

***HEALTH SCRUTINY
Overview & Scrutiny Committee
Agenda***

Date Tuesday 2 July 2019

Time 6.00 pm

Venue Lees Suite, Civic Centre, Oldham, West Street, Oldham, OL1 1NL

- Notes
1. DECLARATIONS OF INTEREST- If a Member requires advice on any item involving a possible declaration of interest which could affect his/her ability to speak and/or vote he/she is advised to contact Paul Entwistle or Mark Hardman at least 24 hours in advance of the meeting.
 2. CONTACT OFFICER for this agenda is Mark Hardman Tel. 0161 770 5151 or email mark.hardman@oldham.gov.uk
 3. PUBLIC QUESTIONS - Any Member of the public wishing to ask a question at the above meeting can do so only if a written copy of the question is submitted to the contact officer by 12 noon on Thursday, 27 June 2019.
 4. FILMING - The Council, members of the public and the press may record / film / photograph or broadcast this meeting when the public and the press are not lawfully excluded. Any member of the public who attends a meeting and objects to being filmed should advise the Constitutional Services Officer who will instruct that they are not included in the filming.

Please note that anyone using recording equipment both audio and visual will not be permitted to leave the equipment in the room where a private meeting is held.

Recording and reporting the Council's meetings is subject to the law including the law of defamation, the Human Rights Act, the Data Protection Act and the law on public order offences.

MEMBERSHIP OF THE HEALTH SCRUTINY

Councillors Toor, McLaren, Alyas, Byrne, Davis, Hamblett, Ibrahim and Moores

Item No

1 Appointment of Vice Chair

To appoint a Vice Chair of the Committee for the 2019/20 Municipal Year.

2 Apologies For Absence

3 Declarations of Interest

To Receive Declarations of Interest in any Contract or matter to be discussed at the meeting.

4 Urgent Business

Urgent business, if any, introduced by the Chair

5 Public Question Time

To receive Questions from the Public, in accordance with the Council's Constitution.

6 Minutes of Previous Meeting (Pages 1 - 10)

The Minutes of the meeting of the Health Scrutiny Sub-Committee held on 26th March 2019 are attached for approval.

7 Minutes of the Health and Wellbeing Board (Pages 11 - 16)

The minutes of the meeting of the Health and Wellbeing Board held on 26th March 2019 are attached for noting.

8 Minutes of the Joint Scrutiny Committee for Pennine Care NHS Trust (Pages 17 - 22)

The minutes of the meeting of the Joint Scrutiny Committee for Pennine Care NHS Trust held on 21st March 2019 are attached for noting.

9 Minutes of the Joint Scrutiny Committee for Pennine Acute Hospitals NHS Trust (Pages 23 - 28)

The minutes of the meeting of the Joint Scrutiny Committee for Pennine Acute Hospitals NHS Trust held on 23rd April 2019 are attached for noting.

10 Resolution and Action Log (Pages 29 - 30)

11 Meeting Overview (Pages 31 - 32)

12 New Safeguarding Arrangements (Pages 33 - 60)

For the Committee to receive an update on the implementation of the new Safeguarding Arrangements and the associated Elected Member Safeguarding Training.



- 13 Children and Young People's Mental Health and Emotional Wellbeing (Pages 61 - 160)

For the Committee to consider the current offer in Oldham for Children and Young People's Mental Health and Emotional Wellbeing.

- 14 Council Motions (Pages 161 - 162)

For the Committee to receive an update on the progress of health-related Council motions.

- 15 Mayor's Healthy Living Campaign (Pages 163 - 164)

For the Committee to receive an overview of the plans for the Mayor's Healthy Living Campaign.

- 16 Health Scrutiny Forward Plan (Pages 165 - 170)

- 17 Date and Time of Next Meeting

The next meeting of the Health Scrutiny Committee will take place on Tuesday, 3rd September 2019 at 6.00 p.m.

This page is intentionally left blank



HEALTH SCRUTINY
26/03/2019 at 6.00 pm

Present: Councillor McLaren (Chair)
Councillors Ball, Leach and Taylor

Also in Attendance:

Andrea Entwistle	Principal Policy Officer - Health and Wellbeing
Lori Hughes	Constitutional Services
Zahid Chauhan	Cabinet Member, Health and Social Care
Mark Drury	Oldham CCG
Dr. John Patterson	Clinical Commissioning Group
Peter Pawson	Principal Consultant
Steve Wilson	Greater Manchester Health and Social Care Partnership

1 **APOLOGIES FOR ABSENCE**

Apologies for absence were received from Councillor Toor and Councillor Williamson.

2 **DECLARATIONS OF INTEREST**

There were no declarations of interest received.

3 **URGENT BUSINESS**

There were no items of urgent business received.

4 **PUBLIC QUESTION TIME**

There were no public questions received.

5 **MINUTES OF PREVIOUS MEETING**

RESOLVED that the minutes of the Health Scrutiny Sub-Committee held on 19th February 2019 be approved as a correct record subject to the amendment that Councillor Toor and Councillor Williamson were not present at the meeting.

6 **MINUTES OF THE HEALTH AND WELLBEING BOARD**

RESOLVED that the minutes of the Health and Wellbeing Board held on 29th January 2019 be noted.

7 **MINUTES OF THE GREATER MANCHESTER JOINT HEALTH SCRUTINY**

RESOLVED that the minutes of the Greater Manchester Joint Health Scrutiny Committee held on 16th January 2019 be noted.

8 **MINUTES OF THE JOINT SCRUTINY PANEL FOR PENNINE CARE (MENTAL HEALTH) MEETING**

The minutes of the Joint Scrutiny Panel for Pennine Care (Mental Health) Trust meeting held on 24th January 2019 be noted.

9 **RESOLUTION AND ACTION LOG**

RESOLVED that the actions from the meeting held on 19th February 2019 be noted. **Page 1**

10 **MEETING OVERVIEW**

RESOLVED that the meeting overview for the meeting held on 26th March 2019 be noted.

11 **PENNINE ACUTE HOSPITALS NHS TRUST
TRANSACTIONS PROGRAMME**

The Committee were presented with an update regarding the Pennine Acute Hospitals NHS Trust (PAT) Transitions Programme.

The Transactions Programme was a technical process and services had been stabilised. The programme would now move to the next phase in order to embed improvements in services. A preferred option was that the Salford Royal Trust formally take over Oldham, Bury and Rochdale and North Manchester to be taken over by the Manchester Trust. The two separate transactions were intrinsically linked and improvements would be delivered on all sites.

The Transactions Programme was being run as part of the NHS Improvement Guidance with a board created to oversee the programme which included all involved parties including Commissioners, Clinical Commissioning Groups and local authorities.

The benefits to patients were identified which included approach to quality, investment on sites, quality of care, patient experience and securing funding from the Department of Health.

Communications and engagement was outlined and members were informed that a joint plan was in place. Business cases were submitted as to how current services would be provided, and, as part of the process the final business cases would be agreed. Patient and public engagement was key. All staff should be briefed. The best way to create sustainable quality was to commit to the transaction programme.

Members asked about more funding and were informed of significant capital investment and ongoing discussions with NHS Improvements.

Pennine Acute were working toward good and also addressing a budget deficit. Other issues included parameters for financial modelling, interest rate obligation, clinical negligence premium and a reasonable trajectory for improvement.

Members queried that North Manchester as part of Pennine Acute was still treated by the Care Quality Commission (CQC) as part of Pennine Acute. Members were informed that sites had individual ratings and North Manchester would be picked up as part of the Manchester Trust assessment.

Members queried staffing issues and working toward a full complement of staff. Members were informed that there had been an issue of Pennine Acute reliance on agency and

temporary staff. There was a plan to reduce this as well as a plan for staff retention. Members referred to staffing issues related to bursaries and Brexit and were informed there was work ongoing on recruitment and retention. Members suggested establishing a nurse bank and informed that was being addressed on an individual basis and across Greater Manchester.

Members referred to the period of ongoing changes and ensuring the wider community understood arrangements in place for hubs and Royal Oldham Hospital through publicity. Members were informed on how this would be addressed with the Clinical Commissioning Group working with the local authority, Pennine Acute and Salford to make people aware and locality plans.

RESOLVED that:

1. The progress on the Pennine Acute Hospitals NHS Trust (PAT) Transitions Programme be noted.
2. An update on the Transactions Programme be provided in six months.

12

THRIVING COMMUNITIES

The Committee were provided an update on the progress of the Thriving Communities Programme.

The Council and its partners were committed to a co-operative future for Oldham where ‘everyone does their bit and everybody benefits’ and the Partnership’s Oldham Plan 2017 – 2022 sets out the Oldham model for delivering tangible and sustained change through an integrated focus on inclusive economy, thriving communities and co-operative services.

Key projects highlighted included:

- More than medical support (also known as social prescribing) including the Social Prescribing network in Oldham West
- The Fast Grants
- The Social Action Fund
- Workforce Development
- A stronger focus on evidence and evaluation with the Thriving Communities index

The current position for each area was provided.

A decision had been made related to the award of the contract for the Social Prescribing Innovation Partnership which had been awarded to a consortium of partners which included Action Together, Age UK, Positive Steps, TOG MIND with Action Together being the lead organisation for the partnership. The partnership would be mobilised and the social prescribing offer rolled out borough-wide over the coming months.

The first pot of £60k Fast Grants which provided funding into grassroots community groups had been used. Grants ranged from £50 to £500. A number of funding pots would be available from 1st April 2019.

The Social Action Fund had been launched in January 2019. There had been 23 expressions of interest.

A Community and Volunteer 'Making Every Contact Count' pilot training took place. An evaluation of the sessions had been conducted and would feed into the workforce and leadership offer. This offer would be linked into the Oldham Cares wider piece of work on Organisational Development.

The Thriving Communities Index allowed relative statements to be made about the degree to which neighbourhoods were thriving and allowed us to see which 'neighbourhoods' (circa 2000 population) had pressures in terms of place, residents and service demand.

Members requested the number of organisations contacted could be widened and queried the number of schools who had received fast grants. Members were informed that due to year end some grants had not yet been provided. Members requested better communications for elected members.

Members queried the work with Action Together and were informed that Action Together were administering the Fast Grants. Action Together did some due diligence. Safeguarding was important and needed to be monitored carefully.

Members queried the obesity issue as part of social prescribing on a practical level. Members were informed that there were community assets that could support people around improved physical activity and healthier lifestyle choice but that there was more work that could be done in that area and considered by commissioners in the health and care economy.

Members asked what arrangements were in place to address problems and enable groups to access support and were informed that the workforce would be upskilled and a wider programme rolled out.

RESOLVED that:

1. The progress on the Thriving Communities Programme be noted.
2. An update on the Thriving Community Programme be provided in 12 months.
3. An update on Social Prescribing be provided in September 2019.

related public engagement work designed to communicate and engage with the public on the proposed changes. The Committee were invited to participate in the engagement work and give consideration to the questions being asked of the public as per the engagement survey.



NHS England had issued guidance to CCGs which described two items of limited clinical value and 35 conditions which might be self-limiting and therefore suitable for patient self-care. Key aspects were encouraging self-care, the stopping of prescribing drugs of limited clinical effectiveness and where products were available over the counter for the treatment of minor conditions, these should not be routinely prescribed. The guidance was condition based and outlined at Appendix 1 to the report. Supporting people to self-manage common conditions could help reduce England's 57 million GP consultations which cost the NHS approximately £2 billion. The promotion of self-care and increasing the awareness to alternatives to making appointments would encourage patients to explore self-care in the future. The GM Clinical Standards Board had previously adopted self-care as a priority area. NHS Oldham was working with Stockport, Bury, Manchester and Wigan Clinical Commissioning Groups (CCGs).

The CCG wanted views of local patients, the public and stakeholders on the NHS England proposals before deciding whether and how the products were removed from routine prescriptions locally. Participants were asked to read supporting information and then complete the survey in order for an informed decision to be made.

NHS Oldham CCG had spent £2.2m on medicines that were available over the counter and it was recognised that much of the cost was attributable to long-term or complex conditions. Removing medications for certain conditions from routine prescriptions would release money to treat conditions such as heart disease and diabetes. The medications that were suggested for stopping routine prescription were for conditions that could be considered to be self-limiting or were suitable for self-care so that the person suffering did not normally need to seek medical advice and could manage the condition by purchasing directly over the counter.

The policy had been written following a GM-wide public consultation and was in line with guidance from NHS England.

People with minor ailments could seek the right care and treatment after being signposted to community pharmacies where over the counter treatments could be purchased. The CCG were aware that some individuals and families were unable to afford to pay for medication and as health professionals wanted to retain the power to prescribe from the list of recommended treatments as and when appropriate.

The CCG has taken into consideration the GM and NHSE consultation work, recommendations and guidance and had

begun work to engage with the public. Thirty responses had been received so far, the majority of which supported the recommendations. The engagement period would last until 1st April 2019. The responses would be reviewed by the Clinical Committee and a decision made there or at the NHS Oldham CCG Clinical Commissioning Committee.

The Health Scrutiny Sub-Committee were asked to consider if the Committee supported the principle that the local NHS should not routinely prescribe for conditions which were self-limited or deemed suitable for self-care and what mitigating steps could be put into place to reduce the impact upon individual and families who were unable to afford to pay for medication.

Members were provided with the background on the consultation undertaken by the NHS. CCGs had been asked to make local decisions outlined in the conditions. It was a long list to consider and allowed exceptions for social reasons, i.e. situations where people were vulnerable. Members were referred to the NHS England guidance and asked for their views and what allowances be made for social rationale. Members were advised that the savings to the CCG were considerable.

Members asked and it was confirmed that 30 responses had been received from the general public which had been a questionnaire. There had also been a national consultation.

Members asked if the policy applied to hospitals and concerns were expressed about hospital pharmacies and 'trapped' audiences and the prices at hospital pharmacies. Members were advised of developing formal partnership arrangements with pharmacies. Members were advised of the spend on drugs and most number of drugs. The support from the Committee on putting pressure on local pharmacists was welcomed. This could be addressed through a task and finish group approach and included in the work programme.

Members referred to change of behaviour, management of change and how information was publicised, what type of information was available in GP practices related to NHS Choices and promotion of self-care. Members were informed that information was initially shared on social media. Posters were recommended to be supplied to GP practices and pharmacies. Members queried information provided to GPs and were informed it was intended to benchmark information and that unions had also written to GPs as well as a letter from the Secretary of State. Members were informed of criteria to ensure patients were able to afford medications. It was discussed that there was some leverage with pharmacies as health care professionals as the first duty of care was towards patients.

RESOLVED that:

1. The principle that the Local NHS should not prescribe for conditions that were self-limiting or deemed suitable for self-care be supported.



2. A task and finish group be established to address local pharmacies and to look at how to highlight and promote changes in medication behaviour.

14

URGENT PRIMARY CARE

The Committee were provided an update on Urgent Primary Care from a previous presentation which had been provided in November 2018.

The Committee were provided an update on the walk-in centre. Consultation had been undertaken on different models of urgent primary care. There was not an alternative to the walk-in centre at this time. The winter had brought into focus the reconfiguration of the North East Sector and the adaptations in provisions. The members were informed that it had been a difficult winter with a significant effect on accident and emergency provision, but the level of safety had been maintained. Members were also informed of the 88% customer satisfaction level. The four hour waiting time had been difficult to achieve. Members were also informed that when demand had been analysed, 42% presented at A&E had not been from Oldham, and 14% of individuals who had attended the walk-in centre had not been from Oldham.

Members were also provided an update on the business case for the express care hub. Members were also provided an update on the 7-day access and routine primary care for those unable to access services during normal hours which provided 8000 minutes over four sites on top of general practice hours.

Members sought clarification on any expansion of the services and were informed that the funding was only for 8000 minutes over the four sites.

Members advised that they had used the 7-day service at Royton but could not find the way in. Members were informed that this feedback had not been provided before and would be investigated.

Members asked about the Integrated Care Centre and were informed of the One Oldham Estate review. Members sought and received an update about the service hours of the ICC. Members raised the issue of waiting times at A&E and the use of call-out doctors. Members were informed of the Urgent Care Review and that this will come back to a future meeting. Members were informed that the '111' helpline was used more in the North West than anywhere else. Members were also informed that out-of-hours capacity problems were due to decisions beyond the CCG's control and issues were being resolved.

Members commented on the experiences of this winter and lessons to be learned. Members were informed of the unbalanced demand with the number of ambulances and the problems with flu. Another review was pending for the Winter 2019/20.

Members were informed of the IT situation, i.e. access issues and compatibility of systems. Progress had been made with every practitioner being able to access data. Members were informed of issues related to GDPR and the need for a data sharing agreement.

RESOLVED that:

1. The progress made on the implementation of the new model of Urgent Primary Care be noted.
2. An update be provided in six months' time.
3. Out-of-Hours Access to the Royton Medical Centre be reviewed.

15

COUNCIL MOTIONS

The Committee were provided an update on Council motions.

RESOLVED that the update on Council motions be noted.

16

MAYOR'S HEALTHY LIVING CAMPAIGN

The Committee gave consideration to an update on the Mayor's Healthy Living Campaign.

The Mayor continued to explore opportunities to role model and promote increased physical activity as part of his mayor duties. The Mayor continued to walk regularly and raise awareness of the benefits of walking.

The Committee were informed of upcoming events which included a Triathlon on 28 April 2019, the feasibility of hosting a Charity 10k run and Cycling Colour Blast.

RESOLVED that the update on the Mayor's Health Living Campaign be noted.

17

HEALTH SCRUTINY FORWARD PLAN

Consideration was given to the Health Scrutiny Forward Plan for 2018/19.

The Committee were also provided an update on the All Age Obesity/Oral Health and Obesity in Secondary Schools.

The Committee noted the outcome of the discussion on the outcome of the public consultation on the proposed IVF changes.

RESOLVED that the Health Scrutiny Forward Plan for 2018/19 be noted.

18

DATE AND TIME OF NEXT MEETING

RESOLVED that the date and time of the next Health Scrutiny meeting to be held on Tuesday, 2nd July 2019 at 6.00 p.m. be noted.

The meeting started at 6.00 pm and ended at 8.03 pm



This page is intentionally left blank



HEALTH AND WELL BEING BOARD
26/03/2019 at 2.00 pm

Present: Councillor Harrison (Chair)
Councillors M Bashforth, Jacques and Sykes

Mike Barker	Strategic Director of Commissioning/Chief Operating Officer
Jill Beaumont	Director of Children's Health and Wellbeing
Majid Hussain	Lay Chair Clinical Commissioning Group (CCG)
Merlin Joseph	Interim Director of Childrens Services
Stuart Lockwood	Oldham Community Leisure
Donna McLaughlin	Alliance Director, Oldham Cares
Dr. John Patterson	Clinical Commissioning Group
Katrina Stephens	Interim Director of Public Health
Mark Warren	Director, Adult Social Care
Carolyn Wilkins OBE	Chief Executive/Accountable Officer

Also in Attendance:

Andrea Entwistle	Principal Policy Officer - Health and Wellbeing
Dr. Henri Giller	Independent Chair LSCB
Lori Hughes	Constitutional Services

1 **APOLOGIES FOR ABSENCE**

Apologies for absence were received from Councillor Chadderton, Councillor Chauhan, Dr. Jeffery, Julie Farley, Val Hussain, Dave Smith and Rebekah Sutcliffe.

