19</th>
</tr>
</thead>
<tbody>
<tr>
<td>Healthy Young Minds</td>
<td>49.20</td>
<td>46.10</td>
<td>46.60</td>
<td>43.00</td>
<td>44.00</td>
</tr>
<tr>
<td>#Thrive**</td>
<td>n/a</td>
<td>n/a</td>
<td>10.00</td>
<td>17.00</td>
<td>21.00</td>
</tr>
<tr>
<td>Hype</td>
<td>2.95</td>
<td>2.95</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
</tr>
<tr>
<td>Bereavement Service</td>
<td>1.07</td>
<td>1.07</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
</tr>
</tbody>
</table>

Across Greater Manchester however, it is recognised that we need to expand the workforce greater than the national requirement and the table below details the additional staff needed locally to meet the Greater Manchester requirement.

<table>
<thead>
<tr>
<th>CAMHS Workforce Expansion</th>
<th>Medical</th>
<th>Nursing</th>
<th>Allied Health</th>
<th>Total Clinical</th>
</tr>
</thead>
<tbody>
<tr>
<td>Greater Manchester (100%)</td>
<td>9</td>
<td>65</td>
<td>37</td>
<td>111</td>
</tr>
<tr>
<td>Heywood, Middleton &amp; Rochdale (8.0%)</td>
<td>0.7</td>
<td>5.2</td>
<td>3</td>
<td>8.9</td>
</tr>
</tbody>
</table>

The table below details the staffing resource in our commissioned emotional and mental health services. The table does not include staffing numbers for 3rd sector services, or for services which indirectly provide emotional and mental health support, but where this is not the main commissioned function, for example, the role of health visitors, school nurses and children’s centres etc.
9.3 Children and Young People’s Improving Access to Psychological Therapies (CYP IAPT) – Pennine Care was in the first wave to implement CYP IAPT and the programme is now fully embedded within the Healthy Young Minds service. CYP IAPT has been the driver for significant transformation which has made a visible difference to the experience of children, young people and families. This includes the development of the Young Advisor role, reduced waiting times and the collaborative development of outcome focused and evidence based care pathways delivered by skilled staff with enhanced training. We will continue to participate in the CYP IAPT programme and will work to improve the workforce through the training of existing and new CAMHS staff, including statutory, voluntary and independent sector services in an agreed, standardised curriculum of NICE approved evidence based therapies.

The table below shows the number of staff who have completed training in children and young people’s improving access to psychological therapies (CYP IAPT) since 2015/16. It also shows the Greater Manchester target for staff trained by 2020/21. As can be noted locally this target was achieved in the academic year 2018/19.

<table>
<thead>
<tr>
<th>Course</th>
<th>GM Target 2016/17 - 2020/21</th>
<th>Nos. of Staff in HMR Trained Academic Year (January to December)</th>
<th>Total 2016/17 – 2018/19</th>
</tr>
</thead>
<tbody>
<tr>
<td>SFP, CBT, IPT-A, LD/ASD</td>
<td>5.9</td>
<td>2015/16: 1; 2016/17: 4; 2017/18: 2; 2018/19: 6</td>
<td>6</td>
</tr>
<tr>
<td>Clinical Supervisor</td>
<td>1.6</td>
<td>2016/17: 1; 2017/18: 1; 2018/19: 2</td>
<td>2</td>
</tr>
<tr>
<td>EEBP</td>
<td>4</td>
<td>2016/17: 2; 2017/18: 1; 2018/19: 1</td>
<td>4</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td>2016/17: 1; 2017/18: 3; 2018/19: 5</td>
<td>4</td>
</tr>
</tbody>
</table>

10.0 Performance

10.1 The number of children and young people accessing treatment – nationally there is a requirement to increase the number of children and young people with a diagnosable mental health condition treated in NHS-funded community mental health services by at least 35% by 2020/21. The table below shows the required increase in children and young people accessing services each year in Rochdale.

<table>
<thead>
<tr>
<th>At least 35% of CYP with diagnosable MH condition treated in NHS-funded community MH service</th>
<th>2016/17</th>
<th>2017/18</th>
<th>2018/19</th>
<th>2019/20</th>
<th>2020/21</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>28%</td>
<td>30%</td>
<td>32%</td>
<td>34%</td>
<td>35%</td>
</tr>
</tbody>
</table>
As detailed in the table below, both locally and at a Greater Manchester level we are over performing against the national target.

<table>
<thead>
<tr>
<th></th>
<th>Actual number of CYP receiving treatment (November 2018 - YTD)</th>
<th>Total number of CYP with a diagnosable mental health condition</th>
<th>Percentage access rate (2018/19 forecast outturn) Target 32% 2018/19 and 35% by 2020/21</th>
</tr>
</thead>
<tbody>
<tr>
<td>England</td>
<td>227,613</td>
<td>1,046,246</td>
<td>28.30%</td>
</tr>
<tr>
<td>Greater Manchester</td>
<td>16,045</td>
<td>59,099</td>
<td>35.40%</td>
</tr>
<tr>
<td>Heywood, Middleton and Rochdale</td>
<td>1,780</td>
<td>5,086</td>
<td>45.60%</td>
</tr>
</tbody>
</table>

10.2 #Thrive – the table below shows the number of referrals into the #Thrive service since it commenced in July 2016, along with the average waiting time.

1) Number Of Referrals Into Service and Referrals Accepted

<table>
<thead>
<tr>
<th>Financial Year</th>
<th>Total Referrals Into Service</th>
<th>Accepted</th>
<th>% Accepted</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY 2016/17</td>
<td>987</td>
<td>983</td>
<td>99.6%</td>
</tr>
<tr>
<td>FY 2017/18</td>
<td>1,664</td>
<td>1,652</td>
<td>99.3%</td>
</tr>
<tr>
<td>FY 2018/19 (01/04/2018 - 31/01/2019)</td>
<td>1,411</td>
<td>1,396</td>
<td>98.9%</td>
</tr>
</tbody>
</table>

2) Number Of Initial & Follow-Up Contacts

<table>
<thead>
<tr>
<th>Financial Year</th>
<th>First</th>
<th>Follow-Up</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY 2016/17</td>
<td>654</td>
<td>1,794</td>
<td>2,448</td>
</tr>
<tr>
<td>FY 2017/18</td>
<td>1,323</td>
<td>5,364</td>
<td>6,687</td>
</tr>
<tr>
<td>FY 2018/19 (01/04/2018 - 31/01/2019)</td>
<td>1,222</td>
<td>6,902</td>
<td>8,124</td>
</tr>
</tbody>
</table>

3) Waited Times

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Assessment Within 12 Weeks</td>
<td>499</td>
<td>1216</td>
<td>1185</td>
</tr>
<tr>
<td>Not Assessed Within 12 Weeks</td>
<td>13</td>
<td>54</td>
<td>6</td>
</tr>
<tr>
<td>Total Seen</td>
<td>512</td>
<td>1,270</td>
<td>1,191</td>
</tr>
<tr>
<td>Percent Target 12</td>
<td>97.5%</td>
<td>95.7%</td>
<td>99.5%</td>
</tr>
<tr>
<td>Avg. Wait For First Assessment (Weeks)</td>
<td>4.0</td>
<td>2.0</td>
<td>0.2</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Treatments</th>
<th>FY 2016 / 17</th>
<th>FY 2017 / 18</th>
<th>FY 2018 / 19 (01/04/2018 - 31/01/2019)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Treatment Within 18 Weeks</td>
<td>481</td>
<td>1199</td>
<td>984</td>
</tr>
<tr>
<td>Not Treated Within 18 Weeks</td>
<td>2</td>
<td>37</td>
<td>5</td>
</tr>
<tr>
<td>Total Seen</td>
<td>483</td>
<td>1,236</td>
<td>989</td>
</tr>
<tr>
<td>Percent Seen</td>
<td>99.6%</td>
<td>97.0%</td>
<td>99.5%</td>
</tr>
</tbody>
</table>
### 4) Number Of Patients In Treatment (defined here as the total number of patients who have attended a contact)

<table>
<thead>
<tr>
<th>Financial Year</th>
<th>No Of Patients Who Have Attended A Contact</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY 2016/ 17</td>
<td>602</td>
</tr>
<tr>
<td>FY 2017/ 18</td>
<td>1,415</td>
</tr>
<tr>
<td>FY 2018/ 19 (01/04/2018 - 31/01/2019)</td>
<td>1,390</td>
</tr>
</tbody>
</table>

### 10.3 Healthy Young Minds – the tables below provide referral and waiting time information for the Healthy Young Minds service over previous the 4 financial years up to and including 9th March 2018.

