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

SUPPORTING CHILDREN AND YOUNG PEOPLE TO THRIVE IN YEAR 2
### Rochdale Borough Local Transformation Plan – Document Status

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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.

We have increased our spend on children and young people’s mental health and emotional wellbeing from by £1,696,185 since 2014/15 and made it easier and more convenient for those children and young people needing support to access it in a timely manner. By 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 by 257 in 2016/17. We are therefore well on the way to achieving the national ambition of increasing the number of children accessing mental health support by 314 in 2020/21.

The main focus of the plan during 2017-2018 is to continue to:

- Improve access into services
- Redesign our Healthy Young Minds (core CAMHS) Service
- Build community resilience and capacity
- Prevent the escalation of need into crisis services through an enhanced crisis care pathway and support available at the ‘coping’ and ‘getting help’ stages of the Thrive model
- Develop system wide capacity and capability
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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 Integrated Health and Social Care
Rochdale Borough Council/
NHS Heywood, Middleton and Rochdale CCG

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 will see an additional recurrent investment in CAMHS locally of £1,161,000 in 2017/18 rising to £1,490,966 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.

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 2015, to inform a new Joint Health and Wellbeing Strategy for 2016-18. The key findings of our JSNA for 2015 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 younger than that of Greater Manchester and England, however it is expected to see a proportional decrease over the next 20 years. A higher proportion of young people are from BME groups and the latest schools’ survey data suggests this is increasing. 54.1% of 0-19 year olds live in one of the two most deprived JSNA groups. Levels of child poverty in the Borough are also higher than national averages.
Mortality - Infant mortality rates have increased in the last two periods and, although childhood mortality declined in 2010-12, it remains above the England rate.

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

Wider Determinants of Health - There are high rates of children in care with rates steadily increasing since 2009/10. 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. The percentage of 3 year olds suffering from tooth decay (18.9%) was above the national average of 10.5% (2012/13).

Health Prevention - Our rates of smoking at the time of delivery are higher than average, whilst our rates of breastfeeding initiation are low. Breastfeeding prevalence after 6-8 weeks has however seen an increase.

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. 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 & Figrove. 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.

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 – 2013 data shows that within Rochdale 24.2% (12,745) of children are living in low income families. This compares to 20.3% in the North West and 18.0% in England. 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. 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.

• 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 20 to 49 hours unpaid care a week and 273 provide 50 or more hours unpaid care a week.

4.6 Identifying Priority needs

Self-harm

The children and young people’s Mental Health and Wellbeing Profile 2016 compares the mental health and wellbeing profiles of children and young people in Rochdale against the England rate. Self-harm is a particular area of concern locally, where the number of young people admitted to hospital is considerably higher than the England average. In the period 2010/11 – 2012/13, per 100,000, the number of children and young people aged 10 to 24 years in Rochdale admitted to hospital due to self-harm was significantly higher at 479.8 than the England value at 352.3. Young people aged under 18 years who were admitted to hospital due to alcohol specific conditions was also significantly higher at 63.7 per 100,000 compared to 42.7 in England in the same period. Substance misuse is also considerably higher that the England value with admissions of young people aged 15-24 years at 120.5 per 100,000 population compared to 88.8 in England in the period 2012/13 – 2014/15. In the period 2014/15 the number of children and young people aged 0-14 who were admitted to

1 Department for education and skills (2010), Teenage pregnancy: Accelerating the Strategy to 2010, London: DFES
hospital for unintentional and deliberate injuries was 156.4 per 100,000. This is also significantly higher that the England average at 109.6.

**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 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. This is of concern locally.

**Looked after children and children in care**
Rochdale has high numbers of cared for children in comparison to the national average. As of March 2017 Rochdale Borough Council had 465 children in care. Of these:

- 391 cared for children (subject to care orders; of which the greatest number are aged 10-15 years).
- 31 children placed for adoption.
- ?? children subject to public law proceedings.
- 166 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.

**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.

**Neurodevelopment disorders Autistic Spectrum Disorder (ASD)/Attention Deficit Hyperactivity Disorder (ADHD)**
Rochdale Borough Council and partners was subject to an 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 an ASD diagnosis. The multi-agency Autism Strategic Partnership has worked to address some of the concerns that have been raised within the outcome of the inspection and has managed to bring together partners from across the partnership. This has enabled cross agency input for the delivery of the care pathway and in the coming year, this will need to be embedded across the partnership. To support the presenting challenges, non-recurrent monies were allocated to support the access and waiting times to improve the service delivery. 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.

**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 with significant trauma. Of the ??? children recently submitted into schools, 29% had previously been denied education. 18% of children and young people had directly experienced bombing or had been a victim of violence. 65% of children and young people had witnessed the death or kidnap of someone close to them. 53% of parents had reported a change in their child’s behavior. These children also run the risk of impaired parenting, as their parents are also 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.

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. In Rochdale 4 unaccompanied children seeking asylum started a period in care in 2015/16. This increased to 7 in 2016/17.

5.0 Our vision 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.

5.1 Family Services Model – as part of the Rochdale Borough Strategic Transformation Plan (STC) 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 healthcare 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:

- **Single Point of Access (SPA) 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 single point of access is being developed. The SPA will bring together a seamless offer of universal, 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 families. The SPA will see all referrals, including self-
referrals going through a single point, where they will be triaged into the appropriate service(s); at all times offering a timely response. 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 will be represented in the triage team to ensure that children and young people are directed to the right level of support to meet their needs. The SPA will ensure that an 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, as opposed to simply those that they had originally been referred.

➢ **Early Help Locality Teams** – we will develop 4 Early Help Locality Teams situated in each township across the borough. These teams will provide a locally co-ordinated multiagency response to need which fully utilises local knowledge, builds on community assets and scales up early help interventions. Each locality will include a network of organisations including, CAMHS along with colleagues from libraries, Sure Start, schools, police, voluntary sector, youth workers and health visitors etc. We will enhance our emotional health and wellbeing service, #Thrive to offer emotional and mental health expertise in each of the locality teams.

➢ **Integrated ‘intermediate’ response** – will be developed for more complex issues that require enhanced support to that offered through the early help locality 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.

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 SPA.
✈ 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](#).
5.2 Move from a Tiered Model of Care to the Thrive – stepped care model – we have moved away from the traditional tiered model of care for children and young people’s mental health services to a stepped care model, which focuses on a community based stepped care 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 stepped care model gives greater emphasis on thriving, resilience and coping, which reflects our plans to increase capacity and capability at this level, both for children and young people’s emotional and mental health services and more generally across the health and social system. During 2017/18, along with other Greater Manchester CCGs we will shift to implementing I-Thrive. Further details of these plans can be found in section 12.5.3 below.

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. The sections below describe the services and support that is offered locally at each of the stages in the Thrive model, along with our plans to improve the support available.

5.3 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 applies to all children and young people from conception to the age of 18 years, and up to 25 years for children and young people with specialist educational needs or disability. It recognises that all service responses must be directed at preventing vulnerability and meeting the needs identified at the lowest level of intervention. Early recognition, intervention and prevention are essential in order to achieve this.

The diagram below shows the Rochdale Needs and Response Framework. The use of the definition of Early Help Offer covers services from community and universal level, but is mainly aimed at those children and young people at Level 2 (children whose health or development may be affected) and Level 3 (children whose health and development is at increased risk of being affected). The Thrive model integrates with this framework.
5.4 Step 1 – Thriving (Community Promotion and Prevention)

Where we were in 2015

5.4.1 Building Community Resilience – during 2015/16 we will commission a number of projects/schemes which aim to build community resilience including: enhancing and building peer mentoring support with children and young people; engaging with hard to reach groups; reducing isolation and the stigma associated with mental health; and a training package to build confidence in trusted adults in community settings around recognising and supporting children with emotional and mental health problems. A pilot of an online counselling service is also being considered, as a key theme coming out of the co-design work with young people was the ability to access early support online.

5.4.2 Mental Health Training – both the core CAMHS service and Rochdale and District Mind offers training to build community resilience, support self-care, and promote early identification of mental health problems, including:

Training delivered by the core CAMHS:

- Attachment training to social care professionals, and designated teachers (quarterly) and to foster carers (bi-monthly). Attachment, anxiety and self-esteem training to parents (monthly).
- Training around transitions to the Sunrise Team (sexual exploitation team) (quarterly), as well as ad-hoc training in colleges.
- Understanding self-harm training to parenting group (quarterly).
- Autism awareness training to link4life and to foster carers (annually).
- Autism awareness training and communication strategies to parents (who are sometimes accompanied by professionals) (monthly).
- Understanding behaviour in ASD: anxiety, sleep training, eating and toileting in ASD for parents (accompanied by professionals) (quarterly).
- Sensory awareness training to parents (bi-monthly).
- What is CAMHS and Mental health awareness – via the Real Trust (6 monthly).
- Self Harm training (6 monthly).
- Training to schools around Eating Disorders, ASD and ADHD, Stress management etc. (ad-hoc).
- Parenting – Incredible years and strengthening families (via the PST).
- Training to Rochdale Connection Trust (6 monthly).
- Training to RBC staff (annually).
5.4.3 Mental Health Training in schools and colleges – as well as the training delivered by the Core CAMHS service and Rochdale District Mind, as described above, there is work carried out through our Healthy Schools Programme to promote Emotional Health and Well-being. This training is directed at teachers and aims to embed the Five Ways to Well-being within schools and utilise the PSHE Association lesson plans on teaching Mental Health and Emotional Well-being in the classroom.