2 **URGENT BUSINESS**

There were no items of urgent business received.

3 **DECLARATIONS OF INTEREST**

There were no declarations of interest received.

4 **PUBLIC QUESTION TIME**

There were no public questions received.

5 **MINUTES OF PREVIOUS MEETING**

RESOLVED that the minutes of the Health and Wellbeing Board held on 29th January 2019 be approved as a correct record.

6 **MINUTES OF THE HEALTH SCRUTINY SUB-COMMITTEE**

RESOLVED that the minutes of the Health Scrutiny Sub-Committee held on 18th December 2018 be noted.

7 **RESOLUTION AND ACTION LOG**

RESOLVED that Resolutions and Action Log from the meeting held on 29th January 2019 be noted.



8 **MEETING OVERVIEW**

RESOLVED that the Meeting Overview for the meeting held on 26th March 2019 be noted.

9 **SAFEGUARDING BOARD ANNUAL REPORTS**

The Health and Wellbeing Board gave consideration to the Oldham Safeguarding Board's Annual Report and Business Plan.

The report outlined the key messages from the Safeguarding Adults Board Annual Report for 2017/18, progress made against the Safeguarding Adults Board Business plan 2018/19, the implications for Safeguarding Adults arising from the integration of adult and social care in Oldham, the developing links between the Oldham Safeguarding Adults Board and the Oldham Safeguarding Children's Board and the outcome of the Safeguarding Adults Review and proposed implementation plan.

In accordance with the statutory requirements of the Care Act 2014, Oldham Safeguarding Adults Board must produce and publish a three-year strategy, annual business plan and annual report. The Health and Wellbeing Board had requested updates from the Safeguarding Adults Board on progress against the annual business plan. The update served to provide evidence of how partnership working supported adults to live safely in Oldham, free from abuse and neglect.

The Safeguarding Adults Boards 2017/18 annual report demonstrated the progress made on adult safeguarding and individual partner organisations in 2017/18. The latest annual report brought to a conclusion the previous three-year strategy of the Board.

The new three-year strategy, 2018 – 2021 Priorities, articulated a vision that:

“The people of Oldham had a right to live safely, free from abuse and neglect, and are supported to do so by co-operative communities and organisations which;

- Do not tolerate abuse and neglect.
- Champion making safeguarding personal.
- Work preventatively through early identification of new safeguarding issues.
- Deliver excellent practice as the norm.
- Share information effectively.
- Ensure that the public feel confident that adults are protected.”

Board partners prioritised their commitment to the board, held one another to account effectively and promoted and embedded learning.” The strategic objectives for 2018 – 2021 were outlined at Section 2.2 of the report. These priorities were reflected in the 2018/19 business plan of the board and monitored via the board executive and the Board.

It was acknowledged that further work was required to raise the profile of the Safeguarding Adults Board and to address the priority status of transitions.

The integration of community health and social care services across Oldham took place in 2019 as part of the development of Oldham Cares Integrated Care Organisation (ICO). The ICO had seen the integration of CCG and social care commissioning which in Oldham currently included strategic adult safeguarding services. Alongside significant benefits, a number of unintended consequences linked to local integration were recognised. In January 2019, Oldham Safeguarding Adults Board endorsed 22 individual recommendations regarding how the current local model could be strengthened and improved. An implementation programme brief had been developed to propose an approach to deliver the changes involved and the workstreams to delivery the recommendations. Delivery was expected to take place through three phases of activity. A programme team which included Programme Board arrangements, were in place to direct, co-ordinate and deliver the programme.

The Board remarked on the activity to date benchmarking information. Members were informed that stakeholder engagement was stronger than when the LSAB first stated.

The Board were informed of the effectiveness of integrated working and concrete proposals should be developed in six months. The proposals would come back to the Health and Wellbeing Board to asked what needed to be developed.

Members commented on the Prevention Strategy and were informed that Oldham was seen as an advanced player and the joint approach was influential in reducing conflict.

Members noted the benchmarking with regard to ethnicity of the population and were informed of work with the faith communities and that links needed to be strengthened. Some initiatives were needed to engage communities.

Consideration was also given to the Local Safeguarding Children's Annual Board Annual Report 2017/18 and the 2018/19 Business Plan. The annual report detailed the partnership's safeguarding activity over the 12 month period and assessed the impact this activity against the LSCB's Strategic Plan for 2015/18.

The report identified the strategic safeguarding priorities for the next three-year period – 2019/2021 which were:

1. Domestic Abuse
2. Complex and Contextual Safeguarding
3. Children not accessing education including elective home education
4. Transitions

5. Understanding the impact of trauma on children and young people
6. Child's lived experience.

The Business Plan 2018/19 was guided by the priorities outlined in the Strategic Plan. It was noted that the LSCB had commissioned a large number of Serious Case Reviews during the 12-month period which had impacted on the ability to progress some action to the desired stage. Some actions were agreed to be carried into the 2019/20 business plan.

RESOLVED that:

1. The Local Safeguarding Adults Board Annual Report for 2017/18, the Business Plan 2018/19 and Safeguarding Review be noted.
2. The Local Safeguarding Children's Board Annual Report for 2017/18, the Business Plan 2018/19 be noted.

10

TOBACCO CONTROL

The Health and Wellbeing Board gave consideration to a report which provided an update on tobacco control across Oldham. On 14th March 2017, the Board agreed outcomes and actions for Oldham's Tobacco Control Action Plan and a vision to create a smoke free borough. The outcomes were to reduce the number of tobacco users in Oldham; reduce exposure to second-hand smoke (focussing on children and young people) and reduce tobacco related health inequalities.

The Board were requested to note progress against the three actions set out in the Tobacco Control Action Plan. The three actions were:

- To complete the first phase of the CLear process;
- Review the Council's smoking policy; and
- Reduce the number of women who smoke during pregnancy.

The Board were requested to commit continued support of the Tobacco Control agenda which included:

- Consideration of the next steps of the CLear self-assessment process;
- Support to the implementation of the CURE project in Royal Oldham Hospital;
- Support to the continuation of the Supporting a Smokefree Pregnancy Scheme; and
- Support to the improvement of access to stop smoking treatments including e-cigarettes.

The report provided a current position on the three priorities which included the option to invite a 'peer-assessment team' to make a report for the Council to decide how to move forward, the Council smoke free policy which would go live on 1st April 2019 and support for a Smokefree Pregnancy Scheme (SaSFPS).

The report also outlined CURE (Conversation, Understand, Replace, Experts and Evidence-base treatments). The Greater Manchester tobacco control plan, Making Smoking History (MSH) advocated a comprehensive whole system approach to tackling tobacco. The CURE programme was an integral component of delivering the plan and was included in its strategy. Rollout had begun with the launch of CURE at Wythenshawe Hospital in October 2018. Royal Oldham Hospital was in the first wave of hospitals asked to rollout out CURE and an initiation meeting had been scheduled for 10th April 2019.

In October 2018, Oldham had launched the annual Stopober campaign with an event hosted by the Greater Manchester Fire and Rescue Service (GMFRS), Turning Point, Positive Steps and Oldham Council. The event included an official signing of a partnership agreement between the organisations which encouraged close partnership working and a set out a number of objectives.

The report also set out the latest findings related to E-cigarettes which concluded electronic cigarettes generated higher quit rates than nicotine replacement therapies (NRT), e-cigarettes achieved this at a much lower cost; and e-cigarettes starter packs should become one of the Stop Smoking Services (SSS) treatment options.

It was noted that the number of people accessing the stop smoking services had decreased year on year, both locally and nationally. Stop smoking services had been in existence for almost 20 years, models of delivery had evolved but some of the processes and mechanisms that supported delivery had not developed. People who continued to smoke were some of the most addicted smokers who required more intensive support and easier access to services and treatments. Access could be improved through the utilisation of pharmacies. Another option could be to disaggregate the costs of stop smoking treatments from the prescribing budget. The options would be explored as part of the Thriving Communities and Health Improvement workstream of Oldham Cares.

The Board were informed that according to the latest data Oldham was in line with the national average but reductions were not significant in manual occupations and those with long term mental conditions. Progress was noted against actions and an assessment had been undertaken. The Board were informed of the smoke free initiative and the next stage in terms of a peer assessment. The Board were also informed smoke free pregnancy scheme, additional training being provided. The Board were also informed about the CURE Programme and support to those to quit whilst in acute care. The stop smoking model had not changed and a different model of support may be needed.

Members asked if people who smoked cannabis were classed as smokers or if it was categorised differently. It was explained that it depended on how individuals identified themselves.

Members asked about the smoking ban on sites and how this was going to be policed and in terms of the Council ban if this included vaping and if Tommyfield Market was included. Members were informed that the ban included all Council spaces and no smoking would be encouraged in all public places. Members asked about the possibility of banning e-cigarettes. E-cigarettes were being kept under review. Members asked if chewing tobacco was monitored and it was not.

The Board were informed of engagement with the voluntary sector and private businesses. The Board also discussed support to residential workers in stressful situations and children looked after where there was a high incidence of smoking. Support would need to be thought through and staff taking on leadership roles for young people. Members also commented on smoking ban in schools. The Board were informed of a full communications plan and a refresh to keep momentum going.

RESOLVED that:

1. The progress on the three key actions as set out in the Tobacco Control Action Plan be noted.
2. A commitment of continued support of the Tobacco Control Agenda be supported which included:
 - a. The next steps of the CLear self-assessment process.
 - b. The implementation of the CURE project in Royal Oldham Hospital.
 - c. The continuation of the Supporting a Smokefree Pregnancy Scheme.
 - d. The improvement of access to stop smoking treatments including e-cigarettes.

11 **DATE AND TIME OF NEXT MEETING**

RESOLVED that the date and time of the next meeting would be agreed at Annual Council.

The meeting started at 2.00 pm and ended at 3.28 pm

Public Document Pack Agenda Item 8

JOINT SCRUTINY PANEL FOR PENNINE CARE (MENTAL HEALTH) TRUST

MINUTES OF MEETING Thursday, 21st March 2019

PRESENT: Councillor McLaren (Oldham MBC) (in the Chair); Councillors Dale Rochdale Borough Council), Grimshaw and Walker (Bury MBC)

OFFICERS: P. Thompson (Governance and Committee Services – Rochdale Borough Council).

ALSO IN ATTENDANCE: L. Bishop (Trust Secretary - Pennine Care NHS Foundation Trust), C. Parker (Executive Director of Nursing, Healthcare Professionals and Quality Governance – Pennine Care NHS Foundation Trust), J. Crosby (Director of Strategy - Pennine Care NHS Foundation Trust), N. Littler (Executive Director (Workforce) - Pennine Care NHS Foundation Trust) and D. Wallace (Communications and Engagement Advisor - Pennine Care NHS Foundation Trust),

APOLOGIES

29 Apologies for absence were received from Councillors Gordon, Wright (Stockport MBC), Howard, Susan Smith (Rochdale Borough Council), Peet, Teresa Smith (Tameside MBC), Heffernan and Toor (Oldham MBC).

DECLARATIONS OF INTEREST

30 There were no declarations of interest.

PUBLIC QUESTIONS

31 There were no questions asked by members of the public.

MINUTES

32 The Committee considered the minutes of its most recent meeting held 24th January 2019.

Resolved:

That the Minutes of the meeting of the Joint Health Overview and Scrutiny Committee for Pennine Care NHS Foundation Trust, held 24th January 2019, be approved as a correct record.

MIXED SEX ACCOMMODATION

33 The Committee considered a report of the Executive Director of Nursing, Healthcare Professionals and Quality Governance which updated and advised of the next steps with regards to the Trust's intention to meet statutory mixed sex accommodation (MSA) requirements.

The regulatory requirements and expectations of the Trust were clearly outlined. The Trust's 2016 CQC inspection report highlighted a failure to comply with the Department of Health guidance on single sex accommodation on older people and acute wards for working age adults. The report noted that

the ‘trust was not effectively managing the risks of mixed sex accommodation.’ The recommendation was that ‘The Trust must ensure that all wards are compliant with the Department of Health guidance on same sex accommodation in order to ensure the safety, privacy and dignity of patients.’

The Trust’s recent CQC inspection report acknowledged there had been improvements in how the Trust had managed mixed sex accommodation. The CQC acknowledged that a consultation exercise was on going to assist the Trust in making future decisions about managing mixed sex wards.

Notwithstanding this recent positive feedback the CQC continued to remain interested in a number of sexual safety incidents that have occurred on PCFT in-patient wards. Therefore following the publication of ‘The state of mental health services 2014 to 2017’ and the CQC’s report ‘Sexual Safety on mental health wards’ there has been a national commitment to eradicate dormitories on in-patient psychiatric wards.

The engagement exercise, which was intended to explore attitudes among patients, staff, carers and other relevant stakeholders to moving from mixed to single sex accommodation on inpatient mental health wards had now concluded. The Trust had formally received the outcome of the engagement exercise, a board development session was held on the 11th February 2019 where the Lead Analyst provided detailed feedback on the content of the report to board members. It was also noted that a presentation, by the Lead Analyst, to Members of the Joint Overview and Scrutiny Committee had been given at their informal meeting on 26th February 2019.

The engagement analyst’s report provided details of how the engagement had been undertaken and analysed and provided comprehensive details on the feedback and themes gathered through the process of the exercise. The key area for acknowledgment was the vast amount and wide variety of views gathered regarding the delivery of mixed sex accommodation which also meant that the report did not conclude with a consensus view. The report didn’t solely focus on MSA issues, as other related issues were highlighted and were captured through the engagement exercise that directly impacted on the safety, privacy and dignity of patients who were admitted to PCFT wards. These included:

- a. mixing patients with organic and functional illness
- b. issues affecting LGBT patients
- c. staffing levels (nursing, support worker and therapists):
- d. Staff attitudes/culture:
- e. Patient Choice:
- f. Location of hospital sites and wards
- g. Broader estates and Accommodation issues
- h. Bathing and toilets facilities.
- i. Staff skills/ specialisms
- j. Bed management and bed allocation
- k. Continuous Professional Development for staff

I. Therapeutic engagement/ activities

It was noted that after consideration of the evaluation report at the PCFT's Board development session on 11th February 2019 and by this meeting of the Overview and Scrutiny Committee, the Executive Director of Nursing would, in collaboration with the Managing Director of mental health services and other senior colleagues within the Trust, lead the next phase of work with regards to the MSA agenda in order to support the Trust to meet the statutory requirements; including holding a detailed review of the engagement analysis and discussions with operational service leads, the gathering of further feedback following publication and presentation of the report and the development of a co-produced proposal for the Trust's Board to consider which outlines the proposed approach to how the Trust should manage Mixed Sex Accommodation.

The Committee noted the developments that had been made in this regard and commended the work that had been carried out hitherto. The Committee asked if visits could be arranged for Members to view the Wards in question, at locations across the Trust's footprint.

Resolved:

1. The report be noted
2. The Trust be requested to arrange visits for Members of the Joint Overview and Scrutiny Committee to view hospital wards across the Trust's footprint.

STAFFING AND WORKFORCE DEVELOPMENT STRATEGY

34 The Trust's Executive Director (Workforce) gave a presentation to the Committee regarding the Trust's Staffing and Workforce Development Strategy. Pennine Care currently employed approximately 5,650 staff with a further 936 staff on their temporary bank which provide ad-hoc cover to fill gaps created either by sickness or vacancies.

The workforce comprised staff that worked with Mental Health/Learning Disability and Community Services across the Trust's footprint. The current staff turnover rate for the Trust was 11.58%, which was within the 'average' range compared to other Mental Health/Learning Disability NHS Providers in the North of England. The Trust's vacancy rate was currently 11.37%. Staff sickness rates were 5.66% which was above average, when compared to the Trust's 'peer group'.

The 'harder to fill' roles within Pennine Care mirrored the regional and national gaps in this regard, including: Medical Staff, newly qualified nursing roles (especially Band 5 level nurses in Mental Health services), walk-in centre staff and Health Visitors.

In terms of Brexit a risk assessment had been carried out into potential implications for the Trust's workforce. It had been deemed that this presently warranted a 'low risk', based on the fact that only 1.8% of the Trust workforce

were, presently, non-UK EU nationals. The Trust had monitored its leaver rates since 2016 and there had only been five non-UK EU nationals who have left the Trust's employ in the last two years.

It was though recognised that the national implications of Brexit may impact on the future supply chain for the wider NHS workforce which may impact on Pennine Care as other competitor organisations look at different pools for recruitment.

To address future workforce challenges the Trust's Workforce Strategy had established areas of focus and action to address various challenges. The workforce strategy had been set against four key domains:

- a. Effective and Sustainable Workforce – the Trust aimed to have the right numbers of staff, with the right skills in the right types of jobs in the right place to deliver effective and safe care, including a representative workforce that is flexible to meet challenging service requirements in the future.
- b. Capable and Skilled People - all staff to be appropriately trained and have access to the most effective and efficient learning and development opportunities.
- c. Effective Leadership – this includes valuing and supporting staff including leaders who can model the Trust's core and key values and behaviours. Performance measures would be used to ensure the Trust is providing effective leadership.
- d. Health, Wellbeing and Staff Engagement – this includes the promotion of a healthy organisational culture where staff contribute to the delivery of organisational objectives and are able to demonstrate the Trust's values. These key areas are underpinned by an Equality, Diversity and Inclusion strategy.

The report considered also the transfer of Community services and the Committee was advised of the timeline in this regard:

- i) North East Sector (Oldham, Bury and HMR Adults) – Salford Royal NHS Trust Board is due to consider the business case for transfer towards the end of April 2019. Following formal ratification, the TUPE consultation process will commence with effect from 1st May 2019 with a view to staff transferring 1st July 2019.
- ii) Trafford – Manchester Foundation Trust Board is due to consider a business case for the transfer of services in May 2019. Following formal ratification, the TUPE consultation process will commence with a view to staff transferring on 1st October 2019.

The transfer will affect those staff working directly in the clinical services within the community along with a number of corporate staff who provide support into the community services.

A detailed action plan and performance report have been developed to monitor progress and impact. The Trust's People and Workforce Committee have oversight of the workforce strategy implementation.

FINANCE UPDATE

35 The Trust's Director of Finance updated the Committee on the Mental Health Investment Standard (MHIS), which was previously known as Parity of Esteem (PoE) and was the requirement for Clinical Commissioning Groups (CCG) to increase investment in Mental Health services in line with their overall increase in allocation each year.

CCG's are required to increase their investment in mental health services by the same proportion that their allocations have increased plus an additional 1% for mental health (on average this equated to between 5.7% and 6.5%). CCG Plans had to be reviewed by the Greater Manchester Health and Social Care Partnership and a nominated mental health provider. CCG MHIS Plans must then be independently audited and signed off by CCG Governing Bodies. MHIS Plans were required to demonstrate a higher proportionate increase in investment into Children's and Young Peoples Mental Health services.