#### 1) Number Of Referrals Into Service and Referrals Accepted

<table>
<thead>
<tr>
<th>Financial Year</th>
<th>Total Referrals Into Service</th>
<th>Accepted</th>
<th>% Accepted</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY 2015 / 16</td>
<td>2,087</td>
<td>1,421</td>
<td>68%</td>
</tr>
<tr>
<td>FY 2016 / 17</td>
<td>2,370</td>
<td>1,801</td>
<td>76%</td>
</tr>
<tr>
<td>FY 2017 / 18</td>
<td>2,243</td>
<td>1,523</td>
<td>68%</td>
</tr>
<tr>
<td>FY 2018 / 19 (01/04/2018 - 31/01/2019)</td>
<td>2,543</td>
<td>1,893</td>
<td>74%</td>
</tr>
</tbody>
</table>

#### 2) Number Of Initial & Follow-Up Contacts

<table>
<thead>
<tr>
<th>Financial Year</th>
<th>First</th>
<th>Follow-Up</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY 2014 / 15</td>
<td>2,338</td>
<td>11,551</td>
<td>13,889</td>
</tr>
<tr>
<td>FY 2015 / 16</td>
<td>1,765</td>
<td>12,559</td>
<td>14,324</td>
</tr>
<tr>
<td>FY 2016 / 17</td>
<td>1,707</td>
<td>11,240</td>
<td>12,947</td>
</tr>
<tr>
<td>FY 2017/ 18</td>
<td>1,122</td>
<td>14,777</td>
<td>15,899</td>
</tr>
<tr>
<td>FY 2018 / 19 (01/04/2018 - 31/01/2019)</td>
<td>1,032</td>
<td>17,136</td>
<td>18,168</td>
</tr>
</tbody>
</table>

#### 3) Waited Times

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Assessment Within 12 Weeks</td>
<td>830</td>
<td>717</td>
<td>1029</td>
<td>1048</td>
</tr>
<tr>
<td>Not Assessed Within 12 Weeks</td>
<td>753</td>
<td>543</td>
<td>226</td>
<td>75</td>
</tr>
<tr>
<td>Total Seen</td>
<td>1,583</td>
<td>1,260</td>
<td>1,255</td>
<td>1,123</td>
</tr>
<tr>
<td>Percent Target 12</td>
<td>52.40%</td>
<td>56.90%</td>
<td>82.0%</td>
<td>93.3%</td>
</tr>
<tr>
<td>Avg. Wait For First Assessment (Weeks)</td>
<td>16</td>
<td>14</td>
<td>8.0</td>
<td>6.0</td>
</tr>
<tr>
<td>------------------------------------</td>
<td>---------------</td>
<td>---------------</td>
<td>--------------</td>
<td>--------------</td>
</tr>
<tr>
<td>Treatment Within 18 Weeks</td>
<td>1,128</td>
<td>946</td>
<td>1,149</td>
<td>1,042</td>
</tr>
<tr>
<td>Not Treated Within 18 Weeks</td>
<td>455</td>
<td>314</td>
<td>62</td>
<td>36</td>
</tr>
<tr>
<td>Total Seen</td>
<td>1,583</td>
<td>1,260</td>
<td>1,211</td>
<td>1,078</td>
</tr>
<tr>
<td>Percent Seen</td>
<td>71.30%</td>
<td>75.10%</td>
<td>94.9%</td>
<td>96.7%</td>
</tr>
<tr>
<td>Avg. Wait For First Treatment (Weeks)</td>
<td>16</td>
<td>14</td>
<td>8.0</td>
<td>6.0</td>
</tr>
</tbody>
</table>

4) Number Of Patients In Treatment (defined here as the total number of patients who have attended a contact)

<table>
<thead>
<tr>
<th>Financial Year</th>
<th>No Of Patients Who Have Attended A Contact</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY 2015 / 16</td>
<td>2,153</td>
</tr>
<tr>
<td>FY 2016 / 17</td>
<td>2,053</td>
</tr>
<tr>
<td>FY 2017 / 18</td>
<td>1,928</td>
</tr>
<tr>
<td>FY 2018/ 19 (01/04/2018 - 31/01/2019)</td>
<td>1,789</td>
</tr>
</tbody>
</table>

10.4 Community Eating Disorder Service (CEDS) – the tables below show activity data for the period 2016/17 and 2017/18 up to 31st December 2017. The activity below relates to the number of Heywood, Middleton and Rochdale Children accessing the service; however, the service is commissioned on a North East Sector basis and therefore overall activity in the service will also include Bury and Oldham CCGs.

1) Number Of Referrals Into Service

<table>
<thead>
<tr>
<th>Financial Year</th>
<th>Total Referrals Into Service</th>
<th>Average Wait to Treatment (weeks)</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY 2016 / 17 - (Apr to Jan)</td>
<td>25 (23 accepted)</td>
<td>3.7</td>
</tr>
<tr>
<td>FY 2017 / 18</td>
<td>21 (18 accepted)</td>
<td>2.5</td>
</tr>
<tr>
<td>FY 2018/ 19 (01/04/2018 - 31/01/2019)</td>
<td>17 (15 accepted)</td>
<td>3.2</td>
</tr>
<tr>
<td>Total</td>
<td>63</td>
<td>3</td>
</tr>
</tbody>
</table>

The tables show how the service has performed against the national access targets for eating disorders.

<table>
<thead>
<tr>
<th>Period reported</th>
<th>Access and Waiting Times (AWT)</th>
<th>Number of patients referred</th>
<th>Number of patients seen within timeframe</th>
<th>% achieved</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q1 17/18</td>
<td>Urgent 0-1 weeks</td>
<td>1</td>
<td>1</td>
<td>100%</td>
</tr>
<tr>
<td></td>
<td>Routine 1-4 weeks</td>
<td>6</td>
<td>4</td>
<td>67%</td>
</tr>
<tr>
<td>Q2 17/18</td>
<td>Urgent 0-1 weeks</td>
<td>0</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Routine 1-4 weeks</td>
<td>2</td>
<td>2</td>
<td>100%</td>
</tr>
<tr>
<td>Q3 17/18</td>
<td>Urgent 0-1 weeks</td>
<td>0</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Routine 1-4 weeks</td>
<td>4</td>
<td>4</td>
<td>100%</td>
</tr>
<tr>
<td>Q4 17/18</td>
<td>Urgent 0-1 weeks</td>
<td>0</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Routine 1-4 weeks</td>
<td>4</td>
<td>4</td>
<td>100%</td>
</tr>
<tr>
<td>YTD 17/18</td>
<td>Urgent 0-1 weeks</td>
<td>1</td>
<td>1</td>
<td>100%</td>
</tr>
<tr>
<td></td>
<td>Routine 1-4 weeks</td>
<td>16</td>
<td>14</td>
<td>88%</td>
</tr>
<tr>
<td>Period reported</td>
<td>Access and Waiting Times (AWT)</td>
<td>Number of patients referred</td>
<td>Number of patients seen within timeframe</td>
<td>% achieved</td>
</tr>
<tr>
<td>-----------------</td>
<td>--------------------------------</td>
<td>-----------------------------</td>
<td>------------------------------------------</td>
<td>------------</td>
</tr>
<tr>
<td>Q1 18/19</td>
<td>Urgent 0-1 weeks</td>
<td>1</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td></td>
<td>Routine 1-4 weeks</td>
<td>4</td>
<td>4</td>
<td>100%</td>
</tr>
<tr>
<td>Q2 18/19</td>
<td>Urgent 0-1 weeks</td>
<td>0</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Routine 1-4 weeks</td>
<td>1</td>
<td>1</td>
<td>100%</td>
</tr>
<tr>
<td>Q3 18/19</td>
<td>Urgent 0-1 weeks</td>
<td>0</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Routine 1-4 weeks</td>
<td>7</td>
<td>6</td>
<td>86%</td>
</tr>
<tr>
<td>Q4 18/19 (Up to 31/01/2019)</td>
<td>Urgent 0-1 weeks</td>
<td>0</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Routine 1-4 weeks</td>
<td>1</td>
<td>1</td>
<td>100%</td>
</tr>
<tr>
<td>YTD 18/19 (01/04/2018 - 31/01/2019)</td>
<td>Urgent 0-1 weeks</td>
<td>1</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td></td>
<td>Routine 1-4 weeks</td>
<td>14</td>
<td>12</td>
<td>86%</td>
</tr>
</tbody>
</table>

**10.5 Specialist Inpatient Services** – the table below represents the number of Heywood, Middleton and Rochdale children and young people admitted to inpatient care in 2014/15 and 2015/16, along with the associated number of ordinary bed days.

