NHS
Tameside and Glossop
Clinical Commissioning Group

Tameside
Metropolitan Borough

Children and Young People's Emotional Wellbeing and Mental Health
Local Transformation Plan Update

1. BACKGROUND

1.1. Future in Mind was published in March 2015, setting out a series of proposals to implement whole system transformation leading to improved outcomes for children and young people with mental health problems. The report emphasised the need for joined up provision and commissioning. These proposals were endorsed by the Five Year Forward View for Mental Health published earlier this year (February 2016).

1.2. NHS England (NHSE) agreed that access to the new funds for children and young people's mental health announced in the Autumn Statement 2014 and Spring Budget 2015 would follow the development of Local Transformation Plans (LTPs) that were required to describe how the national ambition could be translated and delivered locally.

1.3. LTPs for Children and Young People's Mental Health and Wellbeing, led by Clinical Commissioning Groups (CCGs) require active engagement with all stakeholders, need to be transparent and are publicly available. The plans included detail how local areas are using the new resources given to CCGs to deliver extra capacity and capability.

1.4. The Tameside and Glossop LTP was finalised in October 2015 and assured at the end of 2015/16 through NHSE bespoke process, with a view to align in 16/17 with mainstream CCG planning and assurances cycles. However, the Government and national public interest surrounding children and young people's Mental Health ensures that robust assurance and auditing remains in place; with additional scrutiny from Greater Manchester Health and Social Care Partnership.

2. INTRODUCTION

2.1. The LTPs are 'living' documents that need to be refreshed as required and delivered through action plans for the 5 year life span of the programme. In support of this at the start of 2016 CCGs were advised of rising baseline funding for the next five years for implementing Future in Mind and the Five Year Forward View for Mental Health; providing the assurance and confidence for commissioning of increased resources to improve capacity and capability of LTPs.

2.2. Our LTP has been in place for a year and it is required to be refreshed to reflect local progress and further ambitions at the end of 2016. The refresh of the LTPs is seen by NSHE as the evidence that progress is being made, that the funding is being spent as intended and will provide evidence on how services are being transformed. At the same time LTPs should be seen as part of the Sustainability and Transformation Plans (STPs).

2.3. A national review by Education Policy Institute's Mental Health Commission of all LTPs notes that although our plan was assured there were areas for improvement in relation to Transparency, Governance, Involving Children and Young People (CYP) and Ambition. In providing the following update on our LTP these areas have been addressed.

3. TRANSPARENCY AND GOVERNANCE

3.1. The Tameside and Glossop LTP 2015-2020, established key baseline information and needs utilising a variety of data (provided by numerous key sources, including Tameside Public Health, Providers and the National Child and Maternal Intelligence Network (ChiMat). Our

Workforce development plans have delivered a training ladder for children and young people practitioners, regardless of the setting or employer, which is hosted by Tameside Safeguarding Children Board (LSCB). All information from the base line LTP been updated this year where available including workforce establishment, activity and stakeholder feedback. The LTP update and refresh outlines the progress to date along with further challenges and next set of priorities for the current system. In our approach access and waiting times, cross system outcomes measures and inpatient provision from Specialist Commissioners (NSHE) have been analysed. Our approach remains situated within a triangulated methodology applying activity data, outcome findings and needs analysis underpinned by stakeholder feedback. This approach continues to shape our priorities that remain aligned to the government report 'Future in Mind' and the Five Year Forward View for Mental Health.

3.2. To implement our LTP, Tameside and Glossop established a formal management structure with a Transformation Programme Board (CYP EWB MH Board), which meets bi monthly. The board is made up of senior managers across Commissioning, NHS health providers, Third sectors providers, Action Together, Schools setting, Tameside Metropolitan Borough Council Children's Social Care, Tameside Youth Offending to name a few. The work of the board in delivering the LTP is driven by subgroups that have been created and align with the quadrants and domains of the new model of care - Thrive (Getting Advice, Getting Help, Getting More Help and Getting Risk Support). Governance documentation including terms of reference, risk register, highlight reporting templates, subgroup leads and subgroup priorities are in place. Each subgroup has agreed to a number of overall high level objectives and key tasks within an agreed action plan with timelines (Gantt Charts), which are overseen by the board to manage interdependencies and to ensure that the focus remains on making a real difference for children and young people across Tameside and Glossop.