The deadline for the submission of the CCG/Providers Final Plan was 4th April 2019 and the deadline for the submission of the System Plans was 11th April 2019.

Members of the Overview and Scrutiny Committee considered the proposals in detail and the Officers were asked for clarification as to 'niche services' which were aimed at achieving sustainable and effective mental health services.

Resolved:

1. The report be noted
2. The Trust's Director of Finance be requested to present a report to the Joint Overview and Scrutiny Committee's next meeting regarding Niche Services.

DATES OF FUTURE MEETINGS

36 Resolved:

It was noted that the current Chair of the Committee was to meet with the Chair, Chief Executive and Secretary to the Trust's Board on Tuesday, 23rd April 2019 to discuss: the Committee's draft work programme for 2019/2020; an exploration of joint working with the Trust's Governors and potential meeting dates for 2019/2020.

EXCLUSION OF PRESS AND PUBLIC

37 Decision:

That the Press and Public be excluded from the meeting during consideration of the following item of business, in accordance with the provisions of Section 100A (4) of the Local Government Act 1972, as amended.

Reason for Decision:

Should the press and public remain during the following item of business as there may be a disclosure of information that is deemed to be exempt under Part 3 of Schedule 12A of the Local Government Act 1972.

CQC IMPROVEMENT PLAN

38 The Trust's Director of Strategy reminded the Committee that the Care Quality Commission (CQC) had undertaken a 'Well Led' inspection of a selection of services provided by the Trust in the period August – October 2018. Some of the services inspected included dentistry, mental health hospital wards (for adults and for older people), PICU, home treatment teams, 136 suites access and crisis services and walk-in centres across the Trust.

The CQC's report had been presented to the Trust's Directors in December 2018 with an overall 'requires improvement' rating, although it was acknowledged that many individual services were improving.

Further to the findings of the CQC inspection the Trust is required to submit a revised and updated Improvement Plan to the CQC. Each and every action contained therein will have both a 'lead' and an 'Executive' sponsor. There was to be regular updates and monitoring of the Improvement Plan to ensure a full and timely implementation. The Improvement Plan was to be shared with the Trust's key stakeholders including: the various CCG's across the Trust's footprint, NHS England, this Joint Overview and Scrutiny Committee and the local HealthWatch organisations across the Trust's footprint, following its consideration, and formal approval, by the Trust's Board at its meeting on 27th March 2019.

The Trust had entered into a pathway that was designed to assist NHS bodies receive 'good' CQC inspection reports, entitled: 'Moving to Good'. To assist in the process Pennine Care had been 'paired' with a Trust that was already achieved a 'good' rating: Weardale in County Durham.

Resolved:

1. That the report be noted.
2. A copy of the Trust's Improvement Plan be forwarded to Members of the Joint Overview and Scrutiny Committee for Pennine Care.

Meeting of:

Joint Health Overview and Scrutiny Committee for Pennine Acute Hospitals NHS Trust

Date: 23rd April 2019

Present:

Councillor Roy Walker (Bury Council)
Councillor Stella Smith (Bury Council)
Councillor Colin McLaren (Oldham Council)
Councillor Derek Heffernan (Oldham MBC)
Councillor Raymond Dutton (Rochdale MBC)
Councillor Linda Robinson (Rochdale MBC)
Councillor Norman Briggs (Oldham MBC)

Nicky Tamanis: Deputy Chief Finance Officer, Salford Royal and Pennine Acute

Jo Purcell: Deputy Director North East Sector

Andrew Lynn, Group Director of Communication & External Affairs

Barry Williams, External Partnership Manager

Siobhan Moran, Northern Care Alliance

Apologies:

Councillor Gavin McGill (Bury Council)

Councillor Ann Stott (Rochdale MBC)

PAT.18/19-31 APOLOGIES

Apologies were detailed above.

PAT.18/19-32 DECLARATIONS OF INTEREST

There were no declarations of interest.

PAT.18/19-33 PUBLIC QUESTIONS

There were no public questions.

PAT.18/19-34 MINUTES AND MATTERS ARISING

It was agreed:

That the minutes of the meetings held on 15th January 2019 be approved as a correct record.

PAT 18/19-35 RECOUPING MONEY FROM NON-NHS PATIENTS

Nicky Tamanis, Deputy Director of Finance attended the meeting to provide members with an overview of NHS financial charges for overseas visitors. The Deputy Director reported that the Trust follows the NHS charges to overseas visitors regulations 2015, which have been amended recently. Migrants, visitors and former residents of the UK must pay for their care when they are in England.

With regards to overseas visitors from the EU/EEA; the Trust receives the full National Tariff payment if the patient has a valid EHIC as well as an incentive payment of an additional 25% of the tariff for supplying timely information to the Department of Health. This income in 2018/19 was c £1.02 million plus £0.3 million incentive payment. For those patients without an EHIC card the patients are invoiced directly at tariff.

As for non EU/EEA patients the Trust receives the full tariff for A&E and any subsequent urgent treatment charges and overseas patients seeking UK asylum from the relevant CCG. All other overseas patients are invoiced directly. This is at full tariff plus 50% in accordance with the Regulations. For 2018/19 this was c£1.2m (0.2% of turnover). As per established debt collection processes, once the Trust has exhausted all other routes, the services of a debt collection agency (CCI) are used to support the recovery of outstanding debt

Those present were given the opportunity to make comments and ask questions and the following points were raised:

Members discussed the implications for overseas charging as a result of Britain leaving the European Union. It is envisaged that if the EHIC is no longer used the Trust will recoup costs as they do now for non-EU patients.

Responding to a Member's question the Deputy Director of Finance reported that the Trust's Audit Committee would decide to write off any debt. The debt would be recorded and flagged up if the patient was to enter the country again.

It was agreed:

The officers be thanked for their attendance.

PAT 18/19-36 UPDATE ON THE SRFT STRATEGIC OUTLINE CASE

Andrew Lynn, Group Director of Communication & External Affairs, provided members with an update in respect of Salford Royal's proposed formal acquisition of Royal Oldham, Fairfield and Rochdale sites and cementing the future of these sites as part of Northern Care Alliance NHS Group. The presentation contained information in respect of the following areas:

- The Northern Care Alliance's Vision and Values
- The Transaction Programme and Time frame
- Salford Royal Foundation Trust Strategic Case Overview
- Benefits for staff and patients
- Disaggregation of the Pennine Acute Services
- Next Steps

Those present were given the opportunity to make comments and ask questions and the following points were raised:

Responding to a Member's question, the Group Director reported that there will be no reduction in workforce as a result of these proposals, the Trust will still be delivering the same services. Responding to concerns raised about parking across the sites and in particular at Salford Royal the representative present confirmed that a parking review was underway.

With regards to what services will be provided where in relation to NMGH/FGH the Group Director reported that services could be acquired and moved or provided by NMGH via a Service Level Agreement. The Group Director reported that work is underway to ascertain what services are currently provided and which ones need to continue to be provided going forward.

Members discussed the financial impact of disaggregating services, the Deputy Director reported with regards to income, there is a national tariff, the corporate function are more difficult to separate. The majority of corporate staff will TUPE over in to the SRFT.

With regards to the budget/financial position at the Salford Royal, the Trust's turnover is approximately £650 million, it is envisaged that the Northern Care Alliances budget turnover will be £1.3 billion.

It was agreed:

Further information will be provided in July in respect of the Trust's financial position.

PAT 18/19-37 HR UPDATE

It was agreed:

1. In the absence of a representative from the Trust's Human Resources Department, it was agreed that this item would be deferred for consideration at the next meeting.
2. Recruitment, retention and workforce update will be a standing agenda item. The Trust will provide further information in respect of the high vacancy rates in medical/dental across the Trust.

PAT 18/19-37 PENNINE ACUTE DRAFT QUALITY ACCOUNT

Siobhan Moran, Northern Care Alliance, attended the meeting to provide an overview of the Trust's quality account, the presentation contained information with regards to the quality achievements, aims, a review of quality improvement projects 2018/19 as well as priorities for improvement and statement of assurances from the board.

The Northern Care Alliance representative reported some of the Trust's quality achievements;

- Stroke services at Fairfield are rated in the top 9 best performing units out of 209 hospitals nationwide according to Sentinel Stroke National Audit Programme (SSNAP) audit data.
- End PJ paralysis initiative launched across all Pennine sites in 2018, and the Wolstenholme intermediate care unit at RI won 'Best Event' in the national End PJ Paralysis Awards.
- Victoria breast care unit at Oldham was awarded the Christie Quality Mark for the second time
- Fairfield has become the first hospital in the UK to pledge to be part of the Homeless-Friendly programme – helping rough sleepers receive care before they fall dangerously ill.

Members discussed the information presented in the report. Members discussed the mortality rates, palliative care and also hospice provision. The Chair expressed concern that on reading the report you are unable to cross-check progress with issues recently identified in the CQC inspection report.

Members discussed the format of the document and wanted to place on record their concern that it is not user friendly and not an easy document to interpret as a lay person.

PAT 18/19-38 PENNINE ACUTE PLANNED TRANSFER OF SERVICE

Jo Purcell: Deputy Director North East Sector attended the meeting to provide members with an update in respect of the transfer of community services currently provided by Pennine Care Foundation Trust to the Northern Care Alliance.

In December 2018, the Pennine Care Board approved the "Trust Strategy 2019-22: Maximising Potential". The strategy provided details of the Trust plans to focus on mental health and well-being and community services to be fully divested. The service will transfer from 1st July 2019 and there should be no difference in how service are provided going forward.

Responding to a members question in respect of risk, the Deputy Director North East Sector reported that the risks are not new and include, high vacancy rates for district nurses, end of life support and paper based records. A risk sharing agreement will be developed collaboratively over the next two years.

Members discussed the issues in respect of recruiting to district nurses; the Deputy Director reported that this is due to a multitude of factors, a number of staff are approaching retirement and the posts are in high demand. Once the service transfer to the Salford Royal Foundation Trust a recruitment plan in respect of this particular area will be developed.

PAT 18/19-39 URGENT BUSINESS

- Andrew Lynn, Group Director of Communication & External Affairs informed the meeting that Sally Bradley, former Clinician at Pennine Acute had sadly passed away as a result of the Sri Lanka bombings. Sally was a well-

respected clinician, GP and former director of Public Health in Manchester, between December 2009 to August 2011, she was Deputy Medical Director for the Pennine Acute Hospitals NHS Trust and then assumed the role of Medical Director until January 2013, where she made a significant personal and professional contribution to patient safety and public health.

- Capital Estates briefing – Member asked for further updated information in respect of the Estates strategy, including capital spend, car parking review and any additional investment
- The Chair placed on record his thanks to Councillor Heffernan who is standing down at the forthcoming local elections.

This page is intentionally left blank

Actions from the March 2019 meeting of the Health Scrutiny Sub-Committee

	Agenda Item	Resolution / Action	Action Update
March	PENNINE ACUTE HOSPITALS NHS TRUST TRANSACTION PROGRAMME	RESOLVED that: 1. The progress on the Pennine Acute Hospitals NHS Trust (PAT) Transitions Programme be noted. 2. An update on the Transactions Programme be provided in six months.	Update scheduled on Health Scrutiny forward plan for September 2019
	THRIVING COMMUNITIES	RESOLVED that: 1. The progress on the Thriving Communities Programme be noted. 2. An update on the Thriving Community Programme be provided in 12 months. 3. An update on Social Prescribing be provided in September 2019.	Update scheduled on Health Scrutiny forward plan for March 2020
	OVER THE COUNTER MEDICINE REVIEW	RESOLVED that: 1. The principle that the Local NHS should not prescribe for conditions that were self-limiting or deemed suitable for self-care be supported. 2. A Task and Finish group be established to address local pharmacies and to look at how to highlight and promote changes in medication behaviour.	Arrangements are being finalised for the Task and Finish Group. Timeframe for reporting back to Health Scrutiny to be confirmed.
	URGENT PRIMARY CARE	RESOLVED that: 1. The progress made on the implementation of the new model of Urgent Primary Care be noted. 2. An update be provided in six months' time. 3. Out-of-Hours Access to the Royton Medical Centre be reviewed.	Update scheduled on Health Scrutiny forward plan for September 2019
	COUNCIL MOTIONS	RESOLVED that the update as outlined in the report be noted.	
	MAYOR'S HEALTHY LIVING CAMPAIGN	RESOLVED that the update on the Mayor's Health Living Campaign be noted.	
	HEALTH SCRUTINY FORWARD PLAN	RESOLVED that the Health Scrutiny Forward Plan for 2018/19 be noted.	

This page is intentionally left blank

Meeting Overview

Oldham Health Scrutiny Sub-Committee

2 July

6pm – 8pm

Crompton Suite, Civic Centre, Oldham

No	Item	Time
1 - 11	(1) Appointment of Chair and Vice Chairs (2) Apologies, (3) Declarations of Interest, (4) Urgent Business, (5) Public Question Time, (6) Minutes of Previous Meeting, (7) Minutes of Health and Wellbeing Board on 26 March 2019, (8) Minutes of Joint Scrutiny Panel for Pennine Care (Mental Health) on 21 March 2019, (9) Minutes of Joint Health Overview and Scrutiny Committee for Pennine Acute NHS Trust on 23 April 2019, (10) Resolution and Action Log, (11) Meeting Overview	6.00pm
Items for Discussion		
12	<p>New Safeguarding Arrangements <i>Lisa Morris, LSCB Business Manager</i></p> <p>For the committee to receive an update on the implementation of the new Safeguarding Arrangements and the associated Elected Member Safeguarding Training.</p>	6.10pm 10 mins
13	<p>Children and Young People’s Mental Health and Emotional Wellbeing <i>Dr Keith Jeffery, Clinical Director for Mental Health (NHS Oldham CCG), Angela Walsh, Senior Commissioning Business Partner - Children and Maternity (NHS Oldham CCG) and Mike Bridges, Public Health Specialist</i></p> <p>For the committee to consider the current offer in Oldham for Children and Young People’s Mental Health and Emotional Wellbeing.</p>	6.20pm 60 mins
14	<p>Council Motions <i>Chair</i></p> <p>For the committee to receive an update on the progress of health-related Council motions.</p>	7.20pm 10 mins
15	<p>Mayor’s Healthy Living Campaign <i>Chair</i></p> <p>For the committee to receive an overview of the plans for the Mayor’s Healthy Living Campaign.</p>	7.30pm 10 mins
16	<p>Health Scrutiny Forward Plan <i>Chair</i></p>	7.40pm 10 mins
17	<p>Close <i>Chair</i></p>	8.00pm
	<p>Date of next meeting 3 September 2019 at 6pm in Crompton Suite</p>	

This page is intentionally left blank



Report to Health Scrutiny Committee

New Safeguarding Children Arrangements

Portfolio Holder: Councillor Amanda Chadderton, Cabinet Member for Children's Services

Officer Contact: Merlin Joseph, Interim Director of Children's Services

Report Author: Ed Francis, Assistant Director Safeguarding and Partnerships and Lisa Morris, LSCB Business Manager

2 July 2019

Purpose of the Report

To provide Members with an overview of the proposed new safeguarding children arrangements for Oldham and provide an update on Elected Member safeguarding training.

Recommendations

That the Committee note the new safeguarding arrangements for children and the approach to develop training sessions for Elected Members. The arrangements have been fully considered at Overview and Scrutiny Board on 18 June 2019.

New Safeguarding Children Arrangements

1 Background

- 1.1 The Children and Social Work Act 2017 requires that the three statutory partners under the legislation (the local authority, police and local clinical commissioning group) publish revised multi-agency safeguarding arrangements by 29 June 2019 and implement these new arrangements by the 29 September 2019. This means that the current Local Safeguarding Children's Board (LSCB) will be disbanded. The new arrangements seek to ensure that all local relevant agencies continue to engage with the three statutory partners in effective safeguarding activities, whilst building stronger linkages with the Oldham Adult Safeguarding Board and allied partnerships and governance groups.
- 1.2 The new arrangements will consist of a new Safeguarding Children Strategic Partnership (which replaces the current Board) to provide strategic vision, leadership, scrutiny and accountability. This will be supported by a Children's Safeguarding Executive Group that will be responsible for the delivery of the Partnership's strategic business plan (replacing the current executive group). Sub-groups of the Executive will undertake the detailed work on implementation of the safeguarding business plan with respect to services, service developments, performance monitoring and quality assurance. A stronger role for the voice and vision of the child is proposed in service planning and scrutiny.
- 1.3 New arrangements for challenge, scrutiny and commitment to continuous improvement amongst the statutory partners and relevant agencies are proposed, along with revised accountability forums.
- 1.4 The proposed new arrangements are contained in an appendix to this report.

2 Elected Member Training

- 2.1 Training sessions relating to the new safeguarding arrangements are being developed and planned for September 2019. Elected Members will be required to attend a dedicated mandatory training session and will have the option to attend additional multi agency sessions as per the Safeguarding Partnership's training calendar. A further joint training session for Elected Members and GPs has been planned in September for which the theme will be safeguarding.
- 2.2 Feedback from members who have attended previous training has highlighted that those who have already attended basic safeguarding training would like a more in-depth training offer as part of the member development programme. A snap survey has been developed which will go out to Elected Members in order to gain a better understanding of the safeguarding scenarios that they encounter. The feedback from the survey will be considered by the joint Training Subgroup of the adult and children's safeguarding boards and recommendations will be made in relation to the format and content of the Members' safeguarding training programme.

3 **Key Issues for Health Scrutiny to note**

- 3.1 The prime issue for Health Scrutiny to note is that statutory responsibility is transferred from being solely a local authority requirement to being shared equally with the police and CCG.
- 3.2 It should also be noted that several of the sub groups cited within the new arrangement will be shared with the Adult Safeguarding Board as the issues covered cut across the age ranges and this will lead to a more joined up approach.

4 **Links to Corporate Outcomes**

- 4.1 The proposals seek to enhance the voice of the child in influencing the priorities and the evaluation of performance of local safeguarding services.
- 4.2 The proposals seek to reduce the role of vulnerable young people in criminal exploitation and organised crime, with particular reference to improved understanding of complex and contextual safeguarding

5 **Consultation**

- 5.1 Development of these proposals has been on-going since April 2018 and a large number of stakeholder events and consultations have taken place. The statutory partners and independent chair have overseen this process since inception.

6 **Appendices**

- 6.1 Appendix A – New Safeguarding Arrangements
Appendix B – Revised Governance Arrangements

This page is intentionally left blank

Oldham Safeguarding Partnership

The Safeguarding Children Arrangements for

Oldham

V.8

June 2019

Foreword

Oldham's ambition is for a place where children and young people thrive. A key element in the delivery of that ambition is to ensure that children and young people are safe and feel safe, in their families, their homes, their schools and places of learning and in their communities. By working in effective partnerships – local families, local communities and local services – we aim to ensure that the children and young people of Oldham enjoy the best start in life, with their safety at the centre of our collective ambition.