5.4.4 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.

5.4.5 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.

5.4.6 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 LGBT 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 – provides a peer mentoring service, training young people (aged 16-25 years old) with lived experience of the emotional health and wellbeing system to work with young people experiencing emotional distress to support them to build their resilience and capacity, reduce loneliness and isolation and proved a listening ear. Peer mentors also facilitate an ongoing group for young people aged 12-16 years to support them to develop positive social networks and strong friendships that increase confidence and social skills.

Rochdale and District Mind Listen Up Project - is a mental health and wellbeing resource for young people and young adults living in the Borough of Rochdale who are under the age of 25 years. Alongside its service users, the Project focuses on developing a range of age
appropriate learning and social activities to reduce isolation, raise awareness about mental health and wellbeing, challenge stigma and deliver self-help courses to cope with emotional and social stress and anxiety. The Listen Up project has created 10 full time paid jobs for young people, predominantly with emotional health needs.

5.4.7 **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.

**Our pledge for improvement in 2015**

5.4.8 **Continue to build community resilience through a mental health awareness training package targeted at schools, colleges and community groups** - deliver a 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 to enable prevention, early detection, and positive promotion of mental health and wellbeing to be considered as “everybody's business”. This package of support is specifically to strengthen the knowledge and resilience of the ‘trusted adults’, which our young people told us are so important to their own wellbeing. To support this work, we will undertake a mapping and scoping exercise to capture and make contact with the range of ‘trusted adults’ within the community.

5.4.9 **Work with schools to develop plans to enhance the support available in schools** – working with the wider school community to provide school staff with appropriate training relating to mental health and emotional well-being, including a clear knowledge and understanding of the referral and communication systems which enable access to services in a timely manner through designated roles within schools. To embed within the curriculum the Five Ways to Well-being message alongside age and stage appropriate resources for staff to deliver mental health and well-being lessons. This should then provide our children and young people with the knowledge, skills and understanding of how to be emotionally healthy.

5.4.10 **Improve engagement between schools/core CAMHS** – we will create regular networking opportunities for schools and CAMHS, where both parties are able to articulate their concerns and their thoughts on how to improve the interface between schools and CAMHS in order to improve the access into emotional health and wellbeing services for children and young people.

5.4.11 **Develop a stress management programme for students in Years 12/13** – offering a brief intervention and/or more in-depth programme for those who need it, helping students to manage stress and stressful situations. The programme delivered by Rochdale and District Mind will also function as a screening process for other unmet need in terms of an individual's emotional health and provide further assessment and onward referral.

5.4.12 **Positive Minds Pilot Programme** - Rochdale and Oldham Borough Councils are collaborating to commission a joint programme aimed at reducing the number of young people aged 16-18 years who are NEET (not in education, employment or training). The programme has two key elements: a series of inputs designed to develop resilience within each young person called ‘Managing the Chimp’ and ongoing support from a dedicated Career Advisor, who will act as a ‘wellbeing coach’ throughout the programme. Managing the Chimp, aims to help young people to better understand how their brain functions so they
can manage their responses to stressful and challenging situations. The programme will run from January 2016 to August 2016. The programme will be evaluated to determine if it delivers its targets/outcomes, which include: Maintained EET status; an increase in progression rates, success, attainment, retention and attendance rates; a reduction in the number of students who are ‘at risk of disengagement’ and an increase in the measure of young people’s perspective around making positive informed decisions and their own personal wellbeing and mental health.

5.4.13 Books on Prescription – we will enhance 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 will be 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.

5.4.14 Tootoot Communication and Safeguarding in Schools – during 2015/16, we have commissioned Tootoot, a safeguarding tool in all of our schools within the borough. Tootoot allows pupils to report incidents of bullying, cyberbullying, sexism, racism, extremism, mental health and homophobic issues, and any other worries which children and young people may have, in a safe and confidential way, directly to the school. Through a whole school approach, Tootoot is able to identify safeguarding issues and problems both in school and from within the wider community.

Our progress in 2016/17

5.4.15 Building Community Resilience and Capacity - a number of projects/schemes were delivered in 2016/17 which aimed 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 groups; reduce isolation and the stigma associated with mental health. A brief overview of some of the schemes delivered in 2016/17 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.

‘Clueless’ - 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 further outside specialist agency support and participating staff unanimously supported the distribution of 1,400 CLUELESS postcards. Overall, the Clueless performance evaluated well which was reflected in the feedback from schools.
5.4.16 Progress on the delivery of our pledges – full details of our progress in delivering the pledges made in 2015 can be found here.

Our pledges for improvement in 2017 and beyond

5.4.17 Continue to build community capacity and resilience – 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 for delivery in 2017/18, 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 will be 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 that the schemes delivered in 2017/18, will be a pilot for the development of a commissioned community capacity and resilience service from 2018 onwards. A brief outline of the schemes that will be delivered in 2017/18 can be found here.

We have invested significantly in our Young Advisors team to enable them to extend their work over 2017/18. Young advisors will lead on developing 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.

5.4.18 Schools and Colleges - we will work with other local transformation partnerships to identify the best current practice in supporting schools and colleges to identify and help students who have challenged emotional well-being and mental health. This work will inform a Greater Manchester offer for schools/colleges. 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 schools to incorporate self-care for non-service users as part of a whole school approach to mental health, as well as expanding the CAMHS school link across all schools.

5.4.19 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. The website will go live in April 2017.
5.5 Step 2 – Resilience and Coping (primary care, community services and education)

**Where we were in 2015**

5.5.1 **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 looked after children, Health Visitors, Midwives, School Health and social care.

5.5.2 **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.

5.5.3 **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.

**Our pledge for improvement in 2015**

5.5.4 **Strengthen a user-friendly support tool for emotional and mental health services** – to ensure that current online resources support both practitioners and service users to access
appropriate support according to need. Through the engagement of both practitioners and service users, consider how technology can be further developed to ensure information is timely and widely accessible.

**Our progress in 2016/17**

5.5.5 **Directory of Support in the borough** – work commenced in January 2017 to map activities in the borough that:
- promote knowledge of and improve health and wellbeing outcomes for children and young people;
- build emotional resilience and develop social networks of children and young people;
- recognise delivery of a whole family approach by engaging siblings, parents and carers in activities;
- provide opportunities for children and young people to reach their optimum wellbeing;
- develop the skills and emotional resilience required to make a successful transition into adulthood;
- enable children and young people to achieve their potential;
- signpost children, young people and their families to other relevant services provided by partners when they need them.

This work will be completed in June 2017, and will result in a robust analysis of the cultural and sporting groups in the borough (and where appropriate Greater Manchester), and the development of a directory. The directory will be a useful tool for services within the borough to refer into social prescribing. Part of this work, also includes a training programme for the groups identified to improve cross sector understanding of children’s emotional and mental health and build the capacity of trusted adults.

**Our pledge for improvement in 2017 and beyond**

5.5.6 **Borough wide Directory of Services** - in accordance with our wider STP, we want to design, with children and young people a single information sharing platform for the children’s system. The platform will be interactive, user friendly and intuitive, and will act as a single place that young people, families and professionals in the borough can go to find out about the services available in the borough, including clubs and classes, leisure and arts, as well as more formal services, and how and when they can access them.

5.5.7 **Health Visiting and School Health Service App** – is being developed, which will allow parents and young people to access emotional health advice and information, with links to all other services and websites available. This will be implemented in 2017/18.

**5.6 Step 3 – Getting Help (Primary care, community and education in partnership with CAMHS)**

**Where we were in 2015**

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.

5.6.1 **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 current core CAMHS 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.

5.6.2 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 Tier 3 CAMHS 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.

5.6.3 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

5.6.4 Social Investment Fund – For the past three 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 services include:
Homestart Rochdale - Supporting families affected by behavioural difficulties and autism. The service supports families (and siblings) to better understand and manage behavioural difficulties with young people diagnosed within the autistic spectrum.

Homestart Rochdale - First Response. The service 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.

Respect for All - Counselling service for young people on the autistic spectrum or with a learning difficulty, or a sibling of the aforementioned, or a young person with a parent with either autism/learning difficulty.

Gaddum Centre - offers practical support and guidance to families, individuals, professionals and anyone concerned about a grieving child. The service believes that the right support at the right time can enable young people and adults to find a way to live with their grief and rebuild a positive future.

Rochdale and District Mind - Listen Up – is a mental health and wellbeing resource for young people in the Borough. The service offers a range of age appropriate learning and resource activities to reduce isolation, raise awareness about mental health and wellbeing, challenge stigma and deliver self-help courses to enable young people to cope with emotional and social stress and anxiety.