<table>
<thead>
<tr>
<th>CCG</th>
<th>General</th>
<th>ED</th>
<th>PICU</th>
<th>Mother and Baby</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No. OBD</td>
<td>No. OBD</td>
<td>No. OBD</td>
<td>No. OBD</td>
</tr>
<tr>
<td>Heywood, Middleton &amp; Rochdale CCG</td>
<td>5</td>
<td>315</td>
<td>1</td>
<td>222</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CCG</th>
<th>General</th>
<th>ED</th>
<th>PICU</th>
<th>Mother and Baby</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No. OBD</td>
<td>No. OBD</td>
<td>No. OBD</td>
<td>No. OBD</td>
</tr>
<tr>
<td>Heywood, Middleton &amp; Rochdale CCG</td>
<td>21</td>
<td>834</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

The charts below show the number of admissions across Greater Manchester during 2017/18 relating to CAMHS: Acute, Learning Disabilities, Low Secure, PICU and Eating Disorders.
11.0 Local Policy and Frameworks

11.1 Rochdale Locality Plan - our approach to CAMHS transformation is firmly embedded within Rochdale’s Locality Plan. Indeed we have taken the ethos of the THRIVE model to inform our approach to our wider service delivery model in the Locality Plan – recognising that is applicable across a wider system that seeks to build self-reliance and community capacity, provide co-ordinated help and intervention as soon as it is needed to avoid escalation of need and crisis responses.

We know that we cannot achieve a sustainable health and social care system without investing in our children and young people to prevent them becoming the future users of adult services; thus ‘turning off the tap’ of future demand. Poor emotional and mental health in childhood impacts not only on future mental health but also on educational outcomes, future employment and many of the other wider determinants of poor health in adult life. We are therefore ensuring that the interventions that we describe in this plan are fundamental elements of our wider Locality Plan, and a key vehicle through which we will deliver the mental health prevention aspirations, and reduce demand on specialist services.

11.2 Integrated Commissioning - During 2015/16 the CCG Governing Body and Rochdale Borough Council Cabinet formally agreed to establish integrated commissioning arrangements between the two organisations. Consequently, both organisations now have a single leadership team led by Steve Rumblelow, Chief Executive of Rochdale Borough Council. A single pooled fund for all services for children and young people (other than those commissioned by NHS England) has been developed and has been operating in shadow form since 2017/18. A virtual integrated commissioning team for children and young people was established in 2014.

11.3 Rochdale Borough Mental Health Crisis Concordat – Rochdale Borough is a member of the Strategic Mental Health Board, which has developed a Greater Manchester declaration to the Mental Health Crisis Care Concordat. Rochdale Borough is a signatory to this GM declaration through the CCG and RBC’s relationship with AGMA. The declaration subscribes to the principles of the concordat and provides a Greater Manchester wide commitment to working together to improve the system of care and support so that people in crisis because of a mental health condition are kept safe.
Locally, a Mental Health Crisis Care Concordat operational subgroup has overseen the development and implementation of a response action plan. Subgroup membership incorporates representatives from HMR CCG, RBC, third sector provider organisations, Greater Manchester Police (Rochdale division), acute and mental health provider trusts and North West Ambulance Service.

The group has undertaken a gap analysis of local provision and implemented a Street Triage service to enable integrated working between blue light services and mental health services and improve patient outcomes. The action plan focuses on four key areas, which are being taken forward via the mental health theme in our Locality Plan:

1) Implementation of Frequent fliers multi-disciplinary offer
2) Development of community crisis and safe space offer
3) Emergency Department pathways development between acute and mental health providers
4) Inpatient discharge pathway and Mental Health Act response review

11.4 Rochdale Borough Health and Wellbeing Strategy - provides an overarching plan for improving the health and wellbeing of our Borough. Informed by our JSNA, and in consultation with stakeholders, it identifies 5 key priorities and a series of strategic intentions which provide the framework for commissioning health and wellbeing services in the Borough.

11.5 Rochdale Relationships Matter Manifesto and Strategy – aims to embed a new comprehensive approach to relationships across our communities and the agencies that service them; a wholesale culture change that works from senior leaders to the grass roots – as well as bottom up. Our relationships are one of the most important aspects of our lives, yet we often forget just how crucial our connections with other people are for our happiness, health and well-being. Quality relationships hold the key to good parenting, educational attainment, mental and physical wellbeing and quality of life in later years. During the relatively turbulent time of adolescence relational conflict and instability can be at their highest. Tackling dysfunctional or non-supportive relationships in the teenage years is crucially important to establishing a firm foundation, setting effective relational patterns and developing an individual’s relational confidence for adulthood. If adolescence is where poor relational patterns begin to bear fruit, adulthood is where they are fully realised and often repeated to the next generation.

11.6 Early Help Strategy – Emotional and mental wellbeing is identified as a top priority in the Early Help Strategy because it is seen as key to enabling children and young people to fulfil their potential. The inter-connections between poor mental wellbeing, substance misuse and domestic abuse are also highlighted. The Strategy recognises that children and young people with poor social and emotional wellbeing are likely to experience a range of poorer outcomes, including lower educational attainment, and smaller support networks and that children of parents who experience poor mental wellbeing are also at risk of poorer outcomes.

11.7 Working together to safeguard children – stresses the importance of the relationship between services offering an ‘early help’ response to families and those services providing specialist interventions in order to deliver their shared responsibility to safeguard children and young people. Identifying children, young people and families who are ‘at risk’ of poorer outcomes enables agencies to work effectively to reduce this risk. It ensures compliance with mandatory requirements to safeguard children and young people.

11.8 The Children and Young People’s Plan – sets out a wide range of indicators, which are monitored by the Children and Young People’s Partnership, to assess the impact of a range of interventions to
improve outcomes for children and young people in the Borough. Specific indicators are attributed to vulnerable groups, e.g. Cared4children and young parents, whilst other population level indicators are agreed, e.g. educational attainment.

11.9 The Rochdale Borough Suicide Prevention Strategy – has been refreshed during 2015/16 and has an annual action plan. The overarching priorities of the strategy have been taken from the national suicide prevention strategy, and the new Greater Manchester Suicide Prevention Strategy and plans have been developed to implement the key areas for action locally.

12.0 Our co-design approach

The Children’s Integrated Commissioning Team recognised that the creation of integrated commissioning arrangements provided us with a unique opportunity to transform how we design and deliver services. We know that we really do need to do things differently and there is a commitment to adopting a co-design approach to commissioning and delivery from the outset, so that this becomes embedded as part of the team’s culture and approach. Supported by the Innovation Unit (www.innovationunit.org) the team has undertaken an extensive programme of co-design to understand the real lived experiences and needs of the children and young people in Rochdale who have experienced, or may be at risk of experiencing, emotional or mental distress. This involved undertaking a series of ethnographies with young people with the aim of gathering valuable insights into their real experiences, both in terms of their needs and the services that were available to meet those needs. This work also involved participation from a variety of providers/stakeholders within the Borough, including health, public health, RBC, social care, education, Rochdale Healthwatch and third sector voluntary and community organisations, and has helped us collectively to understand the opportunities to improve the local service provision. Ultimately, with involvement from the children and young people throughout the whole programme, including the analysis and design process, a clear set of design principles and outcome goals have been developed. The design principles and outcome goals articulated through this process will be used to commission emotional and mental health services for children and young people within the Rochdale Borough.