The Oldham Strategic Safeguarding Partnership has been developed by Oldham MBC, Greater Manchester Police and the Oldham Clinical Commissioning Group to ensure that all children and young people in the area get the safeguarding and protection they need in order to help them to thrive. The partnership will provide leadership and accountability for the promotion of children and young peoples' well-being and the prevention and protection from harm. The partnership will promote a child-centred approach to safeguarding, listening to children, empowering families and, where needed, providing services that are professional, evidenced-based and effective. The partners will continuously strive to improve and challenge each other to learn the lessons from daily practice.

Safeguarding is everyone's business and the Oldham safeguarding partnership will provide lead responsibility in demonstrating what this means for all people and professionals living and working in the local community.

Add signatures from Carolyn Wilkins/ Ian Hopkins/ Neil Evans

Introduction

The Children and Social Work Act 2017 requires the three lead statutory agencies (local authority, police and local clinical commissioning group) to put in place revised safeguarding multi-agency arrangements by September 2019. These arrangements need to engage all relevant local agencies for the purpose of safeguarding and promoting the welfare of children in the area.

For many years the partner agencies in Oldham have coordinated their preventative and protective roles and responsibilities via the Oldham Safeguarding Children's Board. This Board has, over time, delivered effective and efficient safeguarding strategies and responses, many of which have been innovative and commanded the attention of national audiences. The record of the Board can be seen in its annual reports which are available on the website (www.olscb.org) and the strategic aims of the Oldham partners will transcend the transformation of governance responsibilities for safeguarding.

The Oldham Safeguarding Partnership will be introduced on 29 June 2019 followed by an implementation period of three months. The Oldham Safeguarding Children Board will cease to operate on 29 September 2019.

1993 Vision and Aims

The vision and aims of the Oldham Safeguarding Partnership are those currently stated in the Oldham Strategic Safeguarding Plan 2018-2021. While this plan was originally developed and signed off by local safeguarding partners under the Local Safeguarding Children's Board (LSCB) arrangements, the local partners continue to be committed to this vision and aims, demonstrating the continuity of their commitment to the safeguarding partnership, irrespective of change to governance structures.

The vision of the Partnership is:

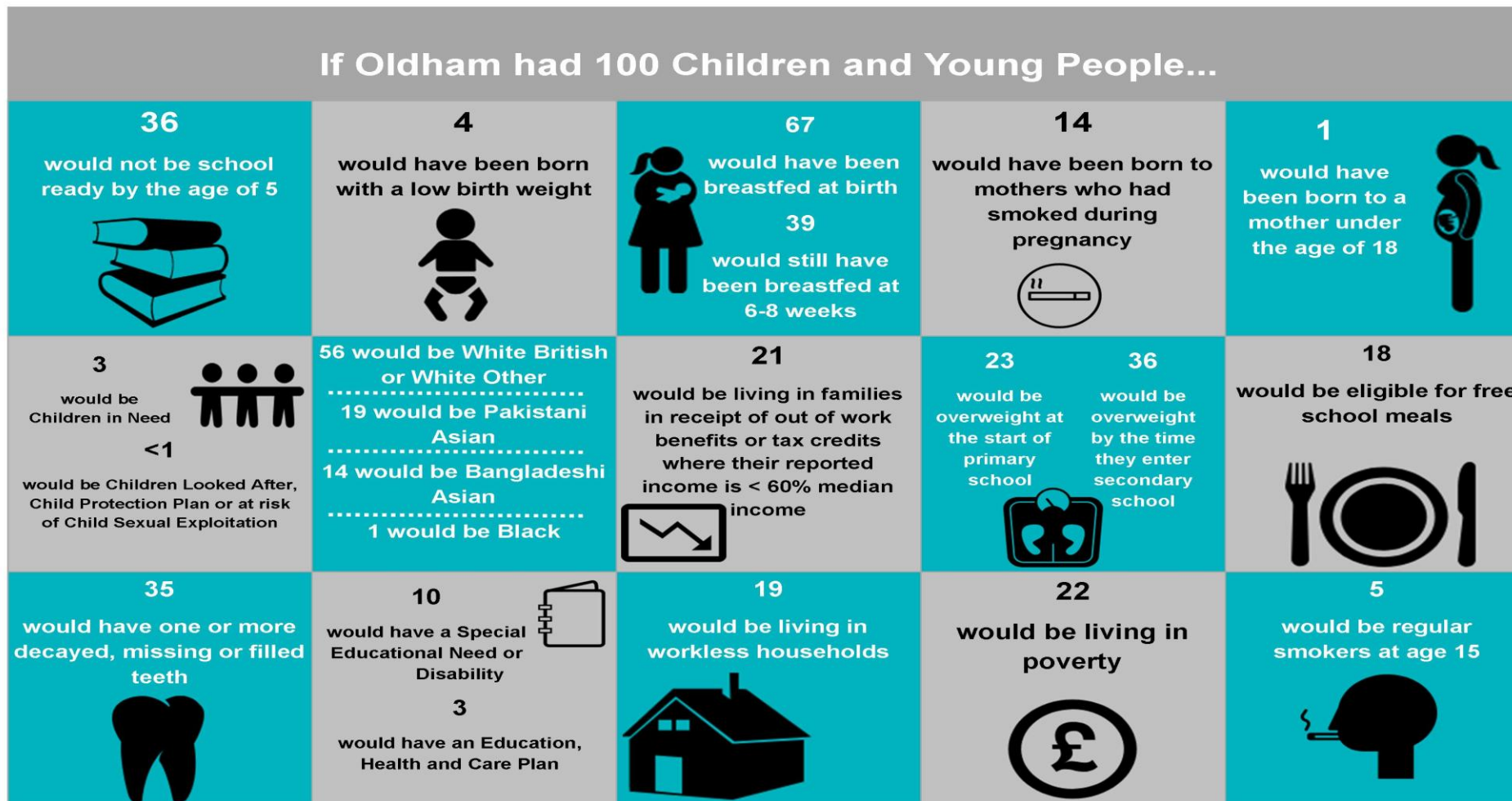
“For everyone to work together to ensure that all children and young people are safe and feel safe within their homes, schools and communities,”

Over the period to March 2021 the strategic aims of the Partnership are to ensure:

- Excellent practice is the norm across all practitioners in Oldham
- Partner agencies hold one another to account effectively
- There is early identification of new safeguarding issues
- Learning is promoted and embedded
- Information is shared effectively
- The public feel confident that children are protected

We need to ensure that all relevant parties continue to effectively participate in the new partnership arrangements and sustain their commitment to keeping the children and young people of Oldham safe and their contribution to enabling them to thrive. Prior to implementation of these revised arrangements a workshop will be convened of all relevant local safeguarding partners to review:

- The aims of the revised Partnership arrangements
- How Partnership working under the revised arrangements will differ from the working relationships under the LSCB
- Any revision to the statement of the vision and values of the Partnership required as a consequence.



These revised arrangements for safeguarding apply to the geographical area of the Metropolitan Borough of Oldham. We will ensure that these new arrangements are able to monitor the nature, extent and prevalence of safeguarding need within this geographical area and the initiatives services and outcomes provided to children, young people, their families and their communities by the contributors to this safeguarding partnership.

Oldham forms one of the ten local authority areas that comprise the Greater Manchester conurbation. Oldham will continue to work closely and collaboratively with its counterparts on both a regional and sub-regional basis. In particular, Oldham will actively participate in the initiatives of the Greater Manchester Combined Authority, particularly with respect to the Greater Manchester Safeguarding Standards Board and the Greater Manchester complex safeguarding initiative.

Understanding the context of life in Oldham for children, young people and their families is a fundamental point of departure for the safeguarding partners.

The voices of children and families

The new partner arrangements will seek to improve our ability to listen to children and young people as to their concerns and aspirations and how their safety might be compromised. The Make Your Mark survey in 2018 revealed the following top priority concerns for Oldham young people:

- Community safety
- Mental health
- Employment opportunities
- Combating homelessness

We need to be responsive to these findings and demonstrate that we are making an impact on the concerns of children and young people. The new arrangements will facilitate improving the partnerships communication with children and young people with the introduction of a new young people's safeguarding group. This group, which will be a formal component of the partnership, will be developed over the coming twelve months learning from the best practice of other Safeguarding Partnerships across the UK. In addition to providing the partners with information on

children and young people's emergent safeguarding concerns, the group will also provide scrutiny and challenge to the practices employed by the statutory partners and the relevant agencies.

These new arrangements will be in addition to the meetings already convened with the Oldham Youth Service and with the Oldham Children in Care Council.

Safeguarding Partners

The statutory partners responsible for the safeguarding arrangements under the Oldham Safeguarding Partnership are:

- Oldham Local Authority
- Oldham Clinical Commissioning Group (CCG)
- Greater Manchester Police

Page 3
The three safeguarding partners have equal and joint responsibility for local safeguarding arrangements. In situations that require a clear, single point of leadership, all three safeguarding partners will decide who would take the lead on issues that arise.

The lead representatives for Oldham's Safeguarding Arrangements are the Chief Executive of Local Authority, who is also the Accountable Officer for the Clinical Commissioning Group; and the Chief Constable of Greater Manchester Police.

The lead representatives have opted to delegate their functions to the following Senior Officers:

- Director of Children's Services (DCS) –Local Authority
- Executive Nurse – Clinical Commissioning Group
- Oldham Divisional Commander – Greater Manchester Police

Whilst the lead representatives may delegate their functions they remain accountable for any actions or decisions taken on behalf of their agency.

Relevant Agencies

Organisations designated as “relevant agencies” are those organisations and agencies whose statutory involvement in safeguarding the Partnership considers to be required to effectively safeguard and promote the welfare of local children (Working Together 2018 p.75). The “relevant agencies” to which these safeguarding arrangements apply is included at **Appendix A**. All organisations that were previously members of the Oldham Safeguarding Children Board at the point of the new safeguarding arrangements being implemented have been named as relevant agencies, alongside some additional nominees (eg the ambulance service). This ensures that the valuable contribution of those organisations to safeguarding work will continue to be taken forward collaboratively.

Designated “relevant agencies” will:

- Have appropriate safeguarding policies and procedures in place
- Regularly report on the operation of these policies and procedures as required by the local Partnership (eg by way of Section 11 returns
- Be aware of the safeguarding priorities of the local Partnership, as contained in the Partnership annual business plan, and contribute to the meeting of those priorities as appropriate to their role and remit
- Have the opportunity to commission support from the statutory partners to enable the delivery of their safeguarding responsibilities to the local Partnership

Responsibility for communicating with “relevant agencies” on the above issues will be assigned to nominated “leads” drawn from the membership of the Strategic Partnership. The list of “relevant agencies” will be review by the local Partnership annually.

Schools and education establishments

As stated in Working Together 2018,

*“Schools, colleges and other educational providers have a pivotal role to play in safeguarding children and promoting their welfare. Their co-operation and buy-in to the new arrangements will be vital for success.....
The safeguarding partners should make arrangements to allow all schools (including multi academy trusts), colleges and other educational providers, in the local area to be fully engaged, involved and included in the new safeguarding arrangements*

Particular consideration has been given to the role of education providers' engagement with the new governance arrangements for safeguarding and Oldham's Safeguarding Partners have chosen to name all schools, academies, colleges and education providers in Oldham as relevant partners. The Local Authority's Director of Education, alongside nominated representatives from Primary, Secondary, Special Education and Further Education will continue to be key members of the Safeguarding Partnership with a specific remit of ensuring effective communication of the Partnership's business to their peers throughout the local education sectors.

Residential homes

Residential homes for children and young people operating in Oldham will be required to become relevant agencies under the revised safeguarding arrangements. The Local Authority will use its commissioning structure and the residential manager's forum to communicate safeguarding concerns and issues to and from the residential care community.

Information Governance

An evaluation has been undertaken to audit the current status of data control and data sharing between the statutory partners and relevant agencies in Oldham. The statutory partners and their safeguarding stakeholders will comply with relevant legislation and regulation in relation to using data and intelligence. The Greater Manchester Information Sharing Procedures will provide the framework for information sharing. A local data transfer agreement and information sharing agreement will be in place in time for the implementation of the new arrangements. Each statutory partner will continue to be responsible for receiving information requests relating to their agency and considering exemptions under the relevant legislation. The communication of responses to requests, however, will be coordinated by the partnership to the inquirer.

Partnership arrangements

The organisational structure for the Oldham Safeguarding Partnership is included as **Appendix B**.

Whilst Oldham will retain distinct children's safeguarding arrangements there is a strong desire from partners to closer align these new arrangements with those of other strategic partnerships including Oldham Safeguarding Adults Board, Children and Young People's Partnership Board, Health and Wellbeing Board and the Community Safety and Cohesion Partnership. Chairs of these Boards and Partnerships will meet as required to share safeguarding concerns and issues that affect their remit.

In order support this closer working relationship between the Oldham Safeguarding Children's Partnership and the Safeguarding Adults Board the partnership has identified a series of cross-cutting subgroups to deliver on shared priorities (which are outlined below).

The Local Authority and CCG will convene a safeguarding scrutiny and accountability forum that will meet quarterly to review both the children and adults safeguarding agenda. This forum will be chaired by the Chief Executive of the Local Authority and CCG and comprise the independent chairs of the children safeguarding partnership and adult safeguarding board, the Executive Nurse of the CCG, the directors of children and adults services, the lead members for children and adults services and their opposition counterparts.

Safeguarding Children Strategic Partnership:

The Strategic Partnership will be responsible for setting the strategic aims and priorities of the Oldham safeguarding children partnership, agreeing and monitoring the partnership budget to deliver on those aims and priorities, monitoring the performance of the partnership, holding partners to account, providing scrutiny and challenge.

Page 46
will be chaired by an Independent Chair and will have the following partnership representation:

- Director of Children's Services - OMBC,
- Director of Social Care and Early Help - OMBC
- Executive Nurse – CCG,
- Designated Doctor – CCG,
- Designated Nurse – CCG,
- Superintendent – GMP,
- Lead Cabinet Member - OMBC
- Director of Education - OMBC
- Director of Public Health - OMBC
- Secondary Head teacher,
- Primary Head teacher,
- Special school representative
- Further Education representative
- Voluntary Sector representation
- Lay member

The Safeguarding Children Strategic Partnership will meet on a bi-monthly initially leading to quarterly once the revised arrangements have been embedded.

Oldham Strategic Safeguarding Forum

This forum will support the identification and prioritisation of cross-cutting safeguarding concerns that affect both vulnerable children and adults and require a coordinated response. This forum will bring together the following key leads to meet twice a year:

- Independent Chair of the Children's Partnership
- Independent Chair of the Safeguarding Adults Board
- Director of Children's Services – OMBC,
- Director of Adult Services – Oldham Cares,
- Executive Nurse – CCG,
- Superintendent – GMP.

Children's Safeguarding Executive Group

The Children's Safeguarding Executive Group will report directly into the Safeguarding Children Strategic Partnership and will be responsible for the development and delivery of the partnership's annual business plan and overseeing and monitoring the work of the sub-groups to deliver on the partnership business plan. The Executive Group will be chaired by one of the statutory partners that sit on the Strategic Partnership Group.

This group will have the following representation:

- Designated Nurse – CCG,
- Designated Doctor – CCG,
- Director of Children's Social Care and Early Help - OMBC,
- Chief Inspector – GMP,
- Director of Youth Justice Service,
- Assistant Director of Nursing Safeguarding - Northern Care Alliance,
- Head of Children's Services - Pennine Care,
- Local Authority Designated Officer (LADO)
- Director of Safeguarding Services – Bridgewater Community Healthcare NHS foundation trust
- Schools and further education representation,
- Senior Manager – Turning Point,
- Assistant Chief Officer - National Probation Service,
- Interchange Manager - Community Rehabilitation Company,
- Service Manager - CAF/CASS,
- Inter-Faith representative
- Third Sector representative

The Executive Group will meet on a bi-monthly basis. The group will report to the Safeguarding Children Strategic Partnership on a bi-monthly basis initially and a quarterly basis once the new arrangements have been fully embedded.

Children-specific sub-groups

These would be a combination of groups that perform a particular statutory function and/or reflect a priority issue on which the Partnership wishes to see development. These groups would comprise representatives of the wider local children's partnership and would be reviewed annually as part of the business planning process. In year one they will comprise the following:

1. Child Safeguarding Practice Review:

This group will be responsible for the consideration of serious incidents and/or child deaths which have occurred as a result of abuse or neglect, as per Working Together 2018 guidance. The group will undertake rapid reviews within 15 working days and will lead on the completion of any local safeguarding practice reviews. This group will also act as the co-ordination group for any national safeguarding practice reviews. Oldham's rapid review process is part of a Greater Manchester initiative (led by Salford as an early adopter) to ensure a consistency of approach across the GM safeguarding partnerships.

2. Learning and Improvement:

This group will lead on the learning and improvement activity of the Partnership. This will include undertaking multi-agency case evaluations, monitoring partner agency compliance with Section 11 responsibilities, collating and providing analysis of partnership performance data.

3. Policy and Procedures:

Oldham Safeguarding Partnership will continue to adopt pan Greater Manchester policies and procedures. The role of the local policy and procedures group will be to support the maintenance and review of Greater Manchester safeguarding policy and procedures; to review the effectiveness of policies and procedures as directed by Child Safeguarding Practice Reviews and learning and improvement activity, and make recommendations for modifications as required. The policy and procedure sub-group will lead on guidance on information sharing, but all sub-groups will need to be mindful of the implications of information sharing, current practice and standards and how improvement can be attained.

4. Safeguarding and Well-Being in Education:

This existing subgroup will continue to report directly into Oldham Safeguarding Partnership and Oldham Education Partnership. The primary role of this group is to support schools, academies, colleges and other educational establishments in their work to raise standards and drive forward the safeguarding and well-being agendas in those settings

Cross-Partnership subgroups

These groups would comprise representatives of the Children and Adults Safeguarding Partnership/Board in the main and would be progress initiatives identified and agreed by the Oldham Strategic Safeguarding Forum. In year one they will comprise the following:

1. Transitions:

The key function of this group will be to review and evaluate the effectiveness of the arrangements for transition of young people in the context of the following services: criminal justice, mental health, substance misuse, education, social care; and to develop an action plan where appropriate to support the improvement of safeguarding within the context of these transition arrangements.

2. Training and Workforce Development

This group will see the merger of two existing training subgroup to form a single Training and Workforce Development subgroup. The function of this group will be to develop a multi-agency safeguarding training needs analysis, design and implement a multi agency safeguarding training calendar; co-ordinate a multi-agency training pool and monitor the impact and effectiveness of multi-agency training on safeguarding practice.

3. Complex and Contextual Safeguarding:

This is a new priority group for both children and adult safeguarding partners. Bringing together the various strands of complex and contextual safeguarding this group will develop a coordinated complex and contextual safeguarding strategy and action plan and oversee its implementation and impact on improving outcomes for children and young people.

4. Early Help and MASH

This group will offer multi agency oversight to two areas of operational practice. Firstly the group will monitor the safeguarding implications in the roll-out of the revisions to Oldham's Early Help offer and secondly the group will monitor the response to the safeguarding issues identified by the MASH and support performance improvement and development.