3.3. Transparency and governance surrounding the refresh of our LTP has been strengthened within the developing alignment of the Greater Manchester (GM) Mental Health Strategy. Tameside and Glossop CCG chair the GM Future in Minds Delivery group, a consortium of all 12 GM CCGs/10 Local Authorities with representation from the Strategic Clinical Network, NHSE Specialised Commissioning and Public Health.

3.4. Greater Manchester is now working towards a whole system approach to the delivery of mental health and well-being services that support the holistic needs of the individual and their families, living in their communities. This will bring together and draw on all parts of the public sector, focus on community, early intervention and the development of resilience. In this context, it is worth noting that six of the thirty two strategic initiatives identified with the GM Mental Health Strategy relate to children and young people. Mental Health has also been identified as a key priority area within the review of Children's Services currently underway across GM.

3.5. Tameside and Glossop, in meeting the challenges of these times and those ahead has moved to a Single Commission Board (SCB), integrating TMBC Local authority Commissioning, TMBC Public Health and Tameside and Glossop Clinical Commissioning Group. The LTP will receive executive oversight from multiple perspectives at a locality level through SCB and the Tameside Health and Wellbeing Board as well as at a Greater Manchester Health and Social Care Partnership level.

4. INVOLVEMENT OF CHILDREN AND YOUNG PEOPLE

4.1. Tameside and Glossop has – and will continue to - undertake a variety of engagement activities with CYP to inform the development of its LTP. A full chapter of our LTP is dedicated to the Voice of the Child and provides full details of all engagement activity. Following on and building on the initial CYP review of our Emotional Health and Well-being services carried out in 2015 we are developing working relations with Tameside Youth

Council / Youth Fora. In this, CYP have reviewed and developed all priorities going forward; establishing a set of priorities from the voice of the child.

4.2. The voices of local children and young people have provided a set of quality standards, which are seen as the right of any child or young person who maybe experiencing emotional wellbeing and/or mental health issues. The 'I' statements as they have become to be known, are now embedded in children and young people's Emotional Well-being and Mental Health services specification KPIs and grant agreements across the system.

Figure 1: The Voice of the Child I statements

The Voice of the Child	
1.	I should be listened to, given time to tell my story and feel like what I say matters.
2.	I want my situation to be treated sensitively and I should be respected and not feel judged.
3.	I want the professionals that I come into contact with to be kind and understanding and realise that I need to trust them if they are going to help me.
4.	I should always be made to feel safe and supported so that I can express myself in a safe environment.
5.	I should be treated equally and as an individual and be able to shape my own goals with my worker.
6.	I want my friends, family and those close to me to understand the issues so that we can support each other.
7.	I want clear and up to date detailed information about the services that I can access.
8.	I want to get the right type of help, when things first start to be a problem, at the right time in the right place and without having to wait until things get worse.
9.	I want to feel that services are shaped around my needs and not the other way round, but I also want to know that I am not alone in how I am feeling.
10.	I want my support to feel consistent and easy to find my way around, especially if I need to see different people and services.

4.3. More widely, our commissioned services have now embedded and utilised the Experience of Service Questionnaire (ESQ) as one of the core Routine Outcomes Measures (ROM) that evaluates CYP and their carer's satisfaction with services. The findings of this are being used to improve services and delivery. The ESQ comes in three versions: the parent/carer, the child version for children aged 9-11, and the young person version for children aged 12-18. The application of this ROM has been embedded within the cross system – and CAMHS – outcome framework.

5. LEVEL OF AMBITION

5.1. As detailed above, our LTP has been structured in line with the five priority areas set out in Future in Minds and the Forward View for Mental Health. By 2020/21, there is an expectation of significant expansion in access to high-quality mental health care for children and young people. At least 70,000 additional children and young people each year nationally will receive evidence-based treatment – representing an increase in access to NHS-funded

community services to meet the needs of at least 35% of those with diagnosable mental health conditions.