12.1 The design principles – below are the design principles articulated through the co-design process, which shall now be used to commission emotional and mental health services for children and young people within the Rochdale Borough:

1. **Safe to access** - Non-threatening, non-discriminatory, confidential and allowing anonymity
2. **Demonstrate real commitment** - No wrong way, no wrong time, flexible around young people’s needs
3. **Trusted people first** - Work with trusted people in our communities
4. **Build on strengths and aspirations** - Actively identify individuals’ strengths and build positive stories and conversations
5. **Always look for the causes beyond the presenting issues** - Consider the whole person and the family in a wider context
6. **By and for young people** - Designed and delivered with young people to be accessible, engaging and friendly
7. **Shared decision making** - Involve young people, and invite them to involve the people they trust in decision making about them
8. **Talk openly** - Promote open, communicative dialogue about emotional health and wellbeing
9. **Easy access to helpful knowledge and insight** - Expand networks between trusted adults and professional specialists

10. **Attentive and observant** - Available to listen and open to seeing what is really happening

### 12.2 The outcome goals

Below are the outcome goals articulated through the co-design process; those in bold were considered by children and young people to be the most important.

<table>
<thead>
<tr>
<th>Domain 1: Quality of Life</th>
<th></th>
</tr>
</thead>
</table>
| **Feeling Healthy**      | • I feel safe at home  
                          • I feel hopeful about the future  
                          • I am emotionally supported in a way that suits me  
                          • I have strategies to cope with physical and emotional stress  
                          • I feel positive about who I am / I know that I matter  
                          • I live the life I want  
                          • I am able to concentrate and think straight about things  
                          • I am physically active  
                          • I live in secure housing free from health risks  
                          • I am given realistic expectations  
                          • I have a good diet |
| **Involvement in meaningful, enjoyable activities** | • I have opportunities to have fun and get involved in meaningful activities that I enjoy  
                          • I have the confidence to get involved in activities as I would like to  
                          • I have a productive outlet for my skills  
                          • I can make a contribution to society |
| **Having positive relationships** | • I have people around me I trust, I can talk to and who look out for me and help me to stay well  
                          • I am able to maintain a positive relationship with a parent/carer or other member of my family I want to see  
                          • I have opportunities to connect with others  
                          • I have confidence to make connections with friends and talk to new people  
                          • I am not bullied by anyone |
| **Achieving success (e.g. in education, work)** | • I have confidence in what I can achieve  
                          • I have opportunities to develop and learn things which interest me  
                          • I have opportunities for making work and education fit my preferences and needs  
                          • I have the confidence and support I need to build towards my future through changes in my life |
| **Being supported** | • I know what to do and who to turn to when I need help  
                          • I have access to support that is appropriate to my age, condition and background  
                          • My family/carer(s) are involved in my care as much as I would like them to be  
                          • My friends and family know how to support me if I need help  
                          • I have the support I need to achieve the future I want  
                          • I am able to care for and support others as much as I would like to  
                          • Adaptations are made at my workplace/ voluntary/ educational setting so I can live a productive life as I would like to |
### Domain 2: Quality of Care

| Being informed and in control | \- Professionals and those around me actively involve me in learning about, understanding and making decisions about my health  
\- I know who to turn to when I have a concern or an emergency  
\- I can get involved in designing services for people like me  
\- I have a choice in services that I can access and I am aware of the difference between them  
\- I am made aware of changes in my life as I grow up, and I know what to expect  
\- I am fully aware of what to expect and can challenge services that do not meet those expectations  
\- I have the option to change my keyworker |
| Trust, dignity and respect | \- I am respected and listened to as a whole person  
\- I am supported in an environment that is appropriate to my needs  
\- I can trust the people who support me to be open and honest  
\- There is consistency of people supporting me  
\- Professionals demonstrate they are competent, friendly and care about me  
\- My goals (short term and long term) are taken into account and valued  
\- My skills, abilities and resources are recognised when I seek help and considered in my recovery |
| Access to appropriate help and support | \- People in my school / community are made aware of how to identify and support people who need it  
\- I have quick access to a trusted person that I can talk to when I need to  
\- I am able to access support from home and over the internet  
\- Support is available in a safe and convenient place (including a physical space, over the phone or online)  
\- I don’t want to have to repeat my story  
\- I have access to advice from people my age or with similar experiences  
\- I am trained and comfortable with technology to be able to access health and support on the internet  
\- There is some place safe and familiar for me to go to chill out |

#### 12.3 Young Advisors

A number of young people aged 14-19 years from the Rochdale Borough have been formally trained to become community consultants, specialising in health and wellbeing. Supported by Rochdale CAMHS and Rochdale and District Mind, the young people have joined the National Young Advisors Network, which provides a range of consultancy training techniques for teams of young people who show community leadership. The training lasts 12 months and equips the young people to engage with local decision makers and work collaboratively with local commissioners to improve local emotional and mental health services for children and young people, bringing their unique expertise and knowledge about being young to influence planning and decision-making. The Rochdale Young Advisors have recently won the ‘Best new young advisor team’ award at the National Young Advisors Annual General Meeting. The Young Advisors have participated in our co-design programme and are a member of our CAMHS Partnership, and have been involved in the development of our CAMHS Transformation Plan. They have also successfully delivered a self-harm campaign in collaboration with Health Action Champions and Youth MP/Youth Cabinet.

We will continue to develop the role of the Young Advisors ensuring that they are involved in the co-design of children and young people’s services and actively support the transformation process as part of the Locality Plan and Devolution Manchester implementation.
13.0 Service Transformation – implementation plan for delivery

The Rochdale Borough CAMHS local transformation plan seeks to deliver our vision and aims for transforming children and young people’s mental health services over the course of the next five years. A detailed plan containing specifics for each improvement area described in section 5.0 is available and will be published alongside this document.

13.1 Local Allocations – to deliver the requirements of the Five Year Forward View for Mental Health – the table below show the allocations in the CCG baseline both for Eating Disorders and children and young people’s mental health.

<table>
<thead>
<tr>
<th></th>
<th>15/16</th>
<th>16/17</th>
<th>17/18</th>
<th>18/19</th>
<th>19/20</th>
<th>20/21</th>
<th>Recurrent Investment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community Eating Disorder Allocation</td>
<td>£134,019</td>
<td>£134,019</td>
<td>£134,019</td>
<td>£134,019</td>
<td>£134,019</td>
<td>£134,019</td>
<td>£134,019</td>
</tr>
<tr>
<td>CYP Mental Health Indicative Allocation</td>
<td>£335,462</td>
<td>£533,000</td>
<td>£627,000</td>
<td>£762,000</td>
<td>£851,000</td>
<td>£956,966</td>
<td>£956,966</td>
</tr>
</tbody>
</table>

The table below highlights the CCG allocations in baseline for Perinatal and Infant Mental Health.

<table>
<thead>
<tr>
<th></th>
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<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Allocation</td>
<td></td>
<td>£32,000</td>
<td>£176,000</td>
<td>£368,000</td>
<td>£504,000</td>
<td></td>
<td>£504,000</td>
</tr>
</tbody>
</table>

13.2 Financial Investment Plan – details of the financial investment over the next 5 years to support our local CAMHS transformation is provided in the table below. In addition to the investment through the CAMHS LTP allocations, the CCG has invested an additional £400,000 from Parity of Esteem. This along with the existing funding for emotional health and wellbeing of almost £200,000 has resulted in the procurement of our emotional health and wellbeing service #Thrive.
Notes: Overspend in 2016/17 was found within mental health parity of esteem budget.

Ref 13 – CYP IAPT is dependent on actual backfill costs required.
The financial investments for future years reflect current plans and may be subject to change.