5.6.5 Early Help Assessment /Common 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.

Our pledge for improvement in 2015

5.6.6 Commission a targeted Emotional Health and Wellbeing Service – although there is a plethora of support available at Tier 2 (both directly commissioned and within the voluntary/community sector), our children continue to be inappropriately referred to Tier 3 CAMHS services. Quite often these children experience a delay in accessing appropriate treatment and can often fall through the gaps in services. The CCG and Rochdale Borough Council (RBC) are therefore intending, during 2015/16 to procure a targeted emotional health and wellbeing service. This outcome based service will promote the idea that emotional health and wellbeing is ‘everybody’s business’, whilst developing high quality innovative service models, which focus on early intervention and prevention, integrated and multi-agency working and are outcome focused. The service will form part of the early help offer for the Borough.

The aims of the service are to:

- Improve the emotional health and wellbeing of children and young people through identification of risk factors, prevention and early intervention.
- Provide support and to intervene to prevent escalation of need for children and young people through high quality, evidenced based, accessible, convenient and safe services, delivered with kindness, compassion and patience.
• Work collaboratively with a range of stakeholders including trusted adults locally to broaden the approach taken to tackle the wider social determinants and consequences of emotional and mental health problems.

• Support children and young people to achieve their outcome goals and to help those who are well to remain well, by building resilience through an holistic system of community support.

• Work with an objective that no referral is inappropriate. Instead there will be a proactive working down to support and help with reasoning to identify need and signpost appropriately for support/treatment for the child/young person.

The service includes a series of outcome based key performance measures linking to the design principles and outcome goals developed through our co-design approach (see section 7.0).

It is intended to complete the procurement process in March 2016, when arrangements will be made to mobilise the service for commencement on the 1st July 2016.

5.6.7 Commission an Online Counselling service – to support our vision of promoting help and reducing the need for support at the higher end of the stepped care model, we will commission an online counselling service. The service will work with schools and core CAMHS to build working relationships and ensure that the counselling service is not only joined up, but becomes part of the landscape of support that young people can use. The initial outcomes for the service will be to build an awareness of the service with children and young people and see a month on month increase in the number of children and young people accessing counselling online. Further outcomes will be developed during the evaluation of the service during year one.

5.6.8 #Thrive - our new children and young people’s emotional and mental health service went live on the 1st July 2017 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 hub in the form of a café will open by 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 will allow 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.

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”.

5.6.9 Kooth, Online Counselling – was commissioned as a pilot and the service went live in March 2016, offering online counselling support 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.

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. Kooth have delivered awareness sessions with a number of schools and wider stakeholders during quarter 1 and have plans to continue this during the next quarter.

5.6.10 Progress on the delivery of our pledges – full details of our progress in delivering the pledges made in 2015 can be found here.

Our pledge for improvement in 2017 and beyond

5.6.11 #Thrive – we will continue to co-design and test the service delivery model to ensure that it continues to improve and meet the needs of the children and young people and their families. The number of children and young people accessing #Thrive has continued to grow month and month since July 2016, without a clear reduction in numbers accessing our specialist CAMHS service, Healthy Young Minds. This indicates that the service has addressed an unmet need within the borough and we will continue to monitor demand closely to ensure that #Thrive is able to meet the key service deliverables, relating to early access and support.
#Thrive will play a key role in the planned Children’s Locality teams. We hope to enhance #Thrive so that it is able to offer a named link in each of the four children’s locality hubs within the borough, offering advice, support, guidance and assessment. The #Thrive link worker 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 applied to participate 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 will now recruit two PWPs, who will split their time in year 1 between college and placement. Funding for year 1 is provided nationally through the pilot, however, there is an expectation that in year 2, the PWPs will be employed and funded via the recruiting organisation. This is an exciting opportunity for #Thrive as the PWP posts sit well within the service offer and vision to provide early support.

Participation is key and therefore high on our agenda in Rochdale. #THRIVE was designed by young people for young people and we have worked hard to develop this ethos and our vision is to now move this forward so that all agencies and services have structures and systems in place to respond to the ideas and priorities of young people and to work with them to bring about positive change. We want to develop our participation group so that children and young people have opportunities to grow and develop and we want to provide opportunities for future and continued involvement within and for the community, such as apprenticeships, opportunities to do peer mentoring and training etc.

5.6.12 Kooth Online Counselling – we will evaluate the Kooth pilot in 2017 and take an informed approach to future commissioning requirements and priorities, alongside the wider plans to develop the Family Services Model as detailed in section 5.1 above.

5.7 Step 4 – Getting More Help (CAMHS in community led interventions)

Where we were in 2015

5.7.1 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.

An integrated, 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.

5.7.2 Redesign of Healthy Young Minds Rochdale front door - Rochdale CAMHS has recently implemented a revised model at the front end of the service for non-urgent referrals. The new systemic consultation model is based on work conducted by the Cared for Children psychologists with social workers and foster carers and has been well received by those who have experienced it (social workers and foster carers predominantly). Recent CQC and OFSTED inspections have also highlighted the flexible, accessibility of the system. Systemic consultation offers an opportunity for robust triage with the family and relevant professionals involved with the family. Clinics take place across the Borough and enable highly specialised CAMHS clinicians the opportunity to meet with families (and referrers) and formulate a care plan in a timely manner. Referrers and families will receive detailed notes outlining the discussion within the consultation with agreed shared actions for all involved. Primary Mental health Workers and the 16 plus Transition Team form the link to partners offering direct work to young people and families and consultation and training to professionals.

5.7.3 Neuro-development – in 2012/13 after becoming aware of a gap in the provision of neuro-development care in the Borough, particularly for young people aged above 16 requiring ongoing ADHD support, the predecessor PCT invested in the development of a neuro-developmental service within the core CAMHS service. This investment has ensured that children and young people are able to access support for autistic spectrum conditions (ASC), including ADHD until the age of 19 years, when transitional support will enable them to transfer safely to adult services, as appropriate. The service provides a dedicated multi-disciplinary service for children and young people aged 5-18 years with ASC and acts as the single point of entry to the ASC care pathway for this age group, which is fully integrated across/with other agencies offering a team around the child/family approach. In addition to the support provided to children and young people and their families, the service also provides training/advice/support to other professionals involved in their care as well as training and support to parents and families. The Riding the Rapids course for parents focuses on managing young people who have additional needs with upset/disruptive behaviours. The course runs for 10 weeks and feedback from parents has been extremely positive. A jigsaw group, sensory workshop and managing behaviour group are also available to offer additional support to parents, with 97% of attendees rating the sessions as helpful. The Children’s Community Paediatric Service offers an assessment, diagnosis and intervention service for children exhibiting signs of development delay and those children, under the age of 5 years with Autistic Spectrum Disorder (ASD) and Attention Deficit Hyperactive Disorder (ADHD) and there are strong links between the Paediatric and CAMHS services to support an effective transition between services.

5.7.4 Urgent Care/Crisis Support - Urgent care pathways are in place to provide a 24 hour response to young people presenting in crisis. All young people under 16 presenting as an emergency are seen on the same day between 9am to 5pm by the local core CAMHS team 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. The core CAMHS 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.

There are some identified gaps in both the crisis care and community based intensive support pathways particularly for the 16 – 18 age group, and for those young people with
specific presenting needs such as eating disorders and self-harm. Further review of the
current arrangements is required to scope opportunities to enhance and broaden the reach
of both crisis support and intensive support services and this work is currently in progress.
The commissioning intention to develop an enhanced community based eating disorder
provision is described in section 4.6.6 below.

5.7.5 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
core CAMHS service also have 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.

Our pledge for improvement in 2015

5.7.6 Improve Access to CAMHS – during 2015/16, our Healthy Young Minds Rochdale provider,
Pennine Care NHS Foundation Trust is delivering a CQUIN (Commissioning for Quality and
Innovation) scheme to improve access to mental health services for children and young
people across the Pennine Care geographical footprint. Work is currently taking place to
deliver interventions to support self-referral, referral quality and referral appropriateness,
such as: a single point of access (SPA) to specialist help and support, including the
opportunity for self-referral to the SPA; strengthening the links with learning disabilities
services and services for children and young people with special educational needs and
disabilities (SEND); and developing and delivering a training programme to support schools,
GP practices and other agencies working with those children and young people with a
greater vulnerability to mental health problems.

In addition, it is also intended to pilot the extension of the core CAMHS to offer appointments
initially, during weekday evenings. Work will also be undertaken to understand the need and
demand for services during weekends. A consultation exercise with children and young
people and their families, as well as other interested stakeholders will be undertaken to
determine if there is a demand locally for access to specialist CAMHS during the weekend.

Support at the lower end of the Thrive Model Step 3 (Tier 2) will be available 7 days per
week as it is a specification of the #Thrive service model that commenced on the 1st July
2016.

5.7.7 Support children and young people to engage with services - ensuring that those
children and young people, and their families who need services are facilitated to actively
engage with them is a priority locally. The DNA (did not attend) rate for the Healthy Young
Minds service during 2014/15 was 6.1%. This has reduced to 3.7% during 2015/16. This
reduction is partly due to the redesign of the CAMHS front door, as detailed in section 5.6.2
above. It is hoped that the number of children and young people who DNA appointments
can be reduced further as Healthy Young Minds Rochdale implement a change to their clinic
system in the very near future. This change will allow children and young people to book a
follow up appointment immediately after their consultation, giving them a choice of date and
time to suit their individual requirements.