5.2. Our ambition is for a children and young people's emotional wellbeing and mental health system that is truly personalised, joined up, supports all children and young people to stay well and provides the very best support and care when and where they need it. For children, young people and those who care for them, this means we will put them at the heart of all what we do to ensure better outcomes and experiences that meet their needs.

5.3. We are working collectively to create an integrated system where every child and young person in Tameside and Glossop receives the best, consistent, care and support; delivered as locally as possible - in our communities - with services designed in a joined up way so that they are seamless. This has – and still - requires us to establish a comprehensive system wide approach to providing support and care and an array of new and/or refreshed seamless pathways.

5.4. Our ambition requires the following aims to be achieved/embedded:

- To improve access and partnership working to bring about an integrated whole system approach to promoting emotional well-being and resilience and meeting the emotional wellbeing and mental health needs of children and young people.
- To ensure children, young people and families have:
  - Access to timely and appropriate information and support from pregnancy to adulthood;
  - Clearly signposted routes to support, including specialist CAMHS;
  - An 'open door' into a system of joined up support that holds a 'no wrong door' approach, which is easy to navigate;
  - Clear understanding of the service(s) offer (what support should be received and what the expected outcomes are);
  - Timely access to this support that is as close to home as possible.

5.5. We have learnt that our aims to improve access and partnership working through an integrated whole system approach to meeting the emotional and mental health needs of children and young people hold a number of inherent challenges. We know that delivering better coordinated care and support centred on the child or young person's needs is challenging and there are barriers at multiple levels. As such, to maximise success we are aligning and driving changes at Greater Manchester Level through processes noted earlier.

5.6. This is a five year programme of change and our successes to date should be viewed as the start of a longer planning process with subsequent year on year updated action plans to follow; ensuring a phased approach that addresses not just system changes, but also develops the culture for sustainability and learning.

5.7. Our LTP is extremely ambitious both in its desire to effectively implement the recommendations set out in Future in Mind but also changes the model of care for CAMHS to the Thrive model (**See Appendix A**), fully incorporating universal, community and voluntary sector provision, and also the pace and volume of supporting activity required to make this happen. Our plan includes a mix of redesign, underpinned by the transformational restructure of our specialist Healthy Young Minds (CAMHS) service, and additional investment to increase capacity in specific pathways and services such as Eating Disorders and Neurodevelopmental conditions (ADHD and ASC). Details of all investment areas are provided in the finance section.

5.8. While last year's nationally mandated priority was for the design, development and delivery of extended specialist Eating Disorder Teams for children and young people (which we have delivered), this year's focus is on ensuring 'Better Crisis Care support'.

6. WHERE ARE WE NOW (NOVEMBER 2016 UPDATE)

6.1. Utilising its local transformation funding, Tameside and Glossop has invested in new early intervention and prevention services as well as expanding capacity within its CAMHS (renamed and branded Healthy Young Minds) service to ensure that CYP receive the right level of support in a timely manner; aid recovery and prevent escalation to specialist services. Our specialist CAMHS workforce has been uplifted from 23.7 FTE in 2014/15 to 32.5 FTE in 2016/17 (a 37% increase on base line year). Both public and third sector services have been uplifted, providing accessible services in meeting need – an array of new pathways have been developed and implemented for children and young people with mild and moderate mental health issues.

6.2. The LTP has helped to deliver an increase in the number of CYP receiving high quality treatment. In 2014-15 (baseline) there were 2045 referrals to CAMHS of which 1,184 were accepted. In 2015/16 those referrals accepted by the service had increased to 1,438 – an increase of over 21% more CYP accessing treatment. Indications for 2016/17 suggest this trend will continue. Although evidence shows more CYP are now accessing treatment, the reduction in waiting times previously gained, is under threat by the increased numbers accessing treatment. As of the 31.10.2016 only 72.3 % of CYP were seen within the 12 weeks and 97.9% seen within 18 weeks. Reducing waiting times remains a LTP key priority for 2017 and beyond.