5. MCA and Liberty Protection

In the summer of 2018, the government published the Mental Capacity (Amendment) Bill which proposes reform to the current arrangements for deprivations of liberty to cover 17-18 year olds. At present the Bill is still being debated in Parliament. Once the Bill has been finalised the function of this group from a children's perspective will be to consider the implications of the Mental Capacity Act and the revised arrangements for liberty protection as they affect those 16 years+.

6. PR and Communications:

This is an existing joint subgroup of the Children and Adults Safeguarding Boards which will be retained under the new arrangements to develop a communications strategy with respect to the work of the Oldham safeguarding partnerships; to support the communication platforms used by the partnerships to communicate with key stakeholders (eg social media, website); and to manage media related queries with respect to the safeguarding partnerships.

7. Domestic Abuse:

The Domestic Violence and Abuse Partnership (DVAP) is an existing partnership group which has its governance with the Community Safety and Cohesion Partnership. Both Safeguarding Boards made the decision to devolve responsibility for safeguarding in relation to children and adults to this partnership thus ensuring a coordinated strategic response to this high priority issues. The role of this group is to oversee the implementation and impact of the safeguarding requirements of the Oldham domestic abuse strategy and action plan. The DVAP will continue to report to both Safeguarding Partnerships on a bi-monthly basis.

Measuring Performance and Impact

In order to ensure that we are effectively delivering on our statutory responsibilities we will use the following key standards to measure our performance:

1. Outcomes for children and young people

The Partnership can demonstrate that the development of safeguarding culture is a key operational and strategic goal for all partners.

2. Participation

The Partnership actively engages with children and young people, using what it hears to continually inform policy, strategy and forward planning. The Partnership actively engages with safeguarding stakeholder groups using what it hears to continually inform policy, strategy and forward planning.

3. Vision, Strategy and Leadership

The Partnership has access to a wide range of high quality data and information which feeds into policy, strategy and forward planning. The Partnership has a clearly defined, easily accessible and well-communicated strategic plan, which includes clear leadership roles for the implementation of required objectives and milestones.

4. Working Together

The Partnership can demonstrate the participation and engagement of all stakeholders in the annual business plan. The Partnership actively promotes strong collaborative working

arrangements between themselves, local safeguarding stakeholders and related partnerships and boards.

5. Resource and Workforce Management

The Partnership is resourced to fulfill its legal responsibilities and manages those resources effectively. The Partnership and its stakeholders have clear lines of responsibility and accountability for the identification and response to safeguarding risks and needs and the delivery of quality services. The Partnership facilitates the delivery of suitable learning opportunities for the staff of Partners and local stakeholders on safeguarding policies, procedures and priorities.

6. Service Delivery and Effective Practice

The Partnership defines key indicators and business reports that are used to measure the performance of safeguarding stakeholders' services in relation to risk prevention, the promotion of well-being and intervention in situations of concern. The Partnership can clearly demonstrate that assurance mechanisms are in place to monitor the effectiveness of safeguarding activity and the practice of stakeholders. The Partnership publishes an annual report that clearly and honestly details how effective the work of the Partners and their stakeholders has been.

7. Commissioning

The Partnership can demonstrate that it receives assurance from the Partners and their stakeholders that they are commissioning safe services and that they have the means to act where this may not be taking place. The Partnership effectively commissions local safeguarding reviews and, where applicable, other review and assurance processes.

8. Improvement and Innovation

The Partnership is committed to continuous improvement in its policies, strategies, service priorities and evaluations of outcomes.

Independent Scrutiny Arrangements

Working Together to Safeguard Children 2018 requires that the safeguarding partners ensure that the scrutiny is objective, acts as a constructive critical friend and promotes a drive for continuous improvement. The role of independent scrutiny is to provide additional assurance in judging the effectiveness of multi-agency arrangements to safeguard and promote the welfare of children and young people in the local area, including the arrangements to identify and review serious child safeguarding cases.

Independent scrutiny in Oldham will be activated around three safeguarding domains:

1. Operational Practice (individual case basis, teams and units of management, partner and other stakeholder organisation)
2. Partnership Working (within and between the Statutory Partners, between the Statutory Partners and other local stakeholders, between the Statutory Partners and children and young people, their families and local communities)
3. Regional and Sub-regional Working (between the local Statutory Partnership and relevant offices of the Greater Manchester Combined Authority, between the Oldham Partnership and other Partnerships in the GM conurbation)

A wide variety of method and mechanisms will be employed to secure independent scrutiny and careful consideration will be given to ensuring their applicability to the relevant domain to be addressed. These methods and mechanisms will include:

1. Quality audit
2. Peer review

3. Rapid reviews
4. Multi-agency concise review
5. Commissioned reviews/evaluations
6. Child safeguarding practice review
7. Single agency inspections
8. Joint Targeted Area Inspections
9. Independent Reviewing Officer role
10. Independent Chair of the Strategic Partnership role
11. Lead member for children's services role
12. Annual Partnership Development Day
13. Young People's Safeguarding Group
14. Council /CCG Joint Scrutiny and Accountability forum
15. GM Complex Safeguarding Executive
16. GM Standards Board

Page 5

The annual report of the Partnership will contain a section on independent scrutiny, the domains that have been addressed in the reporting period, the methods and mechanisms employed and the outcomes reached,

Resources and Infrastructure

The infrastructure of the Partnership will be supported by a Safeguarding Partnership Business Unit. This will consist of a Partnership Business Manager, Partnership Training Consultant, Partnership quality assurance officer, and Partnership Business Support Officers. The Business Unit will provide support to the business meetings of the Safeguarding Children Strategic Partnership, the Safeguarding Children's Executive Group and the Children's Partnership sub-groups. This will include facilitating the dissemination of reports, reviews and evaluations undertaken on behalf of the Partnership.

The Partnership Business Manager will co-ordinate the development of the Partnership annual business plan and the Partnership's annual report. The Business Manager will also oversee the progress of the Partnership business plan by the sub-groups and support regular reporting at

all levels of the partnership structure. In addition the business manager will maintain links and joint working arrangements with other partnerships and Boards.

Funding

The statutory safeguarding partners have agreed that the budget for the operation of the Partnership in 2019-20 will be on the same basis as that for 2018-19. This will be the subject of review in the light of further information and advice being made at either GM or governmental level.

The current budget contributions are as follows:

Schools and Academies	£110,000
Probation (National and CRC)	£3289
CAFCASS	£505
Traded Services Income	£58,901
Positive Steps	£5,050
TOTAL FOR RELEVANT AGENCIES	£177,745
3 Statutory Safeguarding Partners	£170,231

TOTAL CONTRIBUTIONS	£347,976

Escalation and the Resolution of Disputes

All agencies participating in the Oldham Safeguarding Partnership will be subject to the Greater Manchester Safeguarding Procedures, including the “Resolving Professional Disagreements/Escalation Policy.”

When a disagreement arises between two agencies they should seek to meet and try to find a satisfactory resolution. Where the disagreement cannot be resolved or involves a more complex set of partner agencies the full Safeguarding Partnership meeting should seek a resolution. Where necessary the three statutory safeguarding partners will have primacy in determining a resolution to the disagreement. If there is a disagreement between the statutory safeguarding partners, then the Independent Chair should be asked to mediate and negotiate a resolution.

Thresholds

A revised statement of thresholds for safeguarding and a continuum of need document under the auspices of the Oldham Safeguarding Partnership is in the course of preparation. This will be implemented once the revised partnership arrangements have been put into effect.

Continuous Improvement

The Partnership is committed to continuous improvement both across the workforce of the statutory partners and those of the relevant agencies it seeks to work with. A key element of this commitment is the staff training and development programme which adopts a multi-agency approach for professionals working at both a strategic and operational level to achieve better outcomes for children and young people. The training aims to enable staff to effectively safeguard children across organisational boundaries. Current priorities of the programme reflect the Partnership's business plan for 2019-20 and include a focus on domestic abuse, trauma, contextual safeguarding and neglect.

The learning and improvement sub-group will lead on continuous improvement for the Partnership, seeking data, intelligence and audit findings to evaluate the effectiveness of safeguarding services for children and young people in Oldham. The sub-group will be responsible for analyzing multi-agency safeguarding performance data and the findings from case reviews to inform the Partnership of relevant trends in safeguarding performance, risks to the attainment of the Partners' business priorities and emergent safeguarding needs that require a response from the Partnership. The sub-group will:

- Be drawn from across the statutory partners and local relevant agencies, including staff from early help services
- Conduct audits informed by the Partnership priorities, data intelligence and the findings from case reviews (local and national)
- Undertake audits on both a single and multi-agency basis and include annually at least one 'deep dive' in addition to 'dip dives'
- Receive single agency audit reports and performance reviews and challenge their conclusions where merited, and identify any significant issues that need to be monitored and/or raised to the Strategic Partnership or Executive Group
- Develop and monitor action plans resulting from performance data analysis and audit and ensure that such action plans are completed in a timely manner
- Identify whether or not practice has changed as a result of completed action plans, using performance data or re-auditing where required.

Transition and Review of Arrangements

The Partners recognise that time will be required to transition from the culture of the Oldham Safeguarding Children Board to that of the Oldham Safeguarding Children Strategic Partnership. A programmed approach has been scoped for the 12 months of the business period 2019-20. This will include the following milestones:

June 2019	Publication of the revised arrangements in Oldham Submission of the revised arrangements to the Department for Education
July – August 2019	Transfer for LSCB data and documents to the new Safeguarding Partnership
July 2019	Final Oldham LSCB meeting
September 2019	New Safeguarding Arrangements commence First Safeguarding Children Strategic Partnership meeting will be held Launch of stakeholder events
March 2020	Evaluation of the first six months of the new arrangements with recommendations for any necessary changes
April 2020	Partnership business plan 2020-21 to be produced, incorporating any changes to the arrangements arising from the evaluation

Page 56

Appendix A – Relevant Agencies

The statutory safeguarding partners will name the following as “relevant agencies” to the Oldham Partnership:

- Maintained schools
- Academies
- Independent schools
- Further education establishments
- Residential homes for children
- Northern Care Alliance
- Pennine Care
- CRC
- NPS
- Turning Point
- Oldham voluntary, community and faith partnership
- Public health
- Bridgewater Community Healthcare NHS foundation trust
- North West Ambulance Service
- Positive Steps (including Youth Justice Service)
- CAFCASS
- Greater Manchester Fire and Rescue Service

Appendix B – New Safeguarding Partnership Structure

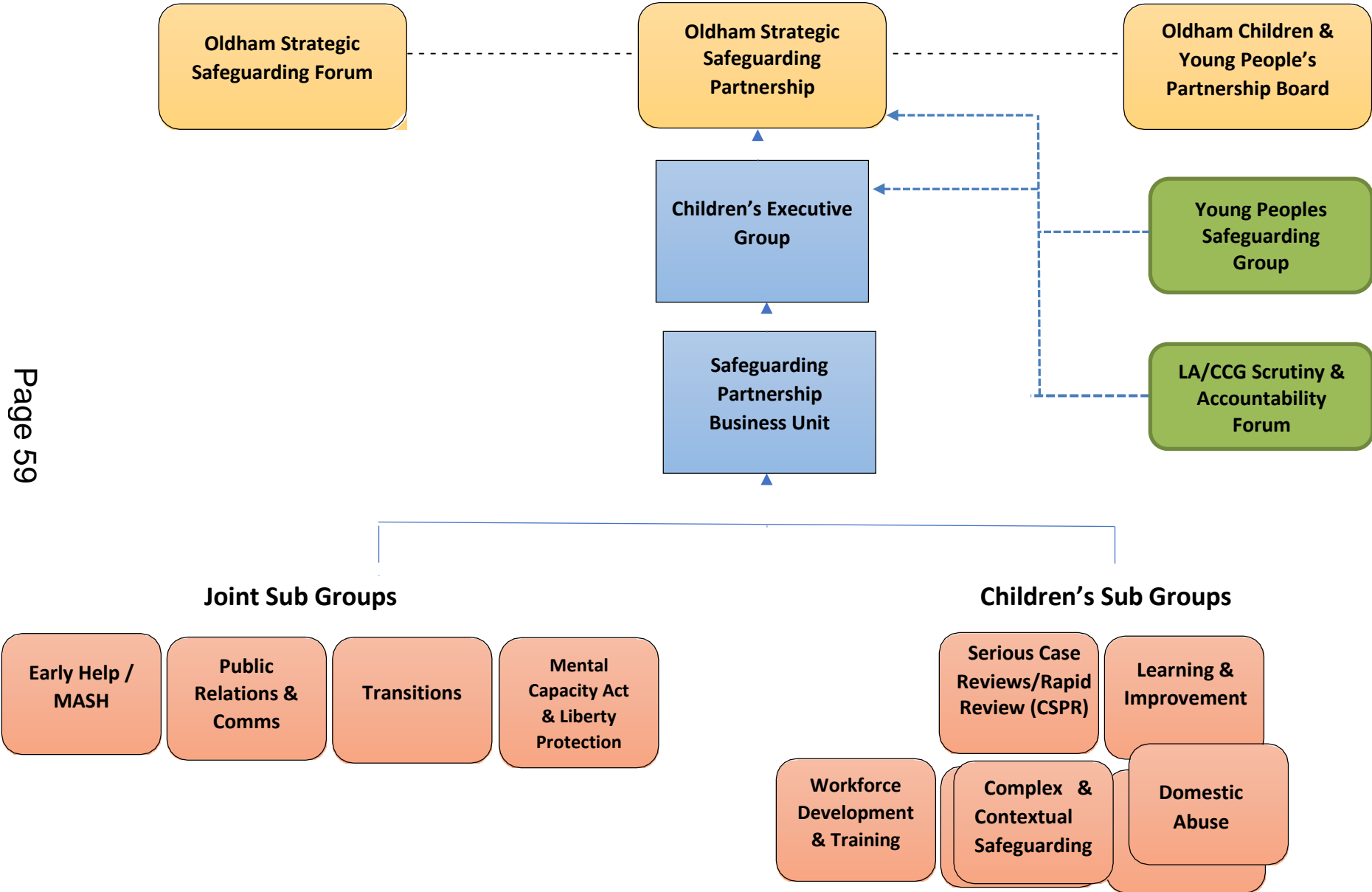


Annexe B.docx

This page is intentionally left blank

Oldham's Safeguarding Children Governance Arrangements

Page 59



This page is intentionally left blank



Report to Health Scrutiny Committee

Children and Young People's Mental Health and Emotional Wellbeing

Portfolio Holders:

Cllr Zahid Chauhan – Cabinet Member for Health and Social Care

Cllr Amanda Chadderton – Cabinet Member for Children's Services

Officer Contact: Nicola Hepburn, Associate Director of Commissioning, Oldham Cares

Report Authors:

Angela Welsh, Senior Commissioning Business Partner (Children and Maternity), Oldham Cares

Julie Farley, Manager, Healthwatch Oldham

2 July 2019

Purpose of the Report

The purpose of this report is to provide an overview of the current offer for children and young people's mental health and emotional wellbeing in Oldham. The report includes consideration for the following:

- CAMHS Local Transformational Plan – annual refresh
- Findings from the Healthwatch review of Children and Young People's Mental Health services

Recommendations

Health Scrutiny Committee are asked to note the update of the CAMHS Local Transformational Plan and the findings of the Healthwatch review of Children and Young People's Mental Health services.

Children and Young People’s Mental Health and Emotional Wellbeing

1 Background to the CAMHS Local Transformational Plan

- 1.1 The CAMHS Local Transformational Plan Refresh (2019), see attached *Appendix 1*, has been compiled by Oldham CCG in association with its partners. It builds upon the ambition identified within the original CAMHS Local Transformational Plan (October 2015) for children and young people in Oldham requiring emotional wellbeing and mental health support and, as such, should not be read in isolation. The annual refresh has a focus on the changes that the additional CAMHS Local Transformational Plan investment has brought about since 2015 and is reported annually on the service developments and impact that investment has achieved
- 1.2 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.

2 Current Position – CAMHS LTP

- 2.1 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 Oldham by 2021 by building the resilience of children, young people and their families.
- 2.2 Our aim over the duration of the plan 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.
- 2.3 The plan is refreshed on an annual basis and published at the end of March on both the CCG and Local Authority websites.
- 2.4 The CAMHS LTP (2019 refresh) has been approved at CCG Governing Body in March 2019 and has been received by elected members.

3 Healthwatch Review of Children and Young Peoples Mental Health Services

- 3.1 To ensure the transformation of services reflect the needs and wants of families in Oldham, the CCG and Oldham Council invited Healthwatch Oldham to undertake a review of young people’s mental health services. A total of 90 families and 35 professionals took part in the review which took place between January and March 2019.

3.2 Feedback was gathered through a combination of questionnaires and in-depth focus group discussions and has highlighted areas that are working well as a result of changes introduced within the Local Transformation Plan, as well as areas for improvement to be included as part of the ongoing programme of work.

3.3 The Healthwatch review (*full report - Appendix 2*) highlights a number of key themes:

- Access
- Communication
- Autism
- Staff
- Treatment
- Discharge
- Crisis

3.4 The review acknowledges that more time may be needed to embed the children and young people's single point of access for mental health services and the whole school approach in order to get a more accurate picture of how well the new arrangements are working.

4 Key Issues for Health Scrutiny to Discuss

4.1 Health Scrutiny Committee are asked to reflect upon:

- impact of the CAMHS Local Transformational Plan to date
- feedback from the Healthwatch report and how this can inform future planning

5 Key Questions for Health Scrutiny to Consider

5.1 Health Scrutiny Committee are asked to note the update of the CAMHS Local Transformational Plan and the findings of the Healthwatch review of Children and Young People's mental health services

6 Links to CCG Triple Aim Strategic Objectives

6.1 To improve the health of the people of Oldham

To demonstrate that systems and services are in place to support children & young people with mental health needs.

6.2 To improve the care they receive and their experience of it

To demonstrate that systems and processes are in place to improve health outcomes for children & young people with mental health needs.

6.3 To deliver best value for money by using our resources effectively

To demonstrate effective use of CCG resources.

7 **Consultation**

- 7.1 The CAMHS Local Transformational Plan has been developed by Oldham CCG, in association with its partners who include Local Authority, Pennine Care Foundation Trust, Youth Council and TOG Mind. The CYP Emotional Wellbeing and Mental Health Partnership has oversight of the delivery of the plan.
- 7.2 A total of 90 families and 35 professionals took part in the Healthwatch review. Feedback was gathered through a combination of questionnaires and in-depth focus group discussions.