5.7.8 Commission a Community Eating Disorder Service – our current mental health provider,
Pennine Care NHS Foundation Trust, offers a range of services for children and young
people with Eating Disorders, these include inpatient treatment, support from the
inreach/outreach service and community CAMHS intervention. Although, a dietetic element
is included within the inpatient provision, it is not integrated into the community CAMHS
intervention. There are, therefore, a number of complex young people with eating disorders
seen in community CAMHS, with no specialist posts to support them, such as family therapy
and dietetics. This is impacting upon the flow and capacity within the core team. A proposal is progressing for a Community Eating Disorder service across the footprint of Pennine Care NHS Foundation Trust, which will enhance the current provision. This model will see the service being delivered across two hubs, one in the South (Stockport) and one in the North (Oldham). Satellite clinics will be introduced in Bury and Rochdale to support the North (Oldham) centre. It is envisaged that the hub will be a vibrant, child orientated, community facility, open 7 days a week, offering drop in, group assessments and treatments. The hub will provide somewhere that young people can come to for the day; however, a core element of the service will be delivered in individual homes, schools and colleges. Routine and specialist services will be provided, including family based approaches. To support those individuals with more acute needs, some in-patient beds will be commissioned that can be ring fenced for children and young people with both psychiatric and physical needs. These beds would be used as a last resort, as the local evidence demonstrates that once in a hospital bed the young person will access the bed for up to 2 years. The trajectory for anorexia is 6 years. It is envisaged that the service will see people up to and including 18 years initially, and by year 3 of operation will work with young people up to age 25.

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 will have 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 will also maintain links with the core CAMHS service to support joint working and to avoid unnecessary transitions and barriers for young people and families.

5.7.9 Enhance the crisis support – as described earlier, there are identified gaps in this pathway, particularly for young people presenting with Eating Disorders and self-harm with higher levels of risk. A number of work streams are in progress across the Pennine Care Foundation Trust footprint, which, it is envisaged, will release capacity at Tier 3 and Tier 4 in order to strengthen the crisis care and Intensive support pathways. These include delivery of the Access and Partnership CQUIN; review of the Inreach/Outreach team; scoping opportunities to deliver all age pathways; outputs from the Crisis Care Concordat and the development of a community based Eating Disorder service.

Locally, we aim to shift from a model of service led support to a needs based system of intervention. We know that there are specific areas of the crisis support pathway that we need to improve and we intend to undertake a scoping exercise of the current core CAMHS provision locally to inform a redesign of the crisis service/pathway. In particular, we want to improve and enhance the support for children and young people who:

- may be displaying behaviour which can be described as challenging, disruptive or disturbing, but who do not have a presenting mental health issue.
- require crisis support out of hours.
- are on the edge of care/breakdown in care.

There are a number of options that we are considering to improve the crisis support:

- Enhancement of the current RAID (rapid assessment interface and discharge) service to include CAMHS practitioners. We are piloting a CAMHS Practitioner to inreach within our adult RAID service for a period of 6 months, with the aim of understanding the numbers and needs of children and young people attending the service. This will also increase joint working between adult mental health services and CAMHS.
- Enhancement of the transition team to support children and young people in crisis and those children and young people with ADHD/ASD with additional needs, including
behavioural concerns. The lack of provision regarding psychometric assessment is a concern locally.

- Development of an edge of care service to prevent family breakdown and reduce the use of unplanned episodes of care and high cost external placements offering ‘therapeutic support’. The quality of these placements, and the outcomes achieved are variable. We want to be in a position where we are able to wrap intensive support around these young people (commonly in relation to attachment, self-regulation, behaviours that challenge) to maintain local placements, keeping young people in their local community unless it is not safe to do so.

- Enhancement of the Inreach/Outreach/Home Treatment support.

Further work is required to develop an enhanced crisis support model locally, however, the aim is to complete this work and propose an enhanced service for commencement in 2016/17, which will support a reduction in children and young people requiring Step 5 (Tier 4) services. This work will also include the review of young people who reach the age of 19 years and do not meet the criteria for adult mental health services to understand how they may continue to be supported if this is necessary.

5.7.10 Commission a moderate-severe perinatal mental health service – Following the development of the Greater Manchester Early Years New Delivery Model and a visit to learn about the highly regarded Early Attachment Model in Tameside and Glossop, we subsequently reviewed local pathways and provision. We have invested in workforce training so that all of our health visitors are trained in NBO and ASQ and an appropriate cohort are undertaking accreditation in NBAS, and we have mapped our local offer of service provision across agencies. We know that there is a gap in psychologist support in our perinatal pathway and this is something that we plan to address as a priority in 2017/18.

We know that there is a gap in support for women whose needs fall within the ‘moderate-severe’ range of support. A six month pilot was undertaken for a ‘one-stop perinatal mental health clinic’ in the antenatal clinic at the Royal Oldham Hospital. Referrals were accepted from maternity staff (obstetricians and midwives) and mental health professionals (community mental health team CMHT) staff, psychologists), with weekly multi-disciplinary team (MDT) meetings assessing referrals for severity and risk (classified as mild, moderation or severe). The pilot was very well received by both patients, and maternity staff who found it beneficial in supporting them with complex patients with mental health problems. It also helped the service to meet the national standards set in the guidelines. The outcomes and evaluation of the pilot were presented to the North East Sector Women’s and Children’s Board on the 6th October 2015, where further discussions took place with CCGs across the North East Sector of Greater Manchester regarding the development of a perinatal mental health service. We will await publication of the Perinatal mental health guidance, before developing our plans further for inclusion in our Transformation plan later in the year.

5.7.11 Improve/enhance Transitional Services – the core CAMHS service provides a dedicated transition service, which takes a young person centred approach to transition arrangements and sees transition as a phased process between the ages of 16 and 19. There are clear and transparent pathways with adult mental health services at tertiary, secondary, community and primary care levels. The transition service also works with young people aged 16-19 years, who do not meet the criteria for adult mental health services, but continue to require mental health support working with partners to deliver integrated packages of support. It is intended locally to shift from a ‘service led’, to a ‘needs led’ service, which truly sees transition as a phased process, taking into account the wider factors impacting on a young person’s emotional and mental health. The service will prepare young people for their transfer to adult services, should this be necessary, and support a successful transition once that young person is ready to leave, be that at the age of 16-19 years, or older (up to the age of 25) dependent on the young person’s needs.
5.7.12 Provide a named contact within CAMHS and Schools – our work with schools has highlighted the benefits of individual schools having a named contact within the CAMHS service who they can contact to discuss any concerns over the emotional and mental health of their students. Likewise, it would also be beneficial if there was a named contact within schools for CAMHS professionals. The feasibility of putting this in place will be raised with the core CAMHS service. Our core CAMHS service is keen to implement this with schools and we will work with them to facilitate this in the very near future.

Our progress in 2016/17

5.7.13 Community Eating Disorder Service – the Community Eating Disorder Service, which we commissioned jointly with Bury CCG and Oldham CCG went live on the 1st July 2016 as a phased mobilisation. It is anticipated that the service will be fully operational by the 1st April 2017. The hub is located centrally in Bury and is close to public transport links. Young people have been involved in the design of the hub.

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 is in the process of planning and delivering training for HYM staff to up-skill on all issues pertaining to eating disorders.

The service has developed strong links with the Horizon 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 are current working with B-eat to plan a training offer that will soon be made available across the borough from March 2017.

A Parents’ Forum is due to commence in April 2017. The aims and objectives for this have been considered and a menu of options is being planned so parents can choose which sessions to attend. Parents have 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 will feature in each parent forum session.

5.7.14 Neurodevelopment – during 2016/17, our Healthy Young Minds Rochdale provider, Pennine Care NHS Foundation Trust is delivering a CQUIN (Commissioning for Quality and Innovation) scheme, which includes the review and redesign of the following 3 clinical pathways:

- Autistic spectrum disorder (ASD);
- Attention deficit hyperactivity disorder (ADHD); and
- Mood and emotional disorders (MED).

Work has progressed to develop and implement the multi-agency pathways, with input from a number of agencies/3rd sector organisations. The new pathways will support a co-ordinated, seamless approach according to clinical need. Key to implementation across all three pathways has been the development and instigation of the emotional health and well-being (EHWB) pathway meetings between HYM, #Thrive, Early Break, Link4Life and Rochdale MIND. These are now running on a weekly basis with good attendance from all
agencies and enable a smooth transfer of cases (for step-up / step-down of open cases and transfer of new referrals into the most appropriate service). Feedback from the representatives attending is that this process is effective, useful and facilitates an improved shared understanding of agency roles and responsibilities, as well as providing opportunities to understand possible gaps in provision.

Work will continue in 2017/18 to further enhance the ADHD pathway to ensure that it meets the commissioning recommendations contained within the Guidance issued by the Greater Manchester, Lancashire and South Cumbria Strategic Clinical Network on ADHD.

5.7.15 Enhance the crisis care – this work has been taken forward as a Greater Manchester Programme of work. One of the central tenents of the Greater Manchester Mental Health and Wellbeing Strategy is to improve access, ensuring it is responsive and holds clear arrangements that connect people to the support they need at the right time. As a consequence, a priority has been established to introduce access to 24:7 Mental Health provision and 7 Day Community Provision for children and young people.