6.3. Tameside and Glossop hold a comprehensive service directory which is updated and maintained by the Getting Help (Coping) Work stream. This includes a wide variety of community and voluntary sector providers who are vital to the delivery of a comprehensive CYP mental health system offer. A mapping exercise of all mental health provision available across Tameside and Glossop has been undertaken and will be shared with GPs so that they are able to effectively signpost CYP to the most appropriate service. At a GM level work is to be undertaken during 2017/18 to identify mental health leads within GP practices that are trained in mental health and well-being.

6.4. We have also invested in the development of a local training ladder and a programme of e-learning and face to face training informed by an initial workforce competency audit. The training ladder will be hosted by Tameside Safeguarding Children's Board from April 2017, where it will have a cross cutting impact on all organisation's and services working with CYP.

6.5. Healthy Young Minds (CAMHS) has been working to improve the support available between referral and first appointment through the development of a waiting times initiative, which includes embedding Third sector providers within the core offer. In addition a new, user friendly, interactive and informative website has been launched. Work on the website has included reviewing and including a range of applications for young people, self-help information and links to social media such as Twitter. This work has been completed and the new website (http://healthyyoungmindspennine.nhs.uk/) went live in June 2016. The website now has a range of quality assured self-help information, links to local and national resources NHS applications approved by young people.

6.6. Tameside and Glossop was selected in 2016 as a national pilot site by Department for Education and NHSE to test the named CAMHS school link scheme expressed in Future in Minds. Early evidence shows a shift in referrals to CAMHS, with GP referrals reducing and schools direct referrals increasing and the overall number of inappropriate referrals declining. There is still further work to be undertaken with schools to incorporate self-care for non-service users as part of a whole school approach to mental health – and expanding the CAMHS school link to more schools.

6.7. The transformational restructure of our specialist CAMHS service renamed and branded Healthy Young Minds incorporates dedicated resource for School Liaison, Looked after Children (LAC), Neurodevelopmental conditions and those children and young people

involved in the criminal justice system. In addition there has been the creation a new Community Eating Disorders service that went live on 4 July 2016. As such a large focus of the LTP has been the identification and support of CYP "at risk" of mental health problems and increasing access to CYP Mental health services.

6.8. The new innovative Community Eating Disorders Service (CEDS) launched in Tameside and Glossop is being rolled out in a phased approach with the next phases being key deliverables in 2017/18.

6.9. The CEDS provides dedicated care and support to children and young people (up to their 18th birthday) with an eating disorder. It also offers advice and support to families and carers. The service accepts new referrals for young people aged 16 to 18 years. New referrals for young people under 16 years must be directed to the existing core CAMHS (Healthy Young Minds Service), in the usual way.

6.10. The CEDS is also being delivered and jointly commissioned by Stockport, Trafford, Oldham, Heywood, Middleton and Rochdale (HMR) and Bury. It is commissioned by the clinical commissioning group in each borough. Rather than being a standalone service, the CEDS is part of the core community-based CAMHS Healthy Young Minds Service in each borough. The new service is delivered by two teams with dedicated venues:

- South Team: covering Tameside and Glossop, Stockport and Trafford
- North Team: covering Bury, HMR and Oldham

6.11. Through the LTP and the work of the board and subgroups the early priorities that were established have been delivered or initiated (***see Appendix B*** *for the initial early LTP 2015-2017 Priorities*). The following provides high level highlights on the developments under the LTP that have been achieved:

- Reviewed access pathways for specialist CAMHS that has led to developing new Mood Disorder, Vulnerable Groups and Conduct Disorder pathways and ways of working;
- Implemented Tameside and Glossop Procedure in relation to Safe Harm (http://greatermanchesterscb.proceduresonline.com/pdfs/tameside_self_harm.pdf), for all practitioners working with CYP hosted by Greater Manchester's Safeguarding Partnership;
- Worked with NHSE and the Department for Education to pilot and test the CAMHS school link model - providing training programme within 14 schools and ensuring a named CAMHS practitioner for each of the school that has a mental health lead (champion) within its setting;
- Implemented a CYP mental health outcomes framework that has been developed and agreed with the voice of the child ;
- Implemented and developing a cross system outcome reporting framework that enables national benchmarking with other services;
- Placed accessible expert knowledge of children and young people's mental health across the system; particularly placing them where children and young people are deemed most vulnerable (LAC, Youth Offending);
- Ensured that all GPs have a named CAMHS Consultant to improve communication and access between Primary Care and CAMHS;
- Placed the third sector within the management and delivery of the NHS CAMHS service to enable a joined up offer between statutory and voluntary services;
- Strengthened the Third Sector offer for CYP emotional wellbeing and mental health;
- Delivered a new Integrated Parent Infant Mental Health Pathway in line with recent developments including NICE Guidance on Ante and Postnatal Mental Health;
- Established a pathway for families with high needs, such as those within the child protection system and care leavers;

- Delivered a Neurodevelopmental Umbrella pathway for children and young people where there are queries or concerns about difficulties in the following areas: Attention, concentration, impulsivity and hyperactivity (ADHD and ASC).
- Developed and implemented a CYP mental health workforce training ladder for all practitioners working with CYP, and
- Established a new Community Eating Disorder service that meets new waiting time standards that treatment should start within a maximum of 4 weeks from first contact with a designated healthcare professional for routine cases and within 1 week for urgent cases.

7. 2017 PRIORITIES AND BEYOND

7.1. The NHS Operational Planning and Contracting Guidance 2017-2019 has set out three national mandates for CCGs:

- To increase access to high quality mental health services for an additional 70,000 children and young people per year. As such local transformation plans need to deliver expanding access to CYP services by 7% in real terms in each of 2017/18 and 2018/19 (to meet 32% of local need in 2018/19).
- To deliver community eating disorder teams for children and young people to meet access and waiting time standards.
- To increase access to evidence-based specialist perinatal mental health care.

7.2. Going forward we ae committed to the continued rollout and embedding of the Thrive Model for CAMHS across a whole system approach to improving access to information, guidance, advice and high quality treatment. In 2017, the Thrive model (i-Thrive) is to be applied to the whole of GM to help deliver improved access and reduced waiting times and help deliver the need efficiencies (more people seen within the resource envelope).

7.3. Our learning in Tameside and Glossop as an early adopter of the Thrive model will be shared with GM. In return, the application of Thrive on the large GM population conurbation will help to tackle and support the system wide changes (governance, accountability and information) required to deliver the fidelity of the model and deliver/optimise service and pathway structures.

7.4. In addition to our commitment to the new model of care a multitude of priorities have been developed to be taken forward in 2017 (*for further details* ***see Appendix C***).

7.5. As part the mandate to increase access to high quality mental health services for CYP CCG are required to commission 24/7 urgent and emergency mental health services that can effectively meet the needs of diverse communities, and ensure submission of data for the baseline audit in 2017.

7.6. ***Crisis Care:*** One of the pillars (strategic golden threads) in the GM Mental Health and Wellbeing Strategy is to improve access, which is responsive and holds clear arrangements that connect people to the support they need at the right time. Under this, an early priority has been established to introduce access to 24:7 Mental Health provision and 7 Day Community Provision for CYP. To deliver this priority, a whole system approach is required that includes bringing together commissioning, simplifies the provider system, includes involvement from the independent and third sector and holds children and young people and those who care for them at the heart of change.

7.7. In addition to the GM strategy the national Five Year Forward View for Mental Health (2016) sets out a number of priorities for change over the next five years, including: Supporting people experiencing a mental health crisis – by 2020/21 expand crisis resolution and home

treatment teams to ensure 24:7 community-based mental health crisis responses are available.

7.8. Across GM it is acknowledged there is a lack of community out of hours, 24:7 crisis care services for children and young people. As such the CCG should align and support the GM aim to stabilise 24:7 specialist CAMHS on call and that by January 2018 we will have developed and implemented a 24/7 crisis care support pathway for children and young people providing easy access to services that are responsive and provide appropriate help across all of GM.