8 **Appendices**

- 8.1 Appendix 1 - CAMHS Local Transformational Plan (Refresh 2019)
Appendix 2 - Healthwatch Review of CYP Mental Health

Child and Adolescent Mental Health Services (CAMHS) Local Transformational Plan Refresh (2019)



Wordle designed by Oldham Youth Council

Final Version
(tbc)

Approval

Approved by:	
Available on:	<p>Oldham CCG website: www.oldhamccg.nhs.uk/AboutUs/Publications/tabid/181/Default.aspx</p> <p>Oldham Council website: http://www.oldham.gov.uk/hwbboard/homepage/3/useful_documents http://www.oldham.gov.uk/info/200935/health_strategies_and_reports Direct link to strategy and plan: http://www.oldham.gov.uk/downloads/download/1000/child_and_adolescent_mental_health_services_strategy</p> <p>Pennine Care NHS Foundation Trust website: www.healthyyoungmindspennine.nhs.uk/</p>
Contact:	<ul style="list-style-type: none"> • Angela Welsh, Oldham CCG. Email: a.welsh@nhs.net • Anthony Shaw, Oldham Council. Email: anthony.shaw@oldham.gov.uk • Joanne Needham, Pennine Care NHS FT. Email: joanneneedham@nhs.net • Nicola Harrison, Tameside, Oldham and Glossop Mind. Email: nicolaharrison@togmind.org • Mike Bridges, Oldham Council. Email mike.bridges@oldham.gov.uk • Lisa Lowe, Oldham CCG. Email: lisa.lowe3@nhs.net

Signatories

Name	Cllr Zahid Chauhan
Signature	
Role / Organisation	Chair, Oldham Health and Wellbeing Board, Lead Member for Health
Date	
Name	Dr John Patterson
Signature	
Role / Organisation	Chief Clinical Officer – NHS Oldham CCG
Date	

Date	Version	Distributed to	Details
	V1.0	Stakeholder review group	Initial draft version for comments
07/03/2019	V2.0	CCG Finance Team	Financial update
28/03/2019	V3.0	CCG Governing Body	Draft version for comments and approval
29/03/2019	V4.0	Draft Publication on CCG and OMBC website	

Table of Contents

1.0	Executive Summary	4
2.0	Strategic Context	7
3.0	Local Demographics	10
4.0	Engagement and Partnership	14
5.0	Ambition / Vision: Local Priorities	18
6.0	Local Service Provision	30
7.0	Accountability and Transparency: Monitoring Improvement	51
8.0	Measurable Outcomes / Benefits	53

1.0 EXECUTIVE SUMMARY

1.1 Introduction

This CAMHS Local Transformational Plan has been compiled by the CCG in association with its partners. It builds upon the ambition identified within the previous CAMHS Local Transformational Plan (October 2015) for children and young people in Oldham requiring emotional wellbeing and mental health support and, as such, should not be read in isolation. This plan has a focus on the changes that the additional CAMHS Local Transformational Plan investment has brought about since 2015

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.

The Plan is split into a number of sections and has been written in a format that is concise, easily understood and (where possible) jargon free (following feedback from the young people themselves). The sections include:

- Strategic context (including across Greater Manchester and in Oldham itself)
- Demographic need which provides an oversight into the population of the children and young people in to Oldham, which provides the necessary information to plan services
- The engagement section outlines the importance of continually including children and young people in the designing of services and includes an example of a pilot that is currently being undertaken
- The local priorities section details the investment in each area and the progress that has been made to date
- Services provided in Oldham to children and young people to support their emotional wellbeing and mental health, which include the funding available to support them. It also lists the involvement from the voluntary sector
- The latter sections of the plan focus on who oversees the implementation of this plan; the groups in place to monitor its implementation and the benefits such services have brought to our local children and young people.

The Plan has been enhanced following the report by the Education Policy Institute's Mental Health Commission '*Progress and challenges in the transformation of children and young people's mental health care (2016)*' to address the following areas: ambition, early intervention and governance. In addition, the 'transparency' and 'challenges' sections have been strengthened.

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.

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 Oldham by 2021 by building the resilience of children, young people and their families. Our aim over this five year period 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.

In Summer 2018, the Health and Wellbeing Board approved the establishment of a Children and Young People's Partnership Board in order to deliver our ambition,

'for Oldham to be a place where all children and young people thrive'.

The Children and Young People's partnership will be responsible for developing a Strategic Framework, this will set out how partners intend to deliver the ambition for our children, young people and their families. In addition to the high level outcomes, the framework will set out the key commitments which the partnership agrees to make to our children and young people. The final product will be co-produced and jointly owned by all partners and will ensure clarity of purpose and effective governance arrangements.

The key priority outcomes are, that our children and young people:

- Are safe and feel safe
- Are as healthy as they can be, including emotionally and mentally
- Enjoy growing up in Oldham and do well in the early years, school and college
- Have things to do and opportunities to contribute to their communities
- Are supported to make the successful journey into adulthood, work and independence

The Strategic Framework will be used by the Partnership Board to establish the Children and Young People's Strategy 2019 – 2022 and associated action plan, including the CAMH's local transformation plan.

1.2 Early Intervention: Oldham Schools

A significant element of Oldham's CAMHS Transformational Plan has been directed towards promoting resilience, prevention and early intervention thus reducing demand upon higher level, specialist services such as Healthy Young Minds. The stepped care model (stages 1-3) aims to reach every child and young person across Oldham with mental health and wellbeing prevention and intervention to ensure provision of 'Thriving; Resiliency and Coping; Getting help'. The model is educational and preventative and starts with a whole school approach, with additional support available for those requiring it.

The core elements of this provision included delivering the Whole School Approach to Emotional Health and Mental Wellbeing across Oldham primary and secondary schools including 6th form colleges. The approach includes providing one-to-one early intervention services directly within Oldham schools, ensuring support for children and young people could be sought more quickly at a lower level and having increased accessibility. The model continues to be successful with current contact with over 65 schools.

As part of this stepped care model, a specialist mental health school advisor commenced (to act as an intermediary between schools and service providers) working across the full range of mental health difficulties, ensuring pupils obtain appropriate treatment support and adjustments. The role assists in ensuring timely access to appropriate services, negating more costly specialist service interventions further down the line. The role has supported the implementation of the whole school approach working alongside colleagues from public health, educational psychology service, behaviour support service and Tameside, Oldham and Glossop Mind to ensure a joined up approach.

1.3 Specialist services

Additional investment has been directed to enable children and young people in 'Getting More Help' from the specialist service provided by Health Young Minds (formerly known as CAMHS). This additional investment (using CCG and CAMHS Local Transformation Plan funding) has enabled the service to;

- Recruit an additional 12 staff
- Increase the number of appointments available (with evening appointments introduced)
- A change in the way services are provided, with a proactive approach of liaising with children, young people and their families.

This has resulted in an improvement in waiting times (waits of up to 20 weeks back in October 2015) to currently 6 weeks for an appointment. Further detail about this service can be found at Section 6.3.2.

2.0 STRATEGIC CONTEXT

2.1 National

In the Autumn Statement (December 2014) and Budget (March 2015), the Government announced extra funding for the NHS to invest in transforming mental health services for children and young people. The publication of the Department of Health and NHS England's (2015) task force report, "*Future in Mind: Promoting, protecting and improving our children and young people's mental health and wellbeing*" set out how services need to be transformed to promote the mental health and wellbeing of children and young people. It requires a systems change, improving all services from health promotion and short term early help to intensive and specialist child mental health services.

In addition, the '*Five Year Forward View for Mental Health*' (2016) - an independent report by The Mental Health Task Force - sets out the start of a ten year journey for mental health transformation. The supporting documentation, '*Implementing the Five Year Forward View for Mental Health*' (2016) presents the timeframes and funding for delivery of the programmes of work which will transform mental health services in the coming years. This includes the objective that by 2020/21, there will be a 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 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. It advises on how the delivery partners will work together at national and local level, and how they will be held to account for meeting the timeframes and for using the funding in the most effective way.

Most recently, in December 2017, the Government released the Green Paper: *Transforming children and young people's mental health provision*. The green paper focuses on earlier intervention and prevention, especially in and linked to schools and colleges. The paper sets out a number of ambitions. Examples of these are: A mental health lead in every school and college by 2025, mental health support teams working with schools and colleges, shorter waiting times to get treatment from children and young people's mental health services, a new national partnership to improve mental health services for young people aged 16 to 25, exploring how social media affects the health of children and young people, creating guidance for local areas about the best parenting programmes, and researching how mental health problems can be prevented.

2.2 Greater Manchester (GM) collaboration

Greater Manchester has taken control of public funding for health and social care, as opposed to central government (known as Devolution). Devolution provides Greater Manchester with the opportunity to take advantage of its unique position and collectively respond to the challenges this area faces.

Economies of scale is doing things more efficiently with increasing size or speed of operation resulting in more effective and efficient services, making sense for them to be better organised across a large population. As such, there are several key priorities that have been agreed across Greater Manchester and, in particular, for an all age Mental Health and Wellbeing Strategy.

The strategy can be found at:

<http://www.gmhsc.org.uk/wp-content/uploads/2018/04/GM-Mental-Health-Summary-Strategy.pdf>

Implementation of this strategy will redress the balance of services, increasing community-based provision and early intervention; reducing the need for higher level interventions and, in turn, delivering efficiencies through a reduction of high cost, intensive interventions and use of beds. It has a focus upon:

- 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 the 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 there is an aim to achieve equality between mental health and physical illness
- Sustainability - in order to effect change for the long term, the strategy will build on evidence from the improvements already made which have proven to have had an impact either in Greater Manchester or elsewhere to challenge the way we plan and invest in mental health.

A review of current service provision from a range of perspectives includes: scoping best practice across the region and beyond; to consult widely with all stakeholders; to connect with associated Transformation processes, e.g. Greater Manchester Crisis Concordat, Mental Health Liaison Strategy, Local Transformation Plans; Children’s Services Review, Youth Justice Review and NHS England CAMHS inpatient redesign review.

Greater Manchester Health and Social Care Partnership have recently launched a Children and Young People Health and Wellbeing Framework 2018-2022 which focusses on the following objectives which will improve the physical, mental health and wellbeing of our children and young people:

Delivery Wave 1

Objective 2 - Early Years and School Readiness

Objective 3 - Mental Health and Resilience

Objective 6 - Preventing avoidable admissions, particularly for long term conditions

Delivery Wave 2

Objective 4 – Supporting and protecting children and families at risk

Objective 5 – Working with schools to improve all children’s safety, physical and mental health and especially those with special needs

Objective 7 – Transition of care for young people to adult services

Delivery Wave 3

Objective 1 – Including children in planning based on a children’s charter

Objective 8 – Delivering a modern, effective, safe and sustainable workforce

Objective 9 – Using the power of digital technology to join up services

Objective 10 – Sharing transparent and accessible data to hold us to account for performance.

The strategy can be found at:

<http://www.gmhsc.org.uk/wp-content/uploads/2018/10/Greater-Manchester-Childrens-and-Young-People-Health-and-Wellbeing-Framework-2018-2022-Final-Print.pdf>

This collaborative approach across the 10 local authority footprints is enabling the sharing and implementation of good/best practice, development of consistent care pathways and quality standards, leading to improved quality and equitable services across Greater Manchester. A number of groups oversee and deliver the required changes (with representation included from Oldham CCG and Oldham Council):

- Greater Manchester Children’s and Maternity Commissioning Consortium
- Greater Manchester Future In Mind (FIM) Delivery Group
- Greater Manchester Mental Health Strategy - Children and Young People’s Mental Health Board
- Association of Directors of Children’s Services (GM Children’s Services Review).

The work currently being developed in association with the Greater Manchester Future In Mind (FIM) Delivery Group (which includes Oldham CCG representation) includes:

- A sustainable Greater Manchester wide integrated mental health crisis prevention, assessment and support pathway for children, young people and their families which are of the highest quality and available at the point of need (24 hours each day, 7 days a week)
- Greater Manchester children and young people mental health inpatient redesign
- Emotional wellbeing and mental health of Looked After Children (LAC)
- Greater Manchester whole children and young people’s training needs analysis
- Developing a Greater Manchester whole system Future in Mind Transformation Plan.

Improving outcomes for children and young people is a priority for the *Five Year Forward View for Mental Health* (Mental Health Taskforce, 2016). By 2020/21, there is expected to be a significant expansion in access to high-quality treatment in the community, so that more children and young people are seen each year.

2.3 Oldham Collaboration

In addition to the changes across Greater Manchester, there have also been developments locally with the establishment of the Integrated Care Organisation known locally as Oldham Cares - a whole system approach to improving health and quality of life; and delivering high quality, joined up health and care services.

This development brings together existing health and social care services - joining up and improving the care that people receive and ensuring that services are sustainable for the future.

Oldham Cares encompasses:

- A single commissioning function for health and social care in Oldham
- An alliance of providers of Oldham’s health and social care services
- Oldham’s voluntary, community and faith sector organisations
- The wider Oldham public as residents, patients and carers

From April 2018, the first stage of this new way of working saw the co-location of Local Authority staff with Clinical Commissioning colleagues forming a cross-organisation team based at Ellen House.

The partners in Oldham envisage that the most appropriate mental health services are commissioned so that children and young people receive timely, integrated care and support (in the most appropriate setting) to ensure that they develop and grow into strong, resilient adults. This will mean that children and young people in Oldham will:

- be safer from harm and neglect
- have greater access to a high-quality learning offer across the ages from early years to higher education
- lead healthier and more active lifestyles
- have improved access to joined-up and effective local services and amenities
- have raised aspirations and expectations and
- enjoy better life opportunities.

Sections 2.2 and 2.3 of the locality plan provide further detailed information with mental health and children & young people being two of the major Transformation themes, which can be found at:

www.oldham.gov.uk/downloads/file/3921/oldham_locality_plan_for_health_and_social_care_transformation_april_2016_-_march_2021

2.4 Challenges

There are significant changes occurring, at a Greater Manchester level (through Devolution) but also locally with the setting up of the new Integrated Care Organisation, child population growth and continued austerity.

Integrated Care Organisation and Children's Social Care transformation is moving at a pace which may impact on the stability of resources and delivery of the initiatives mentioned in this Plan, requiring organisations and individuals to incorporate a level of flexibility. In addition, nationally there is a mismatch between resources (commitment as part of the 'Five Year Forward View') and patient needs with a requirement that NHS organisations are required to make efficiency savings and the impact of this moving forward is unclear.

There are concerns with the increase in the child population as a percentage of the overall population of Oldham which expected to grow significantly over the next 20 years. Current estimates suggest it will grow from 65,486 to 76,380 by 2037; an increase of 23%. The largest increase is expected the 5-9 and 10-14 age bands; up by 26% from 2011 to 2037.

Alongside, the population increase is the latest finding from both the Mental Health of Children and Young People in England (2017) survey and Millennium Cohort Study (MCS) suggests slight increases in the level of mental health disorders in 5 to 15 year olds. National treatment and referral data indicate increased demand for specialist mental health interventions over the last decade. General surveys have found increased levels of low wellbeing in children in England. Locally, teachers and school support staff tell us that mental health is getting in the way of children and young people learning at school.

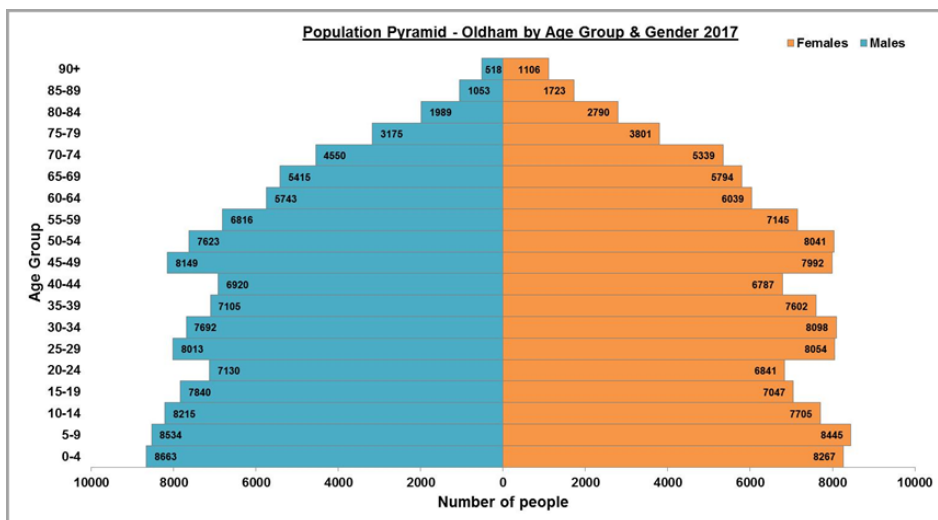
Austerity challenges across health, social care, education and public health presents a significant risk regarding the sustainability of projects and pilots tackling emotional and mental wellbeing beyond their initial funding. There are limited resource for implementing some aspects of the programme. There is a clear need for organisations and leads to work more closely together to make best use of the limited resources available in the most appropriate way to tackle cross cutting themes.

3.0 LOCAL DEMOGRAPHICS

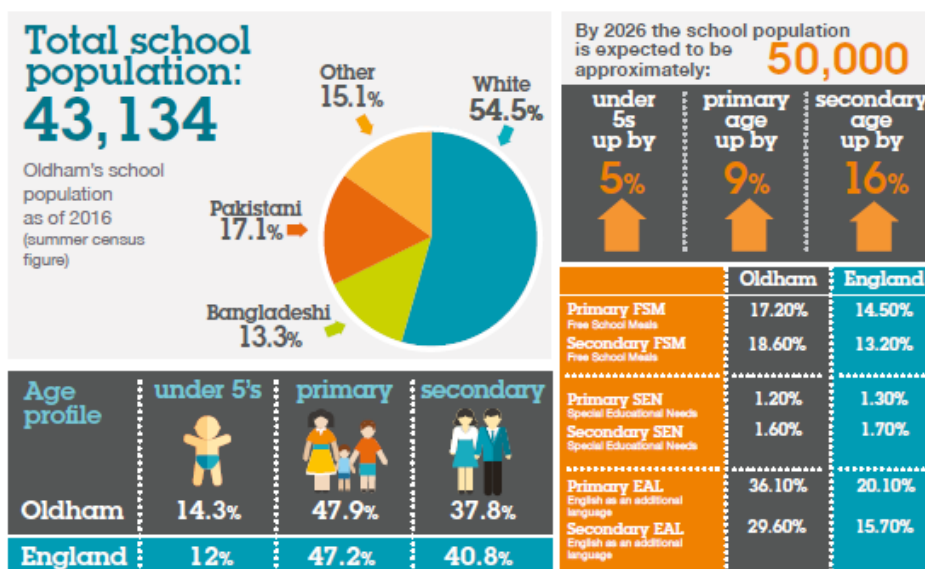
According to 2017 ONS estimates, there are 233,759 residents in Oldham. Compared to England, Oldham has a higher proportion of young people (0-19 year olds) and a lower proportion of working age adults and older people.

Age Group	Oldham		England	
	Number	%	Number	%
0-19	64,716	27.7%	13,169,095	23.7%
20-64	131,790	56.4%	32,419,824	58.3%
65+	37,253	15.9%	10,030,511	18.0%
All Ages	233,759		55,619,430	

The population pyramids below display Oldham’s population segmented by age and gender, with a comparison to the proportion of each group against England averages.



The overall increase in Oldham’s population is reflected in significant increases in the school population, forecast to increase to 2026. Levels of deprivation and disadvantage, reflected in the level of free school meals and English as an additional language are significantly above reported levels for England.