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

5.7.16 Progress on the delivery of our pledges – full details of our progress in delivering the pledges made in 2015 can be found here.

Our pledge for improvement in 2017 and beyond

5.7.17 Healthy Young Minds – following a public consultation process in 2016/17, Rochdale Borough Council took a decision to disinvest quite significantly in the Healthy Young Minds Service from 2017/18. This has resulted in approximately £470,000 being removed from the Healthy Young Minds service from April 2017 and the loss of a number of care pathways including the Cared For Children’s pathway. As a consequence, a redesign of the service delivery model has become a priority for investment in 2017/18. We will work with the service provider, along with children and young people, to develop a new innovative outcome based service model that will be mobilised and proto-typed early in 2017/18.

5.7.18 Community Eating Disorders Services (CEDS) – working with our colleagues in Bury and Oldham CCGs, we will consider plans to extend the CEDS up to the age of 25 years.

5.7.19 Perinatal Mental Health – 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 New Delivery Model; an evidence based pathway from pregnancy to school, which is being rolled out across the 10 Greater Manchester localities, and will see 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. To support the whole system approach that is required to deliver the Greater Manchester ambition for children and their families a two year ‘1001 days’ CQUIN commenced in 2016/17. This work will look at building on good practice, and the development of integrated parent infant mental health system wide pathways.

We will also address the recognised gap in psychology support at the lower end of our perinatal pathway and aim to recruit the required psychologist early in 2017/18.
5.7.20 Autistic Spectrum Disorder (ASD) and the Early Help Offer – we know that we need to do more in the borough to support children and young people who have a diagnosis of ASD. We therefore intend to engage with children and young people and their families, as well as our 3rd sector providers/schools/health professionals to understand the needs of this group of young people and how we can enhance the pre and post-diagnostic support available to them. We will also work with our schools to determine how we can support teachers and mentoring staff working with children and young people who have a diagnosis of ASD. This may include an enhanced ASD training offer to schools.

5.7.21 Enhance crisis care – along with our colleagues across Greater Manchester we will support the plans to develop a whole system approach to crisis care. This will include the development of a Greater Manchester Out-of-hours and Crisis Liaison Service (including extension of RAID to under 16’s) that will be accessible to all children and young people in crisis (not just those with a perceived mental health crisis). We will work with Greater Manchester’s local authorities and mental health service providers to develop a Greater Manchester wide multi-agency offer that is informed by single Greater Manchester standards and Greater Manchester wide trusted processes and tools.

5.7.22 0 to 25 year old population – this is a service delivery priority for the Greater Manchester partnership and with CAMHS and adult mental health provider services and other key stakeholders including young people, we will work with our Greater Manchester colleagues to begin to co-design age and developmentally appropriate mental health services for our 0-25 year old population. In the short term, we will, across Greater Manchester support the implementation of agreed transition arrangements between CAMHS and AMHS and will work with adult mental health commissioners to develop ADHD and Community Eating Disorder Services for adults.

Locally, we have commissioned our Young Advisors 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.

It is anticipated that this work will be completed by the end of September 2017 and will inform both local and where appropriate, Greater Manchester commissioning requirements.

5.7.23 Emotional Wellbeing and Mental Health of Looked After Children – a Greater Manchester wide programme of work will be undertaken to develop proposals which will inform a core mental health offer for all of Greater Manchester Looked After Children that is informed by a single specification, Greater Manchester standards and pathway. The recommendations from this work will be implemented locally.

5.8 Step 5 – Getting intensive help (CAMHS hospital and hospital at home services)

Where were we in 2015

5.8.1 Specialist Commissioning - The Tier 4 specialist services for our children and young people are commissioned by NHS England. 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.

5.8.2 Inpatient services - 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 is 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.

5.8.3 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 Community core CAMHS. 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.

5.8.4 Specialist Autistic Spectrum Disorders (ASD) – these services work as integrated multidisciplinary CAMHS teams providing outpatient assessment, including second opinions and consultation to core CAMHS and child health teams (including full investigation, diagnostic advice, and advice on management), outreach and brief intensive specialist treatment. This may include Intensive Outreach and day-Patient care for children and young people who are suffering from ASD and severe and/or complex neurodevelopmental and mental health conditions that cannot be adequately treated by core CAMHS and child health units/services.

5.8.5 Specialist Perinatal Mental health Services (inpatient mother and baby units and linked outreach teams) – services for women in pregnancy and the postpartum year, who require specialist psychiatric treatment. The service supports joint admission and thereby avoids the separation of mother and baby. They enable the treatment and recovery of the mother, whilst ensuring continuing development of the relationship with the baby and its physical and emotional wellbeing.

Our pledge for improvement in 2015

5.8.6 Inpatient care - the data for Rochdale shows that utilisation of specialist commissioned services has not been high over the last 3 years; however, we recognise that every child/young person requiring specialist Tier 4 support is a failure of the services at lower tiers and therefore it is our aim to enhance the crisis support locally and to work much more closely with NHS England to ensure that there are timely robust step down arrangements to support those children and young people who ultimately do require Tier 4 provision.

Pennine Care Foundation Trust, our CAMHS provider is undertaking a review of its Boroughwide Inreach/Outreach and Home Treatment Service. This review will aim to re-design the service model to support the intensive management of children and young people within the community and reduce the number of children needing Tier 4 inpatient care.
5.8.7 Co-commission specialist mental health services – We firmly believe that Greater Manchester Devolution provides a real opportunity for CCG’s and NHS England to work together to provide effective inpatient support for those young people who need it within the Greater Manchester footprint. We should not be admitting young people to hospitals a long way from home unless this is in response to very complex needs/circumstances. We would like to work with NHS England to develop a co-commissioning approach to inpatient services, to ensure a whole system pathway approach and ensure effective step up and step down arrangements are in place, so that we can support young people in our local community.

Our progress in 2016/17

5.8.8 Specialist care – is a programme of work that will be undertaken on a Greater Manchester footprint.

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

5.8.9 Care Quality Commission (CQC) - 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

5.8.10 Progress on the delivery of our pledges – full details of our progress in delivering the pledges made in 2015 can be found here.

Our pledge for improvement in 2017 and beyond

5.8.11 Specialist care – this programme of work will continue to be developed on a Greater Manchester footprint during 2017/18 and beyond. Collaborative commissioning plans with the Specialist Commissioning Team will aim to reduce the number of children and young people who are unnecessarily admitted to in-patient care in whatever setting, including paediatric wards, adult mental health wards and CAMHS Tier 4, as well as their length of stay and the distance from home that they are placed.

5.9 The Health and Justice Service

Where were we in 2015

5.9.1 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.

Our pledge for improvement in 2015

5.9.2 Police custody healthcare and liaison and diversion programmes - The Health and Justice team are expecting to have direct commissioning responsibility for Police Custody Healthcare and Liaison & Diversion programmes from April 2016. 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.

5.10 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.

5.10.1 Local support for children and young people who are victims of, or perpetrators of sexual violence – locally there are clear pathways in place between CAMHS, the Sunrise team (child sexual exploitation) and the Multi-Agency Screening Service (MASS). Our core CAMHS 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.

5.10.2 Local support for children and young people leaving Welfare only homes - All children and young people returning from Welfare only homes will have ‘Looked After’ 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.

5.10.3 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.

5.10.4 The Youth Offending Service - where young people are assessed as at risk of, or have perpetrated a sexual offence, AIM (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 Youth Offending Service has a dedicated nurse based in the team who will assess the health needs of children and young people. Where there is a need for specialist intervention, referrals are made to the relevant service, including CAMHS. The Youth Offending Service has a dedicated CAMHS worker designated to target young people in the criminal justice system and holds consultation sessions in the Youth Offending Service on a fortnightly basis.

**Our progress in 2016/17**
To be inserted

**Our pledge for improvement in 2017 and beyond**
To be inserted
### 6.0 Current resource and investment

#### 6.1 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></td>
<td></td>
<td>2014/15</td>
</tr>
<tr>
<td>Prevention (Tier 1)</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</td>
</tr>
<tr>
<td>Early Help and Support (Tiers 1/2)</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</td>
</tr>
<tr>
<td>Targeted Help (Tier 2)</td>
<td>Counselling and Bereavement Services.</td>
<td>£185,568</td>
</tr>
<tr>
<td>Specialist Care (Tier 3)</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</td>
</tr>
<tr>
<td>Specialist Inpatient Care/Complex Care (Tier 4)</td>
<td>Specialist inpatient care including: eating disorders; secure learning disabilities; low-secure placements; psychiatric intensive care unit; MSU; mother and baby; acute and medium/longer term admissions.</td>
<td>£369,317</td>
</tr>
</tbody>
</table>
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.

Rochdale Youth Offending Service

Specialist Unit working with young offenders in Rochdale from 10 years up to the age of 18. The unit 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.

Early Break

Young People’s Drug and Alcohol Services

£599,426

£399,619

£399,619

£379,619

Complex Care Packages

£TBC

6.2 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 staff required to meet the national agenda.

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Workforce: Therapists WTE</td>
<td>0.9</td>
<td>1.9</td>
<td>1.9</td>
<td>1</td>
<td>0.2</td>
</tr>
<tr>
<td>Workforce: Supervisors WTE</td>
<td>0.2</td>
<td>0.5</td>
<td>0.5</td>
<td>0.3</td>
<td>0.1</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.