As detailed in this plan, further work will take place in 2019/20 to understand our priorities in the Borough in terms of utilising the funds which are uncommitted in the table above. There are many things that we would like to do, however, with only finite resources available, difficult decisions will need to be made. The Children and Young People’s Mental Health financial table above will therefore be updated once this work has taken place and we are absolutely clear around our priorities in terms of the services, pathways and support that we need to develop or enhance.

In addition to the funding set out in the table above, the CCG has also committed a significant proportion of its Social Investment Fund (SIF) to schemes at building children and young people’s capacity and resilience, particularly those which enhance the pathways of #Thrive. During 2017/18, this amounted to £385,000. During 2018/19 approximately, £212,000 has been committed recurrently to schemes aimed at building community resilience and capacity in terms of children and young people’s emotional and mental health.

In addition to its financial investment in children and young people’s mental health, the CCG is also committed to investing in Parent Infant Mental Health Services (PIMH). The table below details the financial plans related to PIMH.
14.0 Measurable Outcomes

We have taken a co-design approach to measuring outcomes for our children and young people and will continue to use the design principles and outcome goals described in section 12.0 in our service developments/improvements. An outcomes framework is used to monitor the performance of our commissioned services, which includes timely access to services with specific waiting time targets. There are however, a number of overarching key performance indicators that we feel are important to measure as an indicator of the success of the whole of our transformation plan. These are:

- An additional 314 children and young people with a diagnosable mental health condition will have timely access to emotional and mental health services by 2020/21 compared to 2014/15
- Increased opportunities for children and young people to influence service through a process of co-design
- Easier access to care with shorter waiting times
- A reduction in children and young people requiring access to Step 4 (Tier 3) and Step 5 (Tier 4) services
- Fewer visits to A&E for mental health issues
- An increase in the number of children and young people accessing self-help and early support services
15.0 Supporting Transformation in Rochdale

15.1 Quality and Safety - Quality is central to all of our commissioning activity and will be a strong focus of the transformation of mental health services for children and young people. All of our commissioned services are required to deliver a high quality service, which provide safe, clinically effective care that is personalised and a positive experience for our children and young people.

15.2 Evidenced Based Practice - working with practitioners, families/carers, children and young people we will ensure that our services and pathways developed are in accordance with NICE and best practice guidance and recommendations. We will also undertake work to benchmark current service provision against NICE and best practice guidance and quality standards, including ‘Delivering with and Delivering Well’. Any service/pathway improvements identified through this work will be included in this transformation plan.

15.3 Prescribing - The borough has had some interface prescribing issues between primary care, secondary care and commissioners. Consequently, we have met as partners to establish and agree upon a prescribing pathway and encourage improved communication between primary and secondary care. Many medications used in children and young people with mental health or neurodevelopmental disorders are unlicensed but endorsed by NICE or other national guidelines. It was agreed that the GMMMG formulary would be followed and those drugs which were amber would be initiated and monitored initially in secondary care and then prescribed by primary care. Those drugs which are categorised as 'red' such as antipsychotics would remain under the responsibility of the secondary care consultant. It was agreed that a separate drug budget would be utilised for those children. The process has led to improved relationships and networks and has led to better and safer patient care. In addition, the borough undertook a project with collaboration between commissioners, primary care and secondary care to reduce the costs of melatonin prescribing and discontinue inappropriate use. This project was successful. Further prescribing changes will be made in line with GMMMG advice.

Our main objectives for improving patient care are underpinned by an effective primary/secondary care interface. Local clinicians will be working to improve communications in order to improve compliance and patient safety to deliver effective care to children and young people with mental health problems.

15.4 Equality and Health Inequalities - Everyone has the right to good health. However unfortunately in Rochdale there are differences in levels of children and young people’s physical health, mental health and wellbeing across the Borough. Promoting equality and addressing health inequalities are key priorities in Rochdale. Throughout the development of the Rochdale Transformation Plan we have, and will continue to:

- give due regard to the need to eliminate discrimination, harassment and victimisation, to advance equality of opportunity, and to foster good relations between people who share a relevant protected characteristic (as cited under the Equality Act 2010) and those who do not share one or more protected characteristics and;
- give regard to the need to reduce inequalities between individuals in access to, and outcomes from, healthcare services and ensuring that services are provided in an integrated way where this may reduce health inequalities.
15.5 **Delivering Equality and Diversity** – not all children and young people are subject to the same level of risk in developing emotional and behavioural difficulties. Having an understanding of the risk factors gives an insight in relation to prevention, targeting and directing services. Those children and young people known to be at particular high risk, or more vulnerable than their peers of developing a mental health condition, include children and young people:

- Who are being cared for by Rochdale Council or who have recently ended a period of care
- With learning difficulties
- With emotional and behavioural difficulties
- Who have been sexually, physically or emotionally abused and/or suffered neglect
- Who are subject to or at risk of child sexual exploitation (CSE)
- With a chronic physical illness/physical disability/sensory impairment
- Of parents with mental illness/substance abuse issues
- Who have experienced or witnessed sudden or extreme trauma
- Who are refugees/asylum seekers
- Within the restorative justice system (youth offending)
- Who are lesbian, gay, bisexual or trans, including non-binary
- Who are young carers
- Who are homeless
- Who have a specialist education need or disability (SEND)
- Who are subject to or witness to domestic abuse
- Who are teenage mothers

Our children and young people’s mental health provider, Healthy Young Minds has begun capturing data on the numbers of children and young people from vulnerable groups who are accessing their service. The table below shows the percentage of children and young people in 2016/17 (April to February) accessing the service from each vulnerable group.

<table>
<thead>
<tr>
<th>% of children and young people in vulnerable groups - 1/4/16 to 28/2/17 inclusive</th>
<th>Heywood, Middleton &amp; Rochdale (HMR)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Drug And Alcohol Difficulties</td>
<td>2.40%</td>
</tr>
<tr>
<td>Looked After Child</td>
<td>4.50%</td>
</tr>
<tr>
<td>Young Carer</td>
<td>0.90%</td>
</tr>
<tr>
<td>Learning Disability</td>
<td>5.60%</td>
</tr>
<tr>
<td>Serious Physical Health Issues</td>
<td>2.90%</td>
</tr>
<tr>
<td>Pervasive Developmental Disorders (Autism/Aspergers)</td>
<td>20.20%</td>
</tr>
<tr>
<td>Neurological Issues</td>
<td>2.00%</td>
</tr>
<tr>
<td>Current Protection Plan</td>
<td>2.10%</td>
</tr>
<tr>
<td>Deemed Child In Need Of Social Service Input</td>
<td>6.20%</td>
</tr>
<tr>
<td>Refugees Or Asylum Seekers</td>
<td>1.20%</td>
</tr>
<tr>
<td>Experience Of War Torture Or Trafficking</td>
<td>0.80%</td>
</tr>
<tr>
<td>Experience Of Abuse Or Neglect</td>
<td>13.30%</td>
</tr>
<tr>
<td>Parental Health Issues</td>
<td>14.20%</td>
</tr>
<tr>
<td>Contact With Youth Justice System</td>
<td>1.80%</td>
</tr>
<tr>
<td>Living In Financial Difficulty</td>
<td>2.70%</td>
</tr>
<tr>
<td>Care Leaver</td>
<td>0.30%</td>
</tr>
<tr>
<td>Adopted Child</td>
<td>0.30%</td>
</tr>
<tr>
<td>Involved In Gangs</td>
<td>0.30%</td>
</tr>
<tr>
<td>Homeless</td>
<td>0.30%</td>
</tr>
</tbody>
</table>

We will collaborate with Greater Manchester CCGs and Local Authorities to scope where a Greater Manchester wide response to the needs of the following vulnerable groups will improve outcomes/quality and provide system wide efficiencies.