Source: Oldham’s Inclusion Policy (2017)

3.1 The Case for Change

One in ten children will need support or treatment for mental health problems. These range from short spells of depression or anxiety through to severe and persistent conditions that have a significant impact on

the daily life of a young person. Mental health problems in young people can result in lower educational attainment (for example, children with conduct disorder are twice as likely as other children to leave school with no qualifications) and are strongly associated with risk taking behaviours that can have an adverse impact on their health. The economic case for investment is strong, 75% of mental health problems in adult life (excluding dementia) start by the age of 18. Failure to support children and young people with mental health needs costs lives and money. Early intervention avoids young people falling into crisis and avoids expensive and longer term interventions in adulthood. There is a compelling moral, social and economic case for change (*Future in Mind, DH 2015*).

Understanding the local needs of the population is, therefore, crucial in order to effectively plan services to integrate the mental and physical health needs of Oldham's children and young people. Local anecdotal evidence suggests there has been a rapid increase in the number of reported self-harm/suicide incidents and hospital attendances/admissions for young people. In addition, there has been an increase in the number of children and young people requiring emotional wellbeing and mental health support across the borough as a whole.

3.2 Oldham's Child and Young Person's Health Profile

The key findings from the child health profile (March 2017) include:

0-19 year olds
registered with an
Oldham GP = **68,556**

Levels of child obesity are worse than England. 10.9% of children in Reception and 23.4% (672) of children in Year 6 are obese.
45.5% of school children are from a minority ethnic group.
The rate of alcohol-specific hospital stays among those under 18 is 50*, similar to the England average
The level of child poverty is worse than England with 22.0% of children aged under 16 years living in poverty.
The rate of family homelessness is better than the England average.
The teenage pregnancy rate is worse than England, with 119 girls becoming pregnant in a year.
In 2017, 86 children (aged 10-17) entered the youth justice system for the first time.
The infant mortality rate is worse than England with an average of 20 infants dying before age 1 each year. Recently there have been 9 child deaths (1-17 year olds) each year on average.
There is a higher rate than the England average of children in care (550 as at March 2019)

National data (2015 mid-year ONS population) estimates 38,367 children and young people in Oldham (aged 5-16). Of this, 20,009 children are between 5-10 years, with 18,358 young people (aged 11-16). The table below applies local population estimates.

Measure	Oldham estimates
Prevalence of any mental health disorder	3,875
Prevalence of emotional disorders	1,496
1 in every 12, 1 in every 15 children and young people deliberately self-harm	between 3,217-2,574
Children in care who have behavioural or emotional problems	390

The table below provides condition estimates:

Anxiety	
Children and young people who have an anxiety disorder	1,266
Children who have an anxiety disorder (aged 5-10)	440
Young people who have an anxiety disorder (aged 11-16)	808
Depression	
Children and young people who are seriously depressed	345
5-10 years who are seriously depressed	40
11-16 years who are seriously depressed	257
Conduct Disorders	
Estimated prevalence of conduct disorders (aged 5-16)	2,379
Children who have a conduct disorder (aged 5-10)	980
Young people who have a conduct disorder (11-16)	1,212
Hyperkinetic disorders	
Estimated prevalence of hyperkinetic disorders (aged 5-16)	652
Attention Deficit Hyperactivity Disorder (ADHD)	
Children who have severe ADHD (aged 5-10)	320
Young people who have severe ADHD (aged 11-16)	257
Eating disorders (aged 10-19)	
Prevalence of anorexia nervosa	6
Prevalence of bulimia nervosa	4

Hospital Admissions	Period	Oldham Numbers
Self-harm (aged 10-24 years)	2017/18	170
Mental health (aged 0-17)	2017/18	41
Alcohol specific conditions (aged under 18)	2015/16-2017/18	51
Substance misuse (aged 15-24)	2015/16-2017/18	82
Unintentional and deliberate injuries (aged 0-14)	2017/18	722
Unintentional and deliberate injuries (aged 15-24)	2017/18	399

Sources: Public Health England children and young people's mental health and wellbeing profile and Office of National Statistics child and mental health (March 2019)

3.3 Promoting Equality and Addressing Health Inequalities

As previously mentioned, 45.5% of school children are from an ethnic minority group. By 2021, the 0-15 year old population in Oldham will become more ethnically diverse and will vary considerably by ethnic group. Evidence suggests that this cohort of individuals is less likely to seek help from agencies, particularly those services connected with mental health.

The successful implementation of the "Supporting Young Minds Through Tough Times" programme (see 4.3), has resulted in 90 schools having a designated Mental Wellbeing lead. Evidence shows that interventions taking a whole school approach to wellbeing, have a positive impact in relation to both physical health and mental wellbeing outcomes. Evidence also supports that children and young people from ethnic minority groups are more likely to engage with support networks already known to them, rather than seeking support from alternative service providers. Therefore the engagement of our primary and secondary schools in adopting this approach is critical to ensure there is an effective reach to all children and young people.

Addressing the lack of engagement within ethnic groups is one of the key priorities that have been agreed across Greater Manchester Health and Social Care Partnership; the CCG and Council will continue to work proactively with providers, especially schools to ensure early identification and appropriate intervention is available and that school staff are supported to do this.

In addition, those wards that are in the 20% most deprived wards in Oldham are most likely to have the greatest need and prevalence of mental health in childhood. Also, the largest increase is likely to be seen in the predicted numbers of children with emotional and conduct disorders.

Not all children are subject to the same level of risk in developing emotional and behavioural difficulties. Having an understanding of 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 mental health conditions include children and young people:

Who are being looked after by Oldham Council or who have recently ended a period of public care
With learning disabilities
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
Subject to a child protection plan
Within the restorative justice system (youth offending)
Who are lesbian, gay, bisexual or transsexual (LGBT)
Who are young carers
Who are homeless

In order to redress some of these issues, a full service evaluation of the interventions already being delivered through the low-level intervention pilot has been undertaken by the CCG. This included an evaluation of meeting the needs of vulnerable groups, in particular the black and minority ethnic (BME) population.

In addition, a data set for vulnerable groups (see Section 6.3.4) has been established which assists in understanding the population of vulnerable groups that access Healthy Young Minds services, with the intelligence supporting the redesign of services and related provision going forward. The intention is to review the data on an on-going basis.

4.0 ENGAGEMENT AND PARTNERSHIP

A number of consultation and workshop events have been used to coproduce the Whole School and College Approach. Senior management from schools were asked to identify staff who are involved with emotional health and mental wellbeing to participate in the development of the framework, workshops and delivery the workshops. Oldham was successful in an application for the Mental Health Services and Schools Link Programme, run by the Anna Freud National Centre for Child and Families and funded by the Department for Education. Staff who lead on emotional and mental health have been invited to attended

two day-long workshops alongside mental health professionals to facilitate joint working and share best practice across Oldham.

We are continuing to engage with Schools and Colleges across Oldham as they are increasingly being seen as settings for supporting emotional health and mental wellbeing. The recent Children and Young People's Mental Health Green Paper sets out an ambitious set of proposals to fill the gap in support for children and young people's mental health. However, schools and colleges will require continued support and guidance which will require a systemic and ecological approach to bridge public health, health and social care, education and specialist mental health services.

4.1 Children / Young Peoples Voice

All recommendations from the original MH2K project have been captured within the CAHMS transformation action plan. Following on from the original MH2K consultation and as part of the Opportunity Area programme in Oldham, the Youth Service are facilitating further consultation. Based on the MH2K model, young people have been trained as peer researchers to carry out a more focused consultation with Secondary and Primary aged school children. The aim of the consultation is to explore the School and College Environment and its impact of Emotional Wellbeing and Mental Health. The findings and recommendations from this consultation will be presented to all Schools and Colleges as well as key decision makers in Oldham to inform future plans and service /school developments.

4.2 Oldham Youth Council (YC) <https://oldhamyc.com/>

Oldham Youth Council form a group of democratically elected young people who represent the young people of Oldham. They have up to 70 members who are aged 11–21 and live, go to school or work in Oldham. They are strong advocates in representing young people's views and ensuring they are at the heart of decision-making, working closely with Oldham CCG and Oldham Council. They are also provided with their own funding (known as 'Kerrching') which they have directed to support emotional wellbeing and mental health.

Emotional wellbeing and mental health continues to be a key priority for Oldham's Youth Council and was voted as the top 4th priority issue in the Make your Mark Ballot in which over 13,000 young people voted. The Youth Council use some of their discretionary funding to commission associated activity, i.e. commissioning specific training for professionals working with young people across Oldham on key issues affecting young people's mental health via Young Minds; delivery of a bespoke theatre piece regarding mental health Delivered to professionals across Oldham; and provision of small grant funding to local organisations to promote positive emotional wellbeing.

Mental Health was voted the top priority within the Northwest and was the 2nd highest priority Nationally within the Make Your Mark Ballot 2018.

Kooth (delivered by Xenzone) who are currently commissioned by Oldham Council (with funding allocated through the Youth Council) provide online information support and counselling for Oldham's young people. Further detail can be found at Section 6.2.3

Kooth's participation policy and process underpins children and young people's engagement ensuring their voice is heard and that they are able to influence service developments. Also children and young people's engagement is recognised in the achievement of Young People Friendly and EFFT programme.

Oldham Youth Council also has a representative that sits on the Children and Young People's Emotional Wellbeing and Mental Health Partnership and we will continue to support and assist them in the delivery of their mental health priority actions for the children and young people of Oldham.

4.3 School and College Engagement

Over the last three years a number of consultation and workshop events have been used to coproduce and implement the Whole School and College Approach. This includes the Anna Freud School Mental Health Link Programme, Best Practice Conference and Cluster Working Groups. 90 schools and colleges have now

nominated a Senior Mental Wellbeing Lead responsible for the implementation of the framework. Staff with a lead on emotional and mental health have been invited to attend two day-long workshops on 'Leading a Mentally Healthy School', facilitated by Oasis Academy.

Through Opportunity Area funding a Mental Wellbeing Team have been established to continue to support schools to tackle emotional and mental wellbeing in a more holistic way, helping them to embed universal support for ALL pupils. They act as a 'Critical Friend' guiding and supporting schools to self-evaluate using the Oldham self-Assessment. Schools are then further supported to act upon areas where there is a need to make improvements against any of the 8 principles of the framework. 100 out of 106 schools and colleges have completed their emotional health and mental wellbeing self-assessments as of 15th January 2019. In addition a Mental Wellbeing Co-ordinator is supporting senior leadership in action planning, policy creating and awareness. The team are currently engaged with 60 schools and colleges across Oldham.

We are continuing to engage with schools and colleges across Oldham as they are increasingly being seen as settings for supporting emotional health and mental wellbeing. The recent Children and Young People's Mental Health Green Paper sets out an ambitious set of proposals to fill the gap in support for children and young people's mental health. However, school and colleges will require continuous support and guidance post Opportunity Area funding which finishes in August 2020.

4.4 Further Engagement

Service commissioners and providers continue to gear themselves up to obtain the views of children and young people and ensure their services are meeting the needs of our children and young people. A range of initiatives include:

Healthy Young Minds have employed a social media apprentice, the post continues to operate and is actively promoting services and mental health and emotional wellbeing updates.

Routine Outcomes Monitoring (ROMs) are being proactively managed in Healthy Young Minds

Healthy Young Minds have a dedicated information site www.healthyyoungmindspennine.nhs.uk/ to help children and young people learn more about mental health

Healthy Young Minds have undertaken a consultation with the workforce, children, young people and their families

A friends and family test was launched in 2015 by the Government to obtain a quick and easy way/format to gather views/experiences of services being provided to ensure it is embedded in Healthy Young Minds. This outcome report is submitted monthly to NHS England and is utilised as part of the on-going contract monitoring and informs provider improvement plans

Tameside, Oldham and Glossop Mind involve young people in their *'Time to Talk day'* and are continuing to work with Oldham College on projects involving young people in developing mental health campaigns

Pennine Care's CQUIN requires a level of engagement with children, young people and their families to ascertain interventions to improve referrals and agreement to future core service offers.

Oldham Library is running a project which will engage with young people through a themed "Comic Con" and a series of creative workshops, with theatre performances, comic art. A graphic novel designed to start conversations and enable exploration about mental health, "Jack and Lucy" has been published and disseminated across Oldham by Oldham Library and its partners

Healthy Young Minds are planning to offer a parent/carer group to participate in improving service delivery and new initiatives.

5.0 AMBITION / VISION: LOCAL PRIORITIES

Our aim (as mentioned in the previous CAMHS Local Transformation Plan) is to build upon the work already under way to redesign services by removing traditional barriers and directing investment to prevention and early intervention, ensuring a smooth pathway from first referral to specialist treatment. This approach seeks to provide more children, young people and their families with timely access to an integrated system of coordinated packages of care, with clearly defined pathways and evidence-based treatment programmes. In addition to the CCG's additional investment, some of the CAMHS Local Transformational Plan funding has been directed to increase resource and capacity within specialist services.

Key objectives that will drive the delivery of the transformation plan include:

- Promoting good mental health, building resilience and identifying and addressing emerging mental health problems early on
- Providing children, young people and their families with simple and fast access to high quality support and treatment
- Improving care and support for the most vulnerable and disadvantaged children and young people in Oldham by closing critical service gaps, improving support at key transition points and tailoring services to meet their needs
- The commitment to ensure that the services we commission recognise and deliver culturally sensitive, inclusive, accessible and appropriate services, which make a difference to individuals' lives and to ensure that the services we provide and commission do so without discrimination.

Promoting equality and addressing health inequalities

A comprehensive action plan is in place to take forward the delivery of this Transformational plan. Understandably, Oldham's vision is mindful of the developments across Greater Manchester (mentioned previously) and will continue to work closely with the relevant individuals/groups in taking these forward. Progress of the actions relating to the above is monitored through the Children and Young Peoples Emotional Wellbeing and Mental Health Partnership.

5.1 CAMHS Transformation Plan Funding 2018-19 onwards

The CCG received £771,000 of national CAMHS Transformation Plan funding during the 2018-19 financial period, with an additional £137,000 to be specifically directed to support eating disorders (noted below).

The CCG has, moving forward, included this funding into its baseline mental health budget to ensure the services (mentioned below) can continue.

Listed below are the local priorities identified in the previous Transformation plan and the progress that has been made to date.

Scheme	Progress
<p>Community-based eating disorder service(CEDS) Jointly commission Pennine Care NHS Foundation Trust (PCFT) to enhance the across their footprint (£137,000)</p>	<ul style="list-style-type: none"> • Service commenced on 4 July 2016 from interim premises identified at the Integrated Care Centre in Oldham. A permanent site has been sought. • Additional CCG funding transferred to PCFT for eating disorder and suicide awareness training programmes. • New set of Key Performance Indicators (KPIs) implemented to ensure quality service is delivered.

	<ul style="list-style-type: none"> • The third phase of the service launched in January 2017. In addition to the current provision, the service has: <ul style="list-style-type: none"> • Taken over the care of young people aged 16 years from the core Healthy Young Minds (CAMHS) service • Offers seven day triage of new referrals for 16 to 18 year olds • Further developed close working arrangements with a range of support services from the third sector. <ul style="list-style-type: none"> • The service now covers children aged 8-18 years
<p>Early Intervention: Stepped care model (stages 1-3) to reach every child and young person across Oldham with mental health and wellbeing prevention and intervention to ensure provision of <i>‘Thriving; Resiliency and Coping; Getting help’</i>. The model is educational and preventative and starts with a whole school approach, with additional support available for those requiring it (£223,646).</p>	<ul style="list-style-type: none"> • To date, resilience workshops have been delivered across all secondary schools/colleges in Oldham (reached over 11,000 pupils) and across 45 primary schools (reached over 2000 pupils). Awareness raising assemblies have been delivered to 80 primary schools (reached 12,000 pupils) and 19 Secondary schools/colleges (reached over 10,000 pupils). Staff awareness training sessions have been delivered across 79 primary and secondary schools (reached over 2000 professionals) • Early intervention services (1-1 and group interventions) continue to be delivered in over 30 primary and secondary schools. • ROM’s are collected session-by-session for all therapeutic interventions, in addition to demographic and BME data. Pupil and professional feedback is collected across all services. • TOG Mind operates a weekly drop-in for community services, including priority booking arrangements for young people accessing via SPA. <p>TOG Mind, in partnership with Healthy Young Minds operate monthly consultation sessions to review young people accessing services as part of engagement with SPA.</p>
<p>Specialist mental health school advisor to commence (to act as an intermediary between schools and service providers) working across the full spectrum of mental health difficulties ensuring pupils obtain appropriate treatment support and adjustments. (£38,266)</p>	<ul style="list-style-type: none"> • The role assists in ensuring timely access to appropriate services, negating more costly specialist service intervention further down the line. • Appointment to this post (Dec 2015) to provide specialist mental health support within primary and community care. • Evaluation of the first year has been completed with agreement to continue the role as part of the

<p>Vulnerable groups: Identify further how we can best support our vulnerable children and young people, with potentially an integrated function (embedded within the early help offer) (£10,000)</p>	<p>stepped care model.</p> <ul style="list-style-type: none"> • The Care navigator role has been developed to support vulnerable children and young people achieve better access to services through informed choices, allowing effective signposting between services. • The post holder is co-located within the single point of access, and supports the Healthy Young Minds team. • A delay in establishing and recruiting to the post allowed underspend from last year to be directed to the Youth Council to commission a series of further workshops from Young Minds for professionals working with children and young people. • The post was recruited to in 18/19 but the CCG was only required to fund £10,000 instead of the planned £40,000 due to additional funding the LA had received. This will require the full commitment of £40,000 in 19/20.
<p>Review and redefine the provision delivered by the in-reach/out-reach team which supports young people working closely with both community Healthy Young Minds and inpatient services, through the provision of intensive support to young people to avoid admission (where possible)</p>	<ul style="list-style-type: none"> • As there has been a delay in recruiting to this post and with the new crisis support funding (as mentioned previously), it is proposed to enhance this in-reach/outreach role and the single point of access to meet the escalating need of children and young people presenting in crisis. • Any future model in this area needs to be mindful of the development and implementation of the Greater Manchester crisis care model. • There has been no spend in 18/19 as funded again by GM rather than the CCG as was the case in 17/18. • There is no requirement for the CCG to fund in 19/20 but there is the expectation that the CCG will have to fund £46k from 2021/22.
<p>Getting More Help (Step 4) Healthy Young Minds – Increased investment to enable additional capacity and capability; reducing wait times, whilst enacting service redesign across all pathways (£199,000).</p>	<p>Redesign of specialist mental health services:</p> <ul style="list-style-type: none"> • Comprehensive redesign and review of pathways. • Recruitment of 12 additional staff completed. • Post-diagnostic support service including two new neuro-developmental roles. • Evening appointments introduced with improved waiting times (currently 6 weeks for first appointment and 7 weeks for treatment). <p>Comprehensive engagement initiatives undertaken which has involved young people being part of recruitment panels and CAMHS name changed to Healthy Young Minds, Oldham.</p>

GM Standard for Parent Infant Mental Health (PIMH) services– Implement the Tameside model. (funding – TBC)	<ul style="list-style-type: none"> • Business case drafted • Agreed at GM that CCGs need to implement the Tameside PIMH model. This role was identified as a gap when Oldham transformed its Early years Integrated Service Delivery model. • Participation in the GM scoping exercise. • Implement a home visiting scheme to promote parent-infant attachment and mental health • There have been no costs in 18/19 but investment is expected within 19/20 with additional perinatal funding being included within CCG baseline
CAMHS Improving Access to Psychology Therapy (IAPT) training initiative capacity top up (£22,500)	<ul style="list-style-type: none"> • Top up funding required to bridge the gap between the national offer (equivalent to 63% of costs of releasing CAMHS staff for training)
Psychological Wellbeing Practitioner (£44,412)	<ul style="list-style-type: none"> • There has been investment into one wellbeing practitioner to provide additional resource to work alongside the Specialist mental health school advisor post. • A further training post has been funded by the CCG. The vision for this post is to create a new health and wellbeing practitioner that complements the work of Healthy Young Minds providing assessment and evidence-based treatment for mild to moderate presentations (previously tier 2 interventions or within the second quadrant of the thrive model).