<table>
<thead>
<tr>
<th>Service</th>
<th>2014/15</th>
<th>2015/16</th>
<th>2016/17</th>
</tr>
</thead>
<tbody>
<tr>
<td>Healthy Young Minds</td>
<td>49.2</td>
<td></td>
<td>46.60</td>
</tr>
<tr>
<td>#Thrive</td>
<td>n/a</td>
<td>n/a</td>
<td>10.00*</td>
</tr>
<tr>
<td>Hype</td>
<td>2.95</td>
<td>2.95</td>
<td>n/a</td>
</tr>
<tr>
<td>Bereavement Service</td>
<td>1.07</td>
<td>1.07</td>
<td>n/a</td>
</tr>
<tr>
<td>Community Eating Disorder Services (North East Sector)</td>
<td>n/a</td>
<td>n/a</td>
<td>6.70</td>
</tr>
</tbody>
</table>

*plus a number of volunteers

As detailed in section 5.7.17 above, we will undertake a redesign of our HYM service in 2017/18. This will include 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 be undertaken and any training needs identified as part of this process will be considered.
and implemented as appropriate. We are keen to ensure that our workforce is trained in CYP IAPT evidence based practice and we would encourage our staff in the NHS and third sector to participate in the CYP IAPT programme.

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

With other local transformation partnerships and the Greater Manchester workforce development team, we will collaborate to develop a whole system skills audit that maps onto the iTHRIVE framework. To achieve this we will utilise workforce audit and development tools developed by some partnerships, as well as using 'The Self Assessed Skills Audit Tool (SASAT)' to facilitate the whole workforce planning and not just services providing what have historically been regarded as CAMHS T2 and T3 services.

7.0 Performance

7.1 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></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>At least 35% of CYP with diagnosable MH condition treated in NHS-funded community MH service</td>
<td>28%</td>
<td>30%</td>
<td>32%</td>
<td>34%</td>
<td>35%</td>
</tr>
<tr>
<td>Additional CYP treated over 2014/15 baseline</td>
<td>94</td>
<td>157</td>
<td>220</td>
<td>282</td>
<td>314</td>
</tr>
</tbody>
</table>

7.2 #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. It should be noted that work is continuing to improve the performance and activity data and additional performance data will be included below once it is available.

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>627</td>
<td>4.5</td>
</tr>
<tr>
<td>Total</td>
<td>627</td>
<td>4.5</td>
</tr>
</tbody>
</table>

7.3 Healthy Young Minds – the tables below provides referral and waiting time information for the Healthy Young Minds service over previous the 3 financial years up to and including 2016/17.

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>
</tr>
</thead>
<tbody>
<tr>
<td>FY 2014 / 15</td>
<td>2,375</td>
<td>1,814</td>
</tr>
<tr>
<td>FY 2015 / 16</td>
<td>2,087</td>
<td>1,421</td>
</tr>
<tr>
<td>FY 2016 / 17 - (Apr to Jan)</td>
<td>1,842</td>
<td>1,198</td>
</tr>
<tr>
<td>Total</td>
<td>6,304</td>
<td>4,433</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 - (Apr to Jan)</td>
<td>1,359</td>
<td>8,888</td>
<td>10,247</td>
</tr>
<tr>
<td>Total</td>
<td>5,462</td>
<td>32,998</td>
<td>38,460</td>
</tr>
</tbody>
</table>

3) Waited Times

<table>
<thead>
<tr>
<th>Assessments</th>
<th>FY 2014 / 15</th>
<th>FY 2015 / 16</th>
<th>FY 2016 / 17 - (Apr to Jan)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assessment Within 12 Weeks</td>
<td>830</td>
<td>717</td>
<td>761</td>
</tr>
<tr>
<td>Not Assessed Within 12 Weeks</td>
<td>753</td>
<td>543</td>
<td>132</td>
</tr>
<tr>
<td>Total Seen</td>
<td>1,583</td>
<td>1,260</td>
<td>893</td>
</tr>
<tr>
<td>Percent Target 12</td>
<td>52.4%</td>
<td>56.9%</td>
<td>85.2%</td>
</tr>
<tr>
<td>Avg. Wait For First Assessment (Weeks)</td>
<td>16</td>
<td>14</td>
<td>8.6</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Treatments</th>
<th>FY 2014 / 15*</th>
<th>FY 2015 / 16*</th>
<th>FY 2016 / 17 - (Apr to Jan)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Treatment Within 18 Weeks</td>
<td>1,128</td>
<td>946</td>
<td>833</td>
</tr>
<tr>
<td>Not Treated Within 18 Weeks</td>
<td>455</td>
<td>314</td>
<td>60</td>
</tr>
<tr>
<td>Total Seen</td>
<td>1,583</td>
<td>1,260</td>
<td>893</td>
</tr>
<tr>
<td>Percent Seen</td>
<td>71.3%</td>
<td>75.1%</td>
<td>93.3%</td>
</tr>
<tr>
<td>Avg. Wait For First Treatment (Weeks)</td>
<td>16</td>
<td>14</td>
<td>8.6</td>
</tr>
</tbody>
</table>

* Please note that the 12 & 18 week waiting time targets were not in place prior to FY 2016 / 17, current logic has therefore simply been applied to previous financial years data

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 2014 / 15</td>
<td>2,138</td>
</tr>
<tr>
<td>FY 2015 / 16</td>
<td>2,153</td>
</tr>
<tr>
<td>FY 2016 / 17 - (Apr to Jan)</td>
<td>1,744</td>
</tr>
<tr>
<td>Total</td>
<td>6,035</td>
</tr>
</tbody>
</table>

7.4 Community Eating Disorder Service (CEDS) – the table below shows activity data for the period July to January 2017, following the commencement of the phased delivery of the community eating disorder service. 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>19 (17 accepted)</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>19</td>
<td></td>
</tr>
</tbody>
</table>
7.5 **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></th>
<th>2014/15 CAMHS Admissions - Greater Manchester – All NW Units</th>
<th></th>
<th>2015/16 CAMHS Admissions - Greater Manchester – All NW Units</th>
</tr>
</thead>
<tbody>
<tr>
<td>CCG</td>
<td>General</td>
<td>ED</td>
<td>PICU</td>
</tr>
<tr>
<td>Heywood, Middleton &amp; Rochdale CCG</td>
<td>5</td>
<td>315</td>
<td>1</td>
</tr>
<tr>
<td>Heywood, Middleton &amp; Rochdale CCG</td>
<td>21</td>
<td>834</td>
<td>0</td>
</tr>
</tbody>
</table>

8.0 **Local Policy and Frameworks**

8.1 **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. This will see the development of a single pooled fund for all services for children and young people (other than those commissioned by NHS England). A virtual integrated commissioning team for children and young people was established in 2014.

8.2 **Greater Manchester Health and Social Care Partnership and the Locality Plan** – Children and Young People’s mental health forms an integral part of the Greater Manchester wide Health and Social Care early implementation priorities. Devolution provides Greater Manchester with the opportunity to take advantage of its unique position and collectively respond to the challenges outlined within Future in Mind and in doing so, make a step change in the provision of services for the young people in Greater Manchester.

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

Unfortunately, the national timescales for CAMHS transformation have prohibited the opportunity to have a single CAMHS transformation plan as part of the Greater Manchester Health and Social Care Devolution. However, Greater Manchester is developing an all age Mental Health and Wellbeing Strategy that will provide an umbrella for our work on Children and Young People’s mental health and our locality Transformation Plans. Implementation of the strategy will redress the balance of services, increasing community based provision and early intervention, thereby reducing the need for higher level interventions and in turn delivering efficiencies through a reduction of high cost, intensive interventions and use of beds.

The Greater Manchester strategy will focus on:

- **Prevention** - with an understanding that improving child and parental mental health and wellbeing is key to the overall future health and wellbeing of our communities.
• **Access** – improving our ability to reach all the people who need care and to support them to access timely and evidence-based treatment.

• **Integration** - many people with mental health problems also have physical problems. These can lead to significantly poorer health outcomes and reduced quality of life. Through the strategy we will aim to achieving parity between mental health and physical illness.

• **Sustainability** - In order to effect change for the long term the strategy will build on evidence from the innovations which have proven to have impact either in Greater Manchester or elsewhere, to challenge the way we plan and invest in mental health.

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 this 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.

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

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

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

8.4 **All Age Mental Health Strategy** - The Borough published a Joint Mental Health Strategy in November 2014:

http://www.hmr.nhs.uk/attachments/article/89/MH%20%20WB%20Commissioning%20Strategy%20Final%201%20.pdf, setting out an all age approach to emotional and mental health, recognising the fundamental need to ensure that children and young people receive early help and intervention to avoid potential life time mental health concerns. The strategy and its all-age approach has also informed the development of the Rochdale borough Locality Plan and both the Mental Health and Children’s programmes, continuing to support the development of integrated and system-wide delivery of Mental Health services.

8.5 **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 been established to oversee 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 subgroup reports to the Mental Health and Wellbeing Joint Strategy Group (MHWJSG) and is chaired by the Assistant Director of MH&LD (RBC).

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:

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

8.6 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.