7.9. The aim of this transformational change is to reduce duplication and make more efficient use of available resources to achieve better outcomes including a vision for integrated leadership, commissioning and delivery. There is a real opportunity to use the collective intelligence, experience and resources across GM to develop a crisis care pathway for children and young people that is innovative, accessible and effective supported by extended community provision across 7 days to provide wraparound crisis prevention help.

7.10. To deliver our aim GM-wide integrated mental health crisis prevention, assessment and support pathways for CYP which are available 7 days per week are being developed.

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

7.12. The next stage is to co-produce and articulate a multi-agency and single system response that maps onto the Thrive model for CAMHS; developing an emotional well-being and mental health service for children, young people and those who care for them that is supported by locality wraparound services and provision that seeks to prevent a journey of escalation and/or increasing severity and complexity. The key principles of the emerging pathway are described below:

- *GETTING ADVICE (COPING*) - Prevention services across localities that are available 7 days a week through accessible range of mediums and in a range of settings;
- *GETTING HELP* - Early Intervention and improved and timely access to support for a young person in distress. Aimed at reducing risk and enhancing early interventions. This evidence based approach will be underpinned by enhanced training and support for multi-agency teams who may be first responders or who are already engaged with the young person;
- *GETTING MORE HELP* - Follow up and prevention of future crises through effective multi agency care planning, improved access to evidence informed interventions and increased delivery of help in community settings including a young person's home;
- *GETTING RISK (INTENSIVE) SUPPORT* – A flexible crisis response with access to risk assessment, advice and support 24:7 from a confident and well trained multi agency workforce with access to appropriate hospital and community based places of safety and/or intensive home treatment teams who can support young people in crisis in their own homes.

7.13. As part of the finance plan outlined in Section 8 there is a need for the CCG/SCB to invest and support the GM Crisis Care approach in order to improve health outcomes for young people across our locality and GM, which seeks to reduce the requirement for acute and long term care.

7.14. The GM offer will be underpinned by current best practice providing a range of options for young people in crisis, meeting their immediate needs effectively. It will reduce the use of

A&E as a first response to crises and reduce the use of paediatric wards while awaiting assessment.

7.15. ***Eating Disorders***: Following the successful launch and implementation of the CEDS, 2017 sees the continued development through phased incremental expansion.

7.16. During phase two the CEDS plans are to:

- Continue to provide urgent home-based treatment for young people aged under 16 years. This includes interventions such as meal time support.
- Begin to offer enhanced planned home-based treatment for young people aged under 16 years.
- Begin to deliver support sessions and workshops to young people aged 14 years and above – along with their families and carers, where appropriate. This will focus on topics such as body image, self-esteem, parental support, mindfulness and relaxation.
- Offer bespoke training to those who work with or care for young people. This will be done in partnership with national eating disorder charity B-eat.
- Establish an eating disorders champion in each borough's core Healthy Young Minds (HYM) Service. This will enable the HYM and CEDS staff to better work together to support the different needs of young people.
- Continue to develop a central hub for the north team and the south team (see 6.10 above for boroughs covered by each team). The hubs will offer drop-in support sessions, as well as appointments. A number of 'spoke clinics' will also be offered across each borough - throughout Tameside and Glossop.
- Offer seven day triage of new referrals for 16 to 18 year olds.
- Launch the new hubs for the north and south teams (it is hoped that the south hub covering Tameside and Glossop that is located in Stockport will be open January 2017).
- Further develop close working arrangements with a range of support services from the third sector in each borough and further afield

7.17. ***Perinatal Mental Health Care:*** it is clear that parental mental health prenatally, postnatally and throughout childhood also has a significant impact on a child's outcomes, wellbeing and mental health. An estimated one-third to two-thirds of children whose parents have mental health problems will experience difficulties themselves.

7.18. Parental mental health is also a significant factor for children entering the care system. Childcare social workers estimate that 50–90% of parents on their caseload have mental health problems, alcohol or substance misuse issues.