- Mental health services for Cared 4 Children, those children who have been adopted and care leavers.
- Young people involved with the youth justice system
- Children and young people who have a learning disability, cognitive impairment and/or developmental disorders
- Children and young people who have Adverse Childhood Experiences (ACE)
• Children and young people originating from minority communities
• Transgender children and young people

15.6 **Black and Minority Ethnic (BAME)** – Rochdale and District Mind facilitate a BAME forum and are currently in the process of revising its terms and conditions. We will ensure that children and young people’s issues relating to BAME and other minority groups, is one of the areas that the forum will cover. There will be links between the BAME Forum and the CAMHS Transformation Partnership to ensure that information is fed into and out of both arenas. This is something that we will be discussing with our Young Advisors.

15.7 **Leadership and Governance** - Our CAMHS Partnership has agreed that it will become the CAMHS Transformation Group. It is already established as a sub-group of the Rochdale Children and Young People’s Partnership. The accompanying Action Plan to the Local Transformation Plan will be implemented and monitored under the direction of the CAMHS Transformation Group.

15.8 **Leadership** - The leaders who are accountable for the delivery of the plan are:

- Sally McIvor, Director of Commissioning and Director of Adult Social Services, HMR CCG and RBC
- Gail Hopper, Director of Children’s Services, RBC

The manager with responsibility for delivery of the Plan is:

- Karen Kenton, Assistant Director of Commissioning Integrated Services, HMR CCG and RBC

15.9 **Governance** – the flowchart below describes the local governance arrangements for the monitoring of the local CAMHS Transformation Plan. A transformation delivery plan will be used to monitor and update on the progress towards achieving the agreed aims and objectives of the transformation. This will be held and managed by the CAMHS Transformation Partnership, with regular update reports to the Children and Young People’s Partnership.
15.10 Greater Manchester Transparency and Governance - the Greater Manchester Health and Social Care Partnership (GM H&SCP) has developed a Greater Manchester Commissioning Hub to support the implementation of a Greater Manchester wide mental health transformation programme. Additional expertise and capacity to support and coordinate the cross agency Greater Manchester Children and Young Person’s Mental Health system transformation has been created.

A lead commissioner has been appointed and the post holder chairs the Greater Manchester Future in Mind Implementation Group. This group has representation from all of Greater Manchester’s 10 Local Transformation Partnerships, NHS Specialised Commissioning Team, Public Health Commissioners, Health Education England, and GM’s Strategic Clinical Network. The group provides both peer support and peer challenge for each Local Transformation Partnership, and enables commissioners to share challenges and to develop solutions. The Greater Manchester Strategic Clinical Network continues to provide expert advice within the context of an “honest broker” role.

During 2017 the GM H&SCP supported the development of a Children & Young Persons’ Mental Health Implementation Board to oversee the implementation of the Greater Manchester’s Children and Young Persons’ Mental Health programme that has a value of £60m until 2021.

Membership:

- CCG, Public Health, and Local Authority CYP commissioning or LTP leads
- Voluntary Faith and Community Groups representation
- Local Authority Children’s Services lead (co-chairs the board)
- Children and young people – via currently establish participation forum
- Early Years, Schools and Colleges
- Perinatal and Maternal Mental Health lead
- Youth Justice lead for Greater Manchester
A LA SEND lead acting on behalf of all 10 LAs/CCGs

NHSE – specialised commissioning and GM Assurance and Delivery Manager.

SCN – Clinical leads CAMHS/AMHS, network manager and quality improvement team

Transformation Projects leads.

The membership, values and operational functions of the board will be reviewed and refreshed during Spring of 2018.

The current Greater Manchester Governance Structure is outlined below:

CYP MH Board and Supporting Action Programmes/Work Streams

Adverse Childhood Experiences (ACE)

Communities of Identity/ Equalities

Growing the voice of young people and families

Working with VCSE and faith sectors

Chief Officer, GMHSCP Locality Assurance meetings

CYP MH Board
(Chair: Simon Barber/Charlotte Ramsden – DCS Link)

4 x Transformation Fund programmes:
• CYP MH community-based access and crisis care programme
• Perinatal and parent-infant MH programme
• THRIVE and CYP workforce development programme
• Mental and emotional wellbeing in education settings up to age 18 project

6 x CAMHS (Future in Mind)
Non-Transformation Fund programmes:
• CYP IAPT
• ADHD
• Eating Disorders
• Service transitions
• MH of Looked after children (LAC)
• MH and Youth Justice (in conjunction with Health and Justice Board)

Specialised commissioning (adults, children and young people)

MH Workforce (adults, children and young people)

Finance, BI and contracts (adults, children and young people)

Estates, IM&T and Digital innovation (adults, children and young people)

15.11 Improving the data and IT infrastructure - Data set development has taken place to combine the Mental Health and Learning Disabilities Data Set (MHLDDS) v1.1 and CAMHS v2.0, forming the new Mental Health Services Data Set (MHSDS). The Information Standards Notice (published 16 July 2015)
mandates providers to begin collecting the relevant data no later than 1 January 2016. Our HYM, #Thrive and Community Eating Disorder services are submitting data through the MHSDS. Consideration is being given to develop effective mechanisms for our 3rd sector organisations to also submit activity through the MHSDS.

Changes and improvements to the system infrastructure are necessary to support the delivery of the Local Transformation Plan and consideration needs to be given to consent, data protection and compatibility between systems.

Training programmes have been implemented in HYM and #Thrive to ensure that clinical, administrative and managerial staff know how to record the data and, in particular, how to routinely collect/use clinical outcome data and other feedback and monitoring in treatment sessions. This work will continue to be rolled out across the services.

Within the Rochdale Borough, as part of its locality plan to support Greater Manchester Devolution, the CCG and the Council are working together to develop an Integrated Digital Care Record (IDCR) in order to deliver an even richer data set to a wider group of practitioners to meet the requirements of the Borough and to deliver safer care. Integration of care systems across the Borough will also provide opportunities for more detailed information sharing, less duplication and the ability to underpin workflow on a wider footprint than previously possible.

The national Information Strategy makes it clear that the risks of not sharing data outweigh those of sharing. Our plans for cross-agency sharing and mobile availability of detailed care records for clinicians, and access and interaction with online records by patients will need to be underpinned by a robust Information Governance (IG) framework and programme.

The system will provide an electronic version of the patient’s care plan and advance care plan. We will ensure that any care providers who treat or manage our patients are provided with the education, skills and knowledge to enable them to do so with confidence and competence. The work is aligned to the wider Greater Manchester strategy for devolution.

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

15.12 Data Capture to support outcome based commissioning – data collection is essential to inform service delivery and outcomes for our children and young people and this is an area of weakness in some of our services. In order to measure the effectiveness of the transformation of our mental health services for children and young people, an early priority will be to improve our data collection and this is something that is supported by our Healthy Young Minds service. Healthy Young Minds moved to a new information system in January 2016 which enables better quality reporting from ROMs (Routine Outcome Measures). The patient recording system, PARIS has also been updated with full implementation completed in 2018, leading to the removal of paper based systems which will free up more time to deliver patient care. The two systems will talk to each other to deliver high quality reporting. Building on our current key performance indicators, the Healthy Young Minds service will be supported to develop appropriate tools to capture outcome based performance measures. These tools will then be rolled out to other local emotional and mental health services to enable the spectrum of children and young people’s emotional and mental health services to move to outcome based performance indicators.
We will continue to progress our work with Pennine Care NHS Foundation Trust over 2018/19 to develop datasets and activity data that will support the monitoring of CAMHS services. These datasets will be a combination of patient level data as well as aggregate data, which will give the CCG the ability to:

- Review a patient’s care pathway, including acute activity.
- Monitor activity and outcomes for the new Greater Manchester service specification.

Initially, the data will be made available to the CCG in dataset form for internal reporting and monitoring. Going forward, the intention is to develop Tableau dashboards, which will report the data in a visual format, allowing both analysts and commissioners to interact and analyse the data.

15.13 Improving Information Technology – we will work with our partners to maximise the benefits of IT to improve the referral and assessment process, collect feedback on the quality of our services, increase capacity and provide information for children and young people, their families/carers and professionals.