In addition, the following area is still ongoing from the previous “cost neutral” section in the original CAMHS Transformation Plan is:

Scheme	Progress to date
Primary Care – Continue with the education and awareness raising programme to support GPs in relation to the emotional wellbeing and mental health of our children and young people.	Annual GP children’s educational events have been held. Awareness raising continues with regular bulletins as part of the CCG’s newsletter. More recently this has included an article surrounding the Community Eating Disorder Service. Pathways relating to emotional wellbeing and mental health have (and will continue to be) been issued to GPs. The set-up of the single point of access (SPA) has made it easier for GPs to refer, as there is only one option available.

5.2 Schemes in Development

Future plans include:

- Improved ASD pathway
- Robust process for managing Care Education & Treatment Reviews (CETRs) as required Transforming Care
- Implementation of GM iTHRIVE
- GM Crisis Care Pathway - 3 year implementation commenced January 2019

- CCG looking to explore options to develop an extended age service to 25, redirecting existing resource spent in the private sector/out of area places.
- Contribute to the development of a sustainable Greater Manchester wide integrated Crisis Care pathway for children, young people and their families which are of the highest quality and available at the point of need (and its subsequent implementation).
- Mental Health services and school link programme
- Establishment of a multi-agency group to deliver the whole school and college emotional health and mental wellbeing work programme.
- Further investment in the continued development of the Whole School / College Approach to Emotional Health and Mental Wellbeing including:
 - Developing online framework
 - Update of local best practice examples
 - PHSE resources, tools (includes online resources for teachers, parents / carers)
 - Guide for school governors and parents / carers
 - SEMH graduated response development and pathway linked to local offer
 - Early Years version

Opportunity Area Funding to boost capacity through emotional and mental health coordinator and advisors to:

- Complete base line needs assessments for Oldham Schools and Colleges
- Embed the Whole School / College Approach to Emotional Health and Mental Wellbeing across all schools and colleges in Oldham.
- Support schools to develop mental health plans and whole school interventions to promote positive mental health and resilience and selected interventions.
- Offer needs-based support in schools and colleges between 2017 and 2019 to meet immediate emotional and mental health needs.
- Provide training to up skill to deliver robust, classroom-based programmes to promote resilience and mental wellbeing.

5.3.1 Perinatal Care / Parent Infant Mental Health

Oldham will work closely with members across Greater Manchester in relation to the model that is being developed, also being mindful that of the links with adult mental health and the early years agenda.

<p>Perinatal Care – Further develop the clinical psychology function providing an opportunity for a Parent Infant Mental Health (PIMH)</p>	<ul style="list-style-type: none"> • Greater Manchester (GM) model being developed. A bid has been submitted to the GM transformation fund for a model across the GM footprint (estimated 1,600 women across GM will need service). Service to focus on Tameside’s model and support in psychiatric illness to fund specialist units and teams. Perinatal Mental Health Network established to take forward this work. • In 2018/19, the Pennine Care CQUIN 2016-17 ‘1001 Critical Days: Keeping the Baby in Mind in Adult Mental Health Services’ will instead be incorporated into the Service Delivery Improvement Plan (SDIP). This will support work with children's service commissioners (health and public health), maternity service providers and mental health and maternity.
---	--

To improve the mental health of infants and their parents/carers through prevention and an early intervention model that has a robust Parent-Infant Mental Health Pathway. This pathway would provide

seamless, flexible and high quality responsive care from conception onwards, with representation from adult mental health (both primary and secondary), children's social care, health visiting, midwifery, GPs, and early attachment.

Prevention and support from birth

Oldham's transformed Early Years Integrated Service Delivery model "Right Start Service" lends itself to further development in relation to the clinical psychology function, which provides an opportunity for a Parent Infant Mental Health model, linked to a wider early years multi-disciplinary team and aligned with CAMHS. Key functions considered for this model include:

Robust district strategic leadership with a required skill mix of health, education and social care.

Health visitor function will strengthen the practice lead functions for health visiting/parenting, education and learning and will improve public health and early education outcomes.

Health visitors are leaders of the integrated service ensuring a strong focus on prevention, health promotion, early identification of needs, early intervention and clear packages of support aligned to the Early Help Offer.

Health visitors are the key professional for children under 5 who will ensure tailored and specific support for children and families through co-design and promoting self-care and independence. Where necessary, they will adopt a case management approach with families where complex dependencies exist. The health visitor function is mandated as part of the transition of commissioning responsibilities.

Practice leads for education and learning will be expected to develop with primary schools and early years settings, individually or through primary collaborative, effective joint working to have an impact on early year's outcomes for the most vulnerable children in an identified district. They will also support developments and maintain practice standards within the new delivery model.

Specialisms in speech, language and communication and clinical psychology will build capacity and enhance the competencies and skills within the team. This will ensure high quality delivery of evidence-based interventions supported by clinical supervision to achieve sustained behaviour change. This also enables clinical supervision supporting effective case management, where appropriate, from the clinical psychology function.

Delivery of Early Years additional educational needs function in the integrated service ensures swift response to indented need for children under 5 who have or may have special educational needs. The added value comes from the integration with health services to ensure early identification and seamless access to locally agreed home based interventions/support, i.e. early support to aid children's development at home.

Child and family workers work as part of the integrated team to deliver Oldham's Early Years universal and targeted intervention programmes where it has been identified that a package of support is required to enable the child to meet developmental milestones. They carry a family caseload and identify child and family needs by undertaking agreed screening and assessment (under the supervision of a health visitor).

The Family Nurse Partnership (FNP) is a targeted and prescribed programme that is delivered by health professionals who have received specific FNP training. The intervention is aimed at first time young parents with 'high needs'. This is a mandated function as part of the health visitor transition.

Oral health co-ordination and management of evidence based oral health improvement interventions across early years' services.

The additional outcomes that would be achieved from the Parent Infant Mental Health Model include:

Provide a clinical service to improve responsiveness and sensitivity between parents and infants.

Support and intervention to families where there are attachment difficulties.

The speech and language assistants support the implementation and delivery of the language interventions required by the model. Speech language and communication pathway has been agreed between providers and supports professional oversight of interventions delivered by the Right Start Service.

Communication, language and literacy in the early years

Communication, language and literacy in the early years is an issue in the locality. In the deprived areas of Oldham, 50% of children are starting school with communication and language skills that are poorly developed, sometimes known as impoverished language, delayed language or limited language skills. The impact of speech, language and communication impairment in relation to mental health includes:

Children with language difficulties are at risk of lower self-esteem and mental health issues.

They can be withdrawn and have difficulties developing social relationships and often remain dependent into adulthood.

Without effective help, one-third of children will need treatment for mental health problems in adult life.

Children with a poor vocabulary at the age of 5 are 1.5 times more likely to have mental health problems at the age of 34.

Those with a history of early language impairment are at higher risk of mental health problems (i.e. 2.7 times the odds of having a social phobia by the age of 19).

In order to address this, the new local authority specification requires the Wellcomm and Eklan tools for speech language and communication issues. The specification provides for three speech and language assistants to deliver Babbling Babies and Little Talkers interventions in collaboration with speech and language therapy. Oldham Council and Oldham CCG are currently in the process of identifying where co-dependencies exist and how the existing speech and language service sits in relation to the new integrated model.

Parenting and family support

Parenting and family support form a key part of the Right Start model. Oldham has adopted the Solihull approach as the core approach for Early Years. Work is on-going with providers across the early year's arena to roll out delivery of the Solihull approach to the workforce (i.e. Children's Centres, Health visitors, private, voluntary and independent (PVI) settings and schools). Staff will also be nominated to train as facilitators of the programme, to ensure that wherever a child or family comes into the system, they receive consistent support.

Oldham's Development Academy co-ordinates the delivery of training and the development of a multi-agency workforce competency framework for those working with children under 5.

Parenting strategies are offered to all parents, carers and families across Oldham as part of the Early Help Offer.

Support Groups

Healthy Young Minds provide a range of support groups to families to empower them in recognising their child/young person's difficulties enabling them in better management. These include:

- Fostering and attachment group (series 4), which delivers attachment-based parenting group for foster carers
- Attachment group for parents where an attachment disorder has been identified.

5.3.2 Education

Oldham CCG, Oldham Council, service providers and wider stakeholders are working in partnership with education in order to accelerate change within Oldham to deliver joined-up services and improve outcomes for the population. The need for schools to be supporting their children and young people's emotional wellbeing was identified in Oldham's Joint Strategic Needs Assessment, subsequent strategy and reported within Oldham Youth Council's Youth Select Committee - Mental Health Evidence Report, as well as within the *Future in Mind* report. The reports concluded that schools have a vital role to play in supporting young people's mental health which requires improvement and there are a number of actions already undertaken or underway in Oldham.

Implementation of a GM School Nursing Service Specification ensures a consistent approach to delivery requirements across GM. There is a requirement to work with schools leadership to develop school health plans to inform the board of governors what the school population needs are and how best these needs may be met.

Oldham Youth Council has mental health as a priority action. It runs an ongoing 'I love me' campaign that focusses on bullying and self-esteem and confidence. The campaign aims to raise the self-esteem and confidence of young people, gave them a positive outlook on life and helped them to be proud of who they are by promoting individuality and challenging negative stereotypes. In 2018 they are developing a project that will focus on mental health issues and young people in partnership with Oldham Theatre workshop.

In collaboration with Tameside, Oldham and Glossop Mind, a number of art foundation students at Oldham College chose to focus on mental health issues as part of their final course exhibition. The college has reported that the quantity and severity of emotional and mental health issues experienced by young people in Oldham appears to be on the increase and many students found that using art as a creative tool to explore their issues, communicate how they are feeling and raise awareness amongst their peer group can help prevent issues escalating. This project has finished with TOG Mind holding an exhibition for the students art work and these pieces are displayed in one of our organisational sites.

Training has been provided by Public Health, Educational Psychology Service and TOG Mind to embed the whole school / college approach and Graduated Response to emotional and mental health to schools. This has been delivered through non recurrent funding. 34000

It has been agreed that the CCG will fund additional training across the partnership around increasing knowledge, skills and understanding of ADHD. This will be early identification of possible ADHD and is hoped this will streamline appropriate referrals to specialist services, i.e HYM and ensure families receive appropriate support in a timely manner. Training will also be focused on appropriate support and

strategies to be offered post diagnosis. This model of training is in line with the graduated response advocated in the school mental health framework.

Training has been provided by Public health, Educational Psychology Service and TOG Mind to embed the whole school / college approach and Graduated Response to emotional and mental health to schools. This has been delivered through non recurrent funding.

School Mental Health Framework

As mentioned previously, Oldham CCG directed non-recurrent funding to support the development of a school mental health standards framework to ensure schools are confident in delivering a whole school approach to emotional wellbeing and mental health.

The Oldham Whole School and College Approach to Emotional Health and Mental Wellbeing, is a framework which enables schools and colleges to systematically tackle mental health problems of children and young people through universal, selected and targeted provision, it provides guidance on commissioning safe and effective emotional and mental health interventions and services. This includes:

- Principles, policies and approach
- Self-Assessment
- Graduated Response (I Thrive)
- Commissioning and quality assurance guidance

The framework sets out key actions that head teachers and college principals can take to embed the whole school / college approach to emotional health and mental wellbeing. The actions contained in the eight principles are informed by national evidence of what works. If applied consistently and comprehensively across the whole school or college setting it can positively impact on:

- The cognitive development of children, learning, motivation, and sense of commitment and connectedness with learning and with school/college
- Staff wellbeing, reduced stress, sickness and absence, improved teaching ability and performance
- Pupil wellbeing including happiness, a sense of purpose, connectedness and meaning
- The development of the social and emotional skills and attitudes that promote learning, success, wellbeing and mental health, in school or college and throughout life
- The prevention and reduction of mental ill health such as depression, anxiety and stress
- Improving school behaviour, including reductions in low-level disruption, incidents, fights, bullying, exclusions and absence.
- Reducing risky behaviour, such as impulsiveness, uncontrolled anger, violence, bullying and crime, early sexual experience, alcohol and drug use.

The framework was developed and coproduced by mental health professionals, schools and colleges in Oldham. This included a number of engagement workshops and events. The framework was launched on the 13 June 2017.

Boosting the capacity of schools and colleges to complete the self-assessments and develop school / college action plans. To support schools to ensure ongoing evaluation takes place.

- Provide training to at least one member of staff in every school to deliver robust class room based programmes to promote resilience and mental health.
- Evaluate and support home grown initiatives from a number of locally developed support programmes.

- Offer needs based support to schools and colleges between 2017 and 2019 to allow them to source additional mental health support to meet immediate needs of pupils.
- Consult with primary and secondary head teachers on the approach through forums.
- Complete mental health and wellbeing survey to help identify issues and monitor changes in mental wellbeing.
- The wellbeing team to offer guidance for universal interventions in schools and support CPD to develop teacher confidence and understanding. Allowing schools to have more inclusive practices.
- Support leaders to have a more strategic approach to mental wellbeing including policy developing, governor training and awareness.

5.3.3 Developing the Workforce

Workforce development has been identified as a priority for the Greater Manchester Future in Mind Delivery Group. As part of the Opportunity Area delivery Plan work is ongoing to deliver:

- Training to build capacity to up skill teaching and support staff to deliver robust social, emotional and mental wellbeing classroom based interventions across the school and college curriculum. This includes school based resilience and mental wellbeing programmes
 - Zippy and Apple
 - Penn Resilience
- A two day nationally recognised training course “Leading a Mentally Healthy School” to all schools in Oldham. To attend the course schools must have completed their self-assessments.
- Graduated response training to help school staff recognise children and young people whose needs require something additional to Universal Support already provided by the school or college. It is a holistic and joined up approach, which ensures timely and appropriate assessment and responsive interventions.

In the interim, local practice includes:

Healthy Young Minds

There is a strong supervision structure in place within Healthy Young Minds across multi-disciplinary teams (MDTs). This includes the ability to liaise with the ‘on-call’ psychiatrist on a daily basis should a child/young person become increasingly unwell. This may then identify the need for the psychiatrist to see that individual.

As part of the lead senior psychologist’s role, liaison with the wider children’s workforce for children and young people with learning disabilities and autism is a prerequisite, providing a consultation service. The neurological development team has been extended in relation to autism with access to a menu of post diagnostic support options.

To support the need identified locally in the workforce that are in daily contact with children and young people, Healthy Young Minds have identified diagnostic training needs on each of its pathway. This links to the wider piece of work that has been undertaken in the delivery of the joint bespoke training programme with the aim of up-skilling the children and young people’s workforce; strengthening emotional well-being pathways in order to develop an environment and approach that promotes positive emotional wellbeing and mental health; and identify early those experiencing or at risk of mental health problems and intervene more effectively.

Pennine Care have been successful in a bid for national funding for six advanced practitioner training posts to work across the Pennine Care footprint in a number of clinical services. Recruitment process is ongoing with the course due to commence Summer 2019.

HYM service has completed the Self-assessed Skills Audit Tool (SASAT) which allows mapping of existing provision to develop a clear understanding of local and Gm gaps. The assessment provides full information on staff numbers including whole time equivalents, skills and capabilities. The results of this will be reviewed and actioned in early 2019.

Tameside, Oldham and Glossop Mind

TOG Mind have a practitioner now trained via CYP IAPT in Systemic Family Therapy- practitioner will be leading the development of an early intervention family support model in partnership with Early Help.

TOG Mind's CYP Service Lead has completed CYP IAPT Post-Graduate Service Leads course, including a project introducing session-by-session ROM collection across Oldham early intervention services.

Psychological Wellbeing Practitioner (PWP)

There has been investment into one wellbeing practitioner to provide additional resource to work alongside the Specialist mental health school advisor post. A further training post has been funded by the CCG. The vision for this post is to create a new health and wellbeing practitioner that complements the work of Healthy Young Minds providing assessment and evidence-based treatment for mild to moderate presentations (previously tier 2 interventions or within the second quadrant of the thrive model).

5.3.4 GM iThrive

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

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

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

Programmes supported by the GM i-THRIVE team

- All localities are engaged and fully committed to implementing THRIVE
- All localities completed initial intelligence gathering tool
- All localities have a draft implementation plan and have had one to one meetings with programme manager to plan next steps.

- All localities have had an i-THRIVE presentation at their strategic board.
- Engagement workshops are starting to take place across GM.
- GM Outcomes Framework drafted.
- Plan for next year (2019/20)
- All localities to complete workshops and have a full understanding of what their current whole system looks like and identify priorities.
- Phase 1 of implementation to be completed.
- Subject Matter Experts to be pulled in using the funding from GM to work on implementing i-THRIVE in different parts of the system.
- THRIVE training academy to start in January – all localities committed to allocating 6 people from across the system to attend training and embed practice back within the locality.
- All localities committed to Community of Practice.
- Localities committed to supporting the gathering of data for GM Outcomes Framework including assistant psychologists undertaking surveys/interviews with Children and Young People and the wider workforce.
- Explore supervision and consultation models to support the broadening of the system (phase 2).
- THRIVE leads from each locality meet regularly to share good practice and challenges in a peer support forum.
- All localities to have a communication and engagement plan.

6.0 LOCAL SERVICE PROVISION

Services in Oldham to support children and young people’s emotional wellbeing and mental health have changed considerably over the past few years. The additional investment has allowed Oldham to build capacity and capability across the system which has included funds being directed towards early intervention (identified as a gap); the introduction of a school health practitioner to act as an intermediary between schools and services; and enabled the specialist mental health services to redesign its services, increasing its workforce and reducing waiting times from 20 weeks (October 2015) and maintaining 6 weeks (March 2019). The establishment of a single point of access has developed effective relationships across service providers. This has resulted in children and young people obtaining the right level of support in a timely way, blurring the traditional tiered model that resulted in barriers between services.

6.1 Improving access to effective support – a system without tiers