7.19. The argument for intervening early and maximising the impact of change in the first 1001 days of a baby's life is a compelling one in light of the significant impact mental health needs have on parents, their children and the wider health and social care economy. Pathways need to be joined up from Perinatal through and into early years (0-5 yrs). The highly acclaimed Tameside and Glossop Early Attachment Service (EAS) is recognised across GM in providing the community 'blue print' for services that is evidence based.

7.20. Through the LTP the Parent Infant Mental Health pathway has been reviewed in line with recent developments including NICE Guidance on Ante and Postnatal Mental Health and remodel and mapped to Thrive. The service continues to develop through the LTP with the new Vulnerable Families post, which represents a new formal partnership between EAS and Children's Social Care.

7.21. The Vulnerable Families post focuses on Care Leavers (CLs) as parents or potential parents. The new partnership and the work of the post aims to offer various ports of entry to engage and support CLs and also manage risk differently, to prevent a 'revolving door' so that Child Protection is not the only response. The initiative involves a combination of (a) offering all

CLs relationship focussed workshops (New Beginnings), (b) specialist inter-agency staff training, and (c) targeted therapeutic support where appropriate. The formal partnership enables sharing expertise and knowledge, to enable to better meet the needs of CLs and improve their future opportunities in life.

8. 2017-2020 FINANCE PLAN

8.1. The assurance of the LTP has ensured additional money for the CCG to support delivery and redesign of children and young people's mental health provision. The refresh of the LTPs – and its publication - is seen by NSHE as the evidence that progress is being made, that the funding is being spent as intended and will provide evidence on how services are being transformed.

8.2. The table below outlines the NHSE funding received by the CCG to assist in the delivery of the LTP and the recommend programme to take forward till 2020.

Table 1: LTP Funding and Recommend Allocation

T&G LTP Funding	**2017/18**	**2018/19**	**2019/20**
NHS Tameside and Glossop CCG LTP Income			
Community Eating Disorders (CED)	141,000		
Local Transformation Funding	559,194		
Total LTP Income	700,194	700,194	700,194
Potential Expenditure			
Core Programme:			
Community Eating Disorders (PCFT)	141,000		
Perinatal Care (Therapeutic Social Worker 1 FTE - EAS / PCFT)	40,000		
Improving Access (Waiting Times Initiative & Vulnerable Groups - 42nd St)	49,500		
Neurodevelopment Umbrella Clinics (Paeds Consultant Clinics - TGICFT)	27,000		
Neurodevelopment Nurse Specialist (AfC B7 Neuro Nurse Specialist - PCFT)	51,575	Continuation of 2017/18 scheme till 31.03.2020	
Neurodevelopment Umbrella Coordinator (AfC B4 - PCFT)	*27,175*		
LAC Psychology (AfC B8a Psychologist - PCFT)	60,237		
LAC MH Post (AfC B6 PCFT)	43,772		
YOS Forensic & Transition (AfC B7 RMN - PCFT)	51,575		
HYM (CAMHS) Neighbourhood Link Post X FTE 3 (inc School Link & Training PCFT)	131,316		
Schools CAMHS Link Project Management (Thomas Ashton Schl)	3,393		
CYP/Service User For a (Action Together)	3,000		
Thrive Navigator (Partnership and Training post tbc Third Sector)	14,500		
GM CAMHS Programmes (GM i-Thrive, Crisis Care, 24/7 on call)	51,000		
Total Expenditure	**700,194**	**700,194**	**700,194**
Balance	**0**	**0**	**0**

8.3. NHSE recognising the pressures which are faced by localities in transforming their services, have reviewed and reprioritised spending on nationally-led programmes and identified an

additional £25 million which is being made available for CCGs in 2016/17. This further funding is in addition to the already allocated monies to CCGs for children and young people's mental health in 2016/17 – outlined above. It brings forward the expected uplift in baseline funding to meet the published level of new monies in 2017/18 (£170 million) one year early, whilst also providing additional non-recurrent funding to support transformation this year.