15.14 Communication - children, young people and their families increasingly use technology and social media as their main form of communication, and we recognise that there is an expectation that the services they are involved with do the same. We acknowledge that locally, like many public sector providers, we need to improve our use of technology to bring us into the 21st century in order to effectively engage and communicate with both our children and young people, and the wider population. Over the last year, work has begun to scope the various mechanisms of communication and how they are used effectively by other organisations, both in the public and private sector. This will feed into work being delivered as part of the Prevention Theme of our Locality Plan, which will consider how we can use IT and in particular, social media to support and communicate with children and young people and their families, taking into account any safeguarding and governance concerns. Effective communication with our population is extremely important within the borough and as such, is a key determinant of the Rochdale Borough’s Locality Plan.

15.15 National Support - Rochdale will support the national cross sector programme being developed with key national partners to support implementation of Local Transformation Plans. The programme includes work: to tackle stigma, to improve access to information, to build capacity, capability and confidence of both the specialist and wider workforce and to improve data and information.

It is noted that NHS England will be working closely with the National Collaborating Centre for Mental Health (NCCMH) and with other key partners such as the HSCIC, Public Health England, Health Education England, the Local Government Association and Association of Directors of Children’s Services, Monitor, the NHS Trust Development Authority and the Care Quality Commission to ensure effective system support and alignment.

15.16 Hearing the voice of children and young people, and families – developing an effective voice for children and young people is a priority for our partnership and we will use the learning from our engagement work to date to improve our local processes. With other Greater Manchester Local Transformation Partnerships we will also implement, where appropriate, the recommendations of a report prepared by Youth Access that was commissioned by Greater Manchester’s Strategic Clinical Network.

Locally, we understand that it is important to have age appropriate feedback mechanisms, to ask children and young people, and their families about their experience and outcomes for any or all elements of their care. We are clear that there should be ‘no decision about me, without me’ and
therefore we need to be certain that children and young people are involved in decisions about their management, treatment and discharge, as well as knowing that they have received good quality care throughout to enable them to achieve their planned outcome goals. We know, through our co-design work what children and young people feel are important in terms of the emotional and mental health care provided and we need to be certain that these are being delivered through the transformation of our services. In accordance with our plans around participation and engagement highlighted in section 5.17, we will work with children and young people and our commissioning and provider partners to develop innovative ways of obtaining patient feedback, both through face to face engagement and through the use of technology as described in section 15.13. Current feedback mechanism within Healthy Young Minds and #Thrive services are:

- ROMs (Routine Outcome Measures) and end of service questionnaires
- Friends and family test
- Survey monkey questionnaires
- Service user involvement
- Participation workers
- Dashboard for complaints and compliments
- Service users on staff interview panels
- ‘You said, we did’ board in Healthy Young Minds reception

We will actively listen to feedback from children and young people and will ensure that the feedback received is used to improve service delivery and development.

Rochdale and District Mind’s Open Young Minds Project has developed a pilot individual (1-1) session feedback process. Children & young people’s feedback from sessions is independently collated each quarter by the Young Advisors team and feedback is provided to the worker. This runs alongside other established annual feedback arrangements within the organisation. All education/awareness or training sessions are evaluated through learners’ feedback processes to ensure constant improvements and refinements can be made to programmes.

16.0 Timeframe for change

We are clear of the providers’ capacity and capability to deliver this transformation and the intended improvements to children and young people’s mental health services will be monitored throughout the course of the coming years until 2020/21. This local transformation plan will be revised periodically to take account of any changes to our priorities locally. A roadmap indicating the planned timeframe for change will be developed and included within the plan.

17.0 Appendices

The Appendices listed below form part of the overall transformation plan.

17.1 Assessment of Need

18.0 Glossary of Terms

<table>
<thead>
<tr>
<th>Term</th>
<th>Meaning:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vulnerable</td>
<td>In need of special care, support or protection because of age, disability or risk of abuse or neglect.</td>
</tr>
<tr>
<td>Transition</td>
<td>Any major change point in a child/young person’s life. For this specification it means transition into adult services or a step up into CAMHS Tier 3/Step 4</td>
</tr>
</tbody>
</table>
provision or step down into universal services. Equally children can may go through many transition processes as they grow up, such as leaving primary school etc.

**Trusted Adult**
Can be any adult, who has built up a trust with a child/young person and is committed to keeping that child/young person safe, for example, a teacher or a community boxing coach. A trusted adult:

- Respects a child/young person’s right and need to express thoughts and feelings openly.
- Understands a child/young person’s need for safe healthy boundaries.
- Believes a child when they ‘disclose’ a boundary violation.
- Takes action by engaging other trusted adults to assist and protect the child.

**Hard to Reach**
Those individuals who:

- have failed to attend appointments
- are NEET (Not in Education, Employment or Training)
- require additional support to access services, i.e. those who: have SEND (specialist Educational Needs or Disability); those who speak English as a second language; those from a BME background; those from transient communities; those from asylum seeker communities; those whose sexual orientation is classed as lesbian, gay or bisexual; those undergoing or completing gender transformation; those who do not fall under the remit of local health services; and those placed from other areas.

**Five Ways to Wellbeing**
Are a set of evidence-based actions which promote people’s wellbeing. They are: **Connect, Be Active, Take Notice, Keep Learning** and **Give**. These activities are simple things individuals can do in their everyday lives.

**Health Visiting 6 high impact areas**
articulates the contribution of health visitors to the 0-5 agenda and describe areas where health visitors have a significant impact on health and wellbeing and improving outcomes for children, families and communities:

- Transition to Parenthood and,
- the Early Weeks Maternal Mental Health (Perinatal Depression)
- Breastfeeding (Initiation and Duration)
- Healthy Weight, Healthy Nutrition (to include Physical Activity)
- Managing Minor Illness and Reducing accidents (Reducing Hospital Attendance/Admissions)
- Health, Wellbeing and Development of the Child Age 2 – Two year old review (integrated review) and support to be ‘ready for school’

**Post-partum**
is the period of time immediately after childbirth and the following year and is defined for the mother.

**Concordat**
Is an agreement between all parties

**Lower Super Output Area (LSOA)**
Is a geographic area. LSOAs are a geographic hierarchy designed to improve the reporting of small area statistics, and there is an LSOA for each postcode in England and Wales.

**CQUIN**
Commissioning for Quality and Innovation – part of the NHS standard contracting process, whereby a payment of up to 2.5% of the contract value is payable if the provider delivers an agreed scheme(s) to improve local quality improvement goals.

**19.0 Signatures**
<table>
<thead>
<tr>
<th>Name:</th>
<th>Councillor Sara Rowbotham</th>
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<tbody>
<tr>
<td>Signature:</td>
<td></td>
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<tr>
<td>Position:</td>
<td>Chair, Rochdale Health and Wellbeing Board</td>
</tr>
<tr>
<td>On Behalf of:</td>
<td>Rochdale Health and Wellbeing Board</td>
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<tr>
<td>Date:</td>
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<thead>
<tr>
<th>Name:</th>
<th>Dr Chris Duffy</th>
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<tbody>
<tr>
<td>Signature:</td>
<td></td>
</tr>
<tr>
<td>Position:</td>
<td>Deputy Chair, Rochdale Health and Wellbeing Board</td>
</tr>
<tr>
<td>On Behalf of:</td>
<td>Rochdale Health and Wellbeing Board</td>
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<thead>
<tr>
<th>Name:</th>
<th>Sally McIvor</th>
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<tbody>
<tr>
<td>Signature:</td>
<td></td>
</tr>
<tr>
<td>Position:</td>
<td>Director of Commissioning and Director of Adult Social Services</td>
</tr>
<tr>
<td>On Behalf of:</td>
<td>NHS Heywood, Middleton and Rochdale CCG / Rochdale Borough Council</td>
</tr>
<tr>
<td>Date:</td>
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<table>
<thead>
<tr>
<th>Name:</th>
<th>Gail Hopper</th>
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<tbody>
<tr>
<td>Signature:</td>
<td></td>
</tr>
<tr>
<td>Position:</td>
<td>Director of Children’s Services</td>
</tr>
<tr>
<td>On Behalf of:</td>
<td>Rochdale Borough Council</td>
</tr>
<tr>
<td>Date:</td>
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<table>
<thead>
<tr>
<th>Name:</th>
<th>Steve Hamer</th>
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<tr>
<td>Signature:</td>
<td></td>
</tr>
<tr>
<td>Position:</td>
<td>Deputy Mental Health, POC and High Secure Lead</td>
</tr>
<tr>
<td>On Behalf of:</td>
<td>North of England Specialised Care Team (North West Hub)</td>
</tr>
<tr>
<td>Date:</td>
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<table>
<thead>
<tr>
<th>Name:</th>
<th>Kate Jones</th>
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<td>Signature:</td>
<td></td>
</tr>
<tr>
<td>Position:</td>
<td>Chief Executive Officer</td>
</tr>
<tr>
<td>On Behalf of:</td>
<td>Healthwatch Rochdale</td>
</tr>
<tr>
<td>Date:</td>
<td></td>
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</tbody>
</table>
Appendix 1 – Assessment of Need