8.7 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 fulfill 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.

8.8 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.

8.9 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.

8.10 The Rochdale Borough Suicide Prevention Strategy – will be refreshed during 2015/16 ready for implementation in 2016/17. Work is currently being undertaken to determine the priority areas of work which will be the focus of attention locally, which include five ways to wellbeing and self-harm. The overarching priorities of the strategy have been taken from the
national suicide prevention strategy and plans will be developed to implement the key areas for action locally.

9.0 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.

9.1 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
9.2 **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>Feeling Healthy</th>
<th>Feeling Healthy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• I feel safe at home</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• I feel hopeful about the future</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• I am emotionally supported in a way that suits me</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• I have strategies to cope with physical and emotional stress</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• I feel positive about who I am / I know that I matter</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• I live the life I want</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• I am able to concentrate and think straight about things</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• I am physically active</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• I live in secure housing free from health risks</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• I am given realistic expectations</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• I have a good diet</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Involvement in meaningful, enjoyable activities</th>
<th>• I have opportunities to have fun and get involved in meaningful activities that I enjoy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• I have the confidence to get involved in activities as I would like to</td>
</tr>
<tr>
<td></td>
<td>• I have a productive outlet for my skills</td>
</tr>
<tr>
<td></td>
<td>• I can make a contribution to society</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Having positive relationships</th>
<th>• I have people around me I trust, I can talk to and who look out for me and help me to stay well</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• I am able to maintain a positive relationship with a parent/carer or other member of my family I want to see</td>
</tr>
<tr>
<td></td>
<td>• I have opportunities to connect with others</td>
</tr>
<tr>
<td></td>
<td>• I have confidence to make connections with friends and talk to new people</td>
</tr>
<tr>
<td></td>
<td>• I am not bullied by anyone</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Achieving success (e.g. in education, work)</th>
<th>• I have confidence in what I can achieve</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• I have opportunities to develop and learn things which interest me</td>
</tr>
<tr>
<td></td>
<td>• I have opportunities for making work and education fit my preferences and needs</td>
</tr>
<tr>
<td></td>
<td>• I have the confidence and support I need to build towards my future through changes in my life</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Being supported</th>
<th>• I know what to do and who to turn to when I need help</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• I have access to support that is appropriate to my age, condition and background</td>
</tr>
<tr>
<td></td>
<td>• My family/carer(s) are involved in my care as much as I would like them to be</td>
</tr>
<tr>
<td></td>
<td>• My friends and family know how to support me if I need help</td>
</tr>
<tr>
<td></td>
<td>• I have the support I need to achieve the future I want</td>
</tr>
<tr>
<td></td>
<td>• I am able to care for and support others as much as I would like to</td>
</tr>
<tr>
<td></td>
<td>• Adaptations are made at my workplace/ voluntary/ educational setting so I can live a productive life as I would like to</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Domain 2: Quality of Care</th>
<th>Being informed</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• Professionals and those around me actively involve me in learning</td>
</tr>
</tbody>
</table>
and in control

- 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

9.3 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 recent 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.
9.4 **Co-design of new service delivery models** – as well as a co-designed approach to commissioning, we also wish to ensure that this approach is extended to service delivery. We have secured funding to enable the Innovation Unit to continue its support and, following procurement, to work with the successful bidder of our newly commissioned emotional health and wellbeing service to ensure that the service delivery model is truly designed around the needs of young people and will include innovative ways of testing service delivery, for example, prototyping.

10.0 **Service Transformation – implementation plan for delivery**

The Rochdale Borough CAMHS 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 4.0 is currently being developed and will be available and published alongside this document.

10.1 **Summary of Improvements to children and young people’s mental health services**

Below is a summary of the improvements for 2017 and beyond that we have committed to undertake within this transformation plan.

<table>
<thead>
<tr>
<th>Step 1 – Thriving (community promotion and prevention)</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Continue to build community resilience through a mental health awareness training package targeted at schools, colleges and community groups</td>
</tr>
<tr>
<td>- Work with schools to develop plans to enhance the support available in schools</td>
</tr>
<tr>
<td>- Improve engagement between schools and CAMHS</td>
</tr>
<tr>
<td>- Launch the MeMotional website</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Step 2 – Resilience and coping (primary care community services and education)</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Develop a borough wide directory of services for all children and young people’s services</td>
</tr>
</tbody>
</table>

**Step 3 – Getting help (primary care, community and education in partnership with CAMHS)**

- Continue to co-design and test the #Thrive service delivery model
- Recruit the Psychological Wellbeing Practitioners (P WP s) to #Thrive as part of the national pilot
- Continue to grow and develop the children and young people’s participation group
- Evaluate the online counselling service

**Step 4 – Getting More Help (CAMHS in community led interventions)**

- Redesign the Healthy Young Minds ( HYM ) service delivery model
- Develop plans to extend the community eating disorder service up to 25 years
- Enhance local crisis support in accordance with the Greater Manchester pathway
- Enhance the pre and post diagnostic support for children and young people with ASD
- Develop and implement the integrated parent infant pathways.
- Recruit the psychological support to address the gap at the lower end of the perinatal pathway
- Improve/enhance transitional services as part of the Greater Manchester work programme
- Provide a named contact within CAMHS and Schools
- Commit to improving our CAMHS workforce through a standardised curriculum of training aimed at delivering NICE approved and evidence based therapies.
- Support the Greater Manchester work programme to develop and implement a core mental health offer for looked after children

**Step 5 – Getting Intensive Help (CAMHS hospital and hospital at home services)**

- Support the Greater Manchester work programme to collaboratively commission specialist mental health services
• 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

**Whole system improvements**

• Begin to plan and implement the Family Services Model
• Continue to co-design our services with children and young people
• Continue to develop the role of the Young Advisors
• Support our providers to maximise the benefits of IT to improve the referral and assessment process.
• Implement I-Thrive in accordance with the Greater Manchester work programme
• Support our providers to develop tools to support outcome based commissioning
• Support the national cross sector programme work
• Develop an effective innovative communication strategy for all children and young people’s services within the borough

10.2 **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 new emotional health and wellbeing service #Thrive.

<table>
<thead>
<tr>
<th>Scheme</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>
</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>
</tr>
<tr>
<td>Community Eating Disorder Service</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>
</tbody>
</table>
The Borough in terms of utilising the funds which are uncommitted in the table above. There are decisions will need to be made. The 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.

** Emotional Wellbeing Practitioner Pilot in 2017/18. The outcome of the pilot will determine ongoing funding from 2018/19.

As detailed in this plan, further work will take place early in 2017/18 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 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.

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<table>
<thead>
<tr>
<th>Scheme</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>
</tr>
</thead>
<tbody>
<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>
</tr>
<tr>
<td>Healthy Young Minds Service Delivery Redesign</td>
<td>£10,000</td>
<td>£31,921</td>
<td>£365,000*</td>
<td>£365,000*</td>
<td>£365,000*</td>
<td>£365,000*</td>
</tr>
<tr>
<td>#Thrive Service Delivery Enhancement</td>
<td>£58,000</td>
<td>£62,574**</td>
<td>£62,574**</td>
<td>£62,574**</td>
<td>£62,574**</td>
<td></td>
</tr>
<tr>
<td>Online Counselling Service</td>
<td>£14,950</td>
<td>£59,800</td>
<td>£59,860</td>
<td>£59,860</td>
<td>£59,860</td>
<td>£59,860</td>
</tr>
<tr>
<td>Building Community Resilience and Early Help</td>
<td>£175,646</td>
<td>£218,140</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Waiting list Stabilisation</td>
<td>£24,778</td>
<td>£289,062</td>
<td>£0</td>
<td>£0</td>
<td>£0</td>
<td>£0</td>
</tr>
<tr>
<td>Perinatal Mental Health</td>
<td></td>
<td></td>
<td>£22,485</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Local/Greater Manchester Crisis Care Pathway and other work programmes</td>
<td>£28,888</td>
<td>£50,000</td>
<td>£50,000</td>
<td>£50,000</td>
<td>£50,000</td>
<td>£50,000</td>
</tr>
<tr>
<td>Greater Manchester 24/7 Specialist Oncall Access</td>
<td>£11,000</td>
<td>£11,000</td>
<td>£11,000</td>
<td>£11,000</td>
<td>£11,000</td>
<td>£11,000</td>
</tr>
<tr>
<td>CYP Raid Pilot</td>
<td>£41,000</td>
<td>£41,000</td>
<td>£41,000</td>
<td>£41,000</td>
<td>£41,000</td>
<td>£41,000</td>
</tr>
<tr>
<td>CYP IAPT Training Programme</td>
<td>£5,000</td>
<td>£12,100</td>
<td>£30,932</td>
<td>£40,000</td>
<td>£40,000</td>
<td>£40,000</td>
</tr>
<tr>
<td>Total CYP MH Committed</td>
<td>£225,374</td>
<td>£690,811</td>
<td>£561,445</td>
<td>£620,366</td>
<td>£629,434</td>
<td>£629,434</td>
</tr>
<tr>
<td>Amount Uncommitted</td>
<td>£110,088</td>
<td>-£157,811</td>
<td>£65,555</td>
<td>£141,634</td>
<td>£221,566</td>
<td>£327,532</td>
</tr>
</tbody>
</table>

*Additional investment to support Healthy Young Minds Service Redesign following Rochdale Borough Council disinvestment

** Emotional Wellbeing Practitioner Pilot in 2017/18. The outcome of the pilot will determine ongoing funding from 2018/19.