8.4. As with all allocations of new money, it is critical that CCGs are able to demonstrate the impact of this investment. It is expected that these funds will support CCGs to accelerate their plans and undertake additional activities this year to drive down average waiting times for treatment, and reduce both backlogs of children and young people on waiting lists and length of stay for those in inpatient care. In order to secure release of the full additional funding, CCGs will be asked to provide details of how they intend to improve average waiting times for treatment by March 2017. It is also expected that this funding will:

- Support CCGs to continue to invest in training existing staff through the CYP IAPT training programme, including sending new staff through the training courses; and
- Accelerate plans to pump-prime crisis, liaison and home treatment interventions suitable for under 18s, with the goal of minimising inappropriate admissions to in-patient, paediatric or adult mental health wards.

8.5. CCGs are free to pool this funding across a wider geography – such as Great Manchester or a cluster of CCGs - to support activity linked to local transformation plans for CYP mental health (LTPs). Table 2 below outlines the additional non-recurrent funding being received in year 2016/17 in two tranches (end of October 2016 and January 2017) and its recommend allocation.

Table 2: LTP Additional Non-Recurrent in-Year (2016/17) Funding & Recommend Allocation

T&G Additional Non Recurrent Funding	**2016/17**
NHS Tameside & Glossop CCG additional non recurrent LTP Income	
First Tranche October 2016	
Second Tranche January 2017	
Total Non-Recurrent Income	117,000
Potential Expenditure	
Non Recurrent Programme:	
T&G Local Waiting Times Initiatives	21,000
T&G CYP IAPT	22,500
GM 24/7 specialist CAMHS on-call access (£10.2k per 100,000 pop)	16,000
GM Pump Priming of GM Crisis Care and GM i-Thrive	32,000
GM CYP RAID (6 month pilot)	19,500
GM CAMHS Future In Minds Programme Support	6,000
Total Expenditure	**117,000**

9. IDENTIFIED RISK

9.1. During our year of implementing the LTP the following risks have emerged that need to be continually monitored and mitigated.

- The funding allocation of the LTP beyond 2016/17 will no longer be ring fenced to CYP mental health within the CCG's baseline budget;

- Ongoing capacity to enable transformation and service restructure within our specialist Healthy Young Minds (CAMHS) service and ongoing issues with the provision and accuracy of data, whilst we await the roll out of the new patient record system;
- Ongoing capacity of CCG/SCB officers to drive system wide transformation. These risks will be mitigated through GM shared approaches;
- Delays to service implementation due to recruitment difficulties from a limited pool of qualified practitioners;
- Delay in establishing training and engagement for multi-agency practitioners;
- Autonomous commissioning across schools and other agencies not aligning with system model.
- Scale and pace of changes brings challenges in relation to how all partners are kept informed and aware of developments and new pathways.

10. CONCLUSION

10.1. The substantial work undertaken within the LTP is building strong foundations for the next phase of work and transformation. Mental Health is everyone business and as such it falls beyond the resources of a single provider to effectively meet the emotional wellbeing and mental health needs of CYP in Tameside and Glossop. Clearly if we are to improve and sustain access to services then this requires more than additional funds alone but rather a new, whole-system approach that includes the active participation of all partners and key stakeholders. We need to promote and deliver a view that Health Young Minds (CAMHS) should be seen as part of a wider network of services providing a range of support for emotional and mental health needs, which includes General Practitioners, School Nursing, Health Visiting, Youth Offending and third sector provision (to name a few) that is sited and accessible within our neighbourhoods.

10.2. Our aims to improve access and partnership working to bring about a whole system approach to meeting the emotional and mental health needs of children and young people may seem simple, but holds a number inherent challenges. As such our investment and energy should be supported and aligned with Greater Manchester Health and Social Care Partnership (GM devolution, GM Mental Health Strategy, GM Children's Review and GM i-Thrive) to maximise success and assist in mitigating any barriers.

10.3. Finally, it is imperative that the Single Commission function remains committed to delivering the LTP and the recommendations set out in Future in Minds and the implementation of Five Year Forward View for Mental Health and Parity of Esteem.