**Pre-school children**

There are relatively little data about prevalence rates for mental health disorders in pre-school age children. A literature review of four studies looking at 1,021 children aged 2 to 5 years inclusive, found that the average prevalence rate of any mental health disorder was 19.6% (Egger, H et al, 2006). Applying this average prevalence rate to the estimated population within the area, gives a figure of 2,355 children aged 2 to 5 years inclusive living in Rochdale who have a mental health disorder. 1,001 days (2014) sets out the importance of secure attachment within the first 3 years of a child’s life in order to create a foundation for long term emotional wellbeing.

**School-age children**

Prevalence estimates for mental health disorders in children aged 5 to 16 years have been estimated in a report by Green et al (2004). Prevalence rates are based on the ICD-10 Classification of Mental and Behavioural Disorders with strict impairment criteria – the disorder causing distress to the child or having a considerable impact on the child’s day to day life. Prevalence varies by age and sex, with boys more likely (11.4%) to have experienced or be experiencing a mental health problem than girls (7.8%). Children aged 11 to 16 years olds are also more likely (11.5%) than 5 to 10 year olds (7.7%) to experience mental health problems.

Using these rates, the table below shows the estimated prevalence of mental health disorder by age group and sex in Rochdale. Note that the numbers in the age groups 5-10 years and 11-16 years do not add up to those in the 5-16 year age group, as the rates are different within each age group.

**Estimated number of children with mental health disorders by age group and sex**

<table>
<thead>
<tr>
<th>Age</th>
<th>Girls</th>
<th>Age 5-10</th>
<th>Age 11-16</th>
<th>Age 5-16</th>
</tr>
</thead>
<tbody>
<tr>
<td>Girls</td>
<td>455</td>
<td>820</td>
<td>1,275</td>
<td></td>
</tr>
<tr>
<td>Boys</td>
<td>935</td>
<td>1,100</td>
<td>2,030</td>
<td></td>
</tr>
<tr>
<td>Children</td>
<td>1,390</td>
<td>1,915</td>
<td>3,300</td>
<td></td>
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</tbody>
</table>


These prevalence rates of mental health disorders have been further broken down by prevalence of conduct, emotional, hyperkinetic and less common disorders (Green, H. et al, 2004). The following tables show the estimated number of children with conduct, emotional, hyperkinetic and less common disorders in Rochdale, by applying these prevalence rates (the numbers in this table do not add up to the numbers in the previous table because some children have more than one disorder).

**Estimated number of children with conduct disorders by age group and sex**

<table>
<thead>
<tr>
<th>Age</th>
<th>Girls</th>
<th>Age 5-10</th>
<th>Age 11-16</th>
</tr>
</thead>
<tbody>
<tr>
<td>Girls</td>
<td>260</td>
<td>430</td>
<td></td>
</tr>
<tr>
<td>Boys</td>
<td>650</td>
<td>715</td>
<td></td>
</tr>
<tr>
<td>Children</td>
<td>905</td>
<td>1,140</td>
<td></td>
</tr>
</tbody>
</table>

Estimated number of children with emotional disorders by age group and sex

<table>
<thead>
<tr>
<th></th>
<th>Age 5-10</th>
<th>Age 11-16</th>
</tr>
</thead>
<tbody>
<tr>
<td>Girls</td>
<td>225</td>
<td>480</td>
</tr>
<tr>
<td>Boys</td>
<td>195</td>
<td>375</td>
</tr>
<tr>
<td>Children</td>
<td>420</td>
<td>855</td>
</tr>
</tbody>
</table>


Estimated number of children with hyperkinetic disorders by age group and sex

<table>
<thead>
<tr>
<th></th>
<th>Age 5-10</th>
<th>Age 11-16</th>
</tr>
</thead>
<tbody>
<tr>
<td>Girls</td>
<td>40</td>
<td>35</td>
</tr>
<tr>
<td>Boys</td>
<td>275</td>
<td>220</td>
</tr>
<tr>
<td>Children</td>
<td>315</td>
<td>255</td>
</tr>
</tbody>
</table>


Estimated number of children with less common disorders by age group and sex

<table>
<thead>
<tr>
<th></th>
<th>Age 5-10</th>
<th>Age 11-16</th>
</tr>
</thead>
<tbody>
<tr>
<td>Girls</td>
<td>45</td>
<td>65</td>
</tr>
<tr>
<td>Boys</td>
<td>195</td>
<td>140</td>
</tr>
<tr>
<td>Children</td>
<td>235</td>
<td>205</td>
</tr>
</tbody>
</table>


A study conducted by Singleton et al (2001) has estimated prevalence rates for neurotic disorders in young people aged 16 to 19 inclusive living in private households. The tables below show how many 16 to 19 year olds would be expected to have a neurotic disorder if these prevalence rates were applied to the population of Rochdale.

Estimated number of young people aged 16 to 19 with neurotic disorders

<table>
<thead>
<tr>
<th></th>
<th>Mixed anxiety and depressive disorder</th>
<th>Generalised anxiety disorder</th>
<th>Depressive episode</th>
<th>All phobias</th>
<th>Obsessive compulsive disorder</th>
<th>Panic disorder</th>
<th>Any neurotic disorder</th>
</tr>
</thead>
<tbody>
<tr>
<td>Males (aged 16-19)</td>
<td>290</td>
<td>95</td>
<td>55</td>
<td>35</td>
<td>55</td>
<td>30</td>
<td>490</td>
</tr>
<tr>
<td>Females (aged 16-19)</td>
<td>670</td>
<td>60</td>
<td>150</td>
<td>115</td>
<td>50</td>
<td>35</td>
<td>1035</td>
</tr>
</tbody>
</table>

Attention Deficit Hyperactivity Disorder (ADHD)

Guidance issued in July 2015 by the Greater Manchester, Lancashire and South Cumbria Strategic Clinical Network: Delivering Effective Services for Children and Young People with ADHD suggests the use of the BACCH (British Association for Community Child Health) website to calculate the prevalence of ADHD in children and young people.

http://www.bacch.org.uk/publications/other_service_improvement.php

BACCH requires figures on the child population served (e.g. 5 years to 18 years) and the birth rate to calculate the likely number of new and follow-up assessments required. The guidance recommends that commissioners ensure that local services are appropriately commissioned to meet the potential expected demand over time (minimum requirement for commissioning: 3% of the local population of children and young people requiring ADHD assessment, 1% on medication treatment and 3% requiring community support and behavioural interventions). In Heywood, Middleton and Rochdale, 3% of the population of children & young people aged 0 – 18 is predicted to be 58,000 in 2016. This would suggest that the prevalence of ADHD in Heywood, Middleton and Rochdale would be 1,740 in 2016.

Autistic Spectrum Disorder (ASD)

In Rochdale, CAMHS are seeing approximately 300 young people aged under 16, and 80 patients aged 16 - 19 for ASD per year. These include patients who already have a diagnosis of ASD and those receiving a diagnosis of ASD. The actual number of patients who have ASD in Heywood, Middleton and Rochdale would of course be much higher as not all patients who have ASD are under CAMHS at any one time but may return to CAMHS at any stage until they turn 19.