---

<table>
<thead>
<tr>
<th>Scheme</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>
</tr>
</thead>
<tbody>
<tr>
<td>National CYP IAPT Training Programme</td>
<td>£10,000</td>
<td>£20,000</td>
<td>£11,233</td>
<td>£9,067</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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<table>
<thead>
<tr>
<th>Scheme</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>
</tr>
</thead>
<tbody>
<tr>
<td>National Non-recurrent allocation</td>
<td>£112,000</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Greater Manchester 24/7 Specialist Oncall Access</td>
<td>£11,000</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CYP Raid Pilot</td>
<td>£41,000</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>GM Programme Support</td>
<td>£6,000</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Building Community Resilience</td>
<td>£54,000</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total National Non-recurrent committed</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>£112,000</td>
</tr>
<tr>
<td>Amount Uncommitted</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>£0</td>
<td></td>
</tr>
</tbody>
</table>
11.0 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 7.0 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
- More robust and clearly defined pathways which limit barriers for children and young people to access a joined up care system

Across Greater Manchester work is planned to collaborate with other local transformation partnerships to develop and implement a single performance and outcomes framework. The planned Greater Manchester framework will draw from the best practice already developed by local transformation partnerships, and will be informed and shaped by the voices of children and young people (Patient reported outcome measures).

The Greater Manchester outcomes framework and dashboard will also be informed by learning from the children and young persons’ IAPT programme.

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

12.0 Supporting Transformation in Rochdale

12.1 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.

12.1.1 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.

12.1.2 Prescribing - The borough has had some interface prescribing issues between primary care, secondary care and commissioners. Through 2014 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.

12.2 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.

12.2.1 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 looked after 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 transsexual (LGBT)
• 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.

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 Looked after 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
• Children and young people originating from minority communities
• Transgender children and young people

<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>6.90%</td>
</tr>
<tr>
<td>Serious Physical Health Issues</td>
<td>3.90%</td>
</tr>
<tr>
<td>Pervasive Developmental Disorders (Autism/Aspergers)</td>
<td>40.50%</td>
</tr>
<tr>
<td>Neurological Issues</td>
<td>2.00%</td>
</tr>
<tr>
<td>Current Protection Plan</td>
<td>2.00%</td>
</tr>
<tr>
<td>Deemed Child In Need Of Social Service Input</td>
<td>0.20%</td>
</tr>
<tr>
<td>Refugee Or Asylum Seeker</td>
<td>1.20%</td>
</tr>
<tr>
<td>Experience Of War Torture Or Trafficking</td>
<td>0.90%</td>
</tr>
<tr>
<td>Experience Of Abuse Or Neglect</td>
<td>13.40%</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>

12.2.2 Black and Minority Ethnic (BME) – Rochdale and District Mind facilitate a BME forum, which feeds into the Borough Mental Health Strategy Group and there are established links between the BME Forum and the CAMHS Partnership. A children and young people’s BME task and finish group has been convened facilitated by our Core CAMHS, Rochdale and District Mind and Falinge High School, which has a high proportion of BME Students. This work highlighted that a significant number of students from a BME background were self-harming. We know that there is much work to be done locally to reach children and young
people from a BME background and facilitate their access to services. The children’s and young people’s BME task and finish group is currently exploring frontline activity to determine how children and young people from BME backgrounds can be better supported to access emotional and mental health services and we will continue to progress this work. We will also ensure that we engage children and young people and their families in the co-design of any service developments/enhancements.

12.3 **Leadership and Governance** - Our CAMHS Partnership has agreed that it will now become the CAMHS Transformation Group. It is already established as a sub-group of the Rochdale Borough Mental Health and Wellbeing Commissioning Strategy Group and has responsibility for delivering the aspects of the strategy relating to child and maternal health. The accompanying Action Plan to the Local Transformation Plan will be implemented and monitored under the direction of the CAMHS Transformation Group.

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

- Sally McIvor, Director of Integrated Health and Social Care, HMR CCG and RBC
- Gail Hopper, Director of Children’s Services, RBC

The manager with responsibility for delivery of the Plan is:

- Karen Kenton, Associate Director of Children’s Services, HMR CCG and RBC

12.3.2 **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.

12.4 **Greater Manchester Transparency and Governance**

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

The Greater Manchester Future in Mind chair will also be seconded into the Greater Manchester Strategic Clinical Network to provide commissioning subject matter expertise and to provide expert advice within the context of an “honest broker” role.

From April 2017 the membership of the Greater Manchester Future in Mind Implementation Group will include:

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

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

12.5 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 service is submitting data through the MHSDS. Arrangements are also being made for #Thrive to submit through the MHSDS and consideration is being given to develop effective mechanisms for our 3rd sector organisations to 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.

12.5.1 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 locally. 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 supported by our HYM service. HYM 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, leading to the removal of paper based systems which has freed 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 HYM 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.

12.5.2 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.

12.5.3 Greater Manchester iTHRIVE hub Along with other Greater Manchester local transformation partnerships we are committed to the continued rollout and embedding of the Thrive Model to inform this whole system approach to improving access to information, guidance, advice and high quality treatment. In 2017, the Thrive model (i-Thrive) will start being applied to the whole Greater Manchester children and young people’s system to help deliver improved access, reduced waiting times and help deliver clinical efficiencies (more people seen within the resource envelope). A partnership will be developed with the Anna Freud Centre to develop a Greater Manchester I-THRIVE Hub (hosted by the Greater Manchester Strategic Clinical Network) that will provide additional capacity to lead a whole system approach to transforming services for children and young people. Further details of the I-Thrive framework can be found at: http://www.annafreud.org/service-improvement/service-improvement-resources/thrive/.
12.6 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 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. As part of a wider system plan for children and young people’s services, we intend to develop a single information sharing/communication platform. It is envisaged that this platform will be child friendly and, interactive, and used by professionals, services, children and young people and their families as a single place where they can obtain support and information about all children’s services, planned events and campaigns. 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.

12.7 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.

12.8 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 the recommendations of a report prepared by Youth Access that was commissioned by Greater Manchester’s Strategic Clinical Network. Across Greater Manchester a Future in Mind reference group for children and young people will be established. It is also intended to work with parents and carers to develop a Greater Manchester parent/carer reference group to ensure that they become effective stakeholders in helping shape the development, review and delivery of services for children and young people.

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. We will therefore 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 11.4. Current feedback mechanism within our core CAMHS service 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 CAMHS 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 Listen Up 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.

13.0 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.

14.0 Appendices

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

14.1 Assessment of Need

15.0 Glossary of Terms

Term: Meaning:
Vulnerable In need of special care, support or protection because of age, disability or risk of abuse or neglect.
Transition 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 provision or step down into universal services. Equally children can 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.

16.0 Signatures
<table>
<thead>
<tr>
<th>Name:</th>
<th>Councillor Janet Emsley</th>
</tr>
</thead>
<tbody>
<tr>
<td>Signature:</td>
<td></td>
</tr>
<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>
</tr>
<tr>
<td>Date:</td>
<td></td>
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</tbody>
</table>

| Name:                  | Dr Chris Duffy                                                                          |
| Signature:             |                                                                                         |
| Position:             | Deputy Chair, Rochdale Health and Wellbeing Board                                        |
| On Behalf of:         | Rochdale Health and Wellbeing Board                                                     |
| Date:                 |                                                                                         |

| Name:                  | Sally McIvor                                                                             |
| Signature:             |                                                                                         |
| Position:             | Director of Integrated Health and Social Care                                            |
| On Behalf of:         | Rochdale Borough Council / NHS Heywood, Middleton and Rochdale CCG                     |
| Date:                 |                                                                                         |

| Name:                  | Gail Hopper                                                                              |
| Signature:             |                                                                                         |
| Position:             | Director of Children’s Services                                                         |
| On Behalf of:         | Rochdale Borough Council                                                                 |
| Date:                 |                                                                                         |

| Name:                  | Steve Hamer                                                                              |
| Signature:             |                                                                                         |
| Position:             | Deputy Mental Health, POC and High Secure Lead                                           |
| On Behalf of:         | North of England Specialised Care Team (North West Hub)                                  |
| Date:                 |                                                                                         |

| Name:                  | Kate Jones                                                                               |
| Signature:             |                                                                                         |
| Position:             | Chief Executive Officer                                                                  |
| On Behalf of:         | Healthwatch Rochdale                                                                     |
| Date:                 |                                                                                         |
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.

<table>
<thead>
<tr>
<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>
</tr>
<tr>
<td>Boys</td>
<td>935</td>
<td>1,100</td>
</tr>
<tr>
<td>Children</td>
<td>1,390</td>
<td>1,915</td>
</tr>
</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 5-10</th>
<th>Age 11-16</th>
</tr>
</thead>
<tbody>
<tr>
<td>Girls</td>
<td>260</td>
</tr>
<tr>
<td>Boys</td>
<td>650</td>
</tr>
<tr>
<td>Children</td>
<td>905</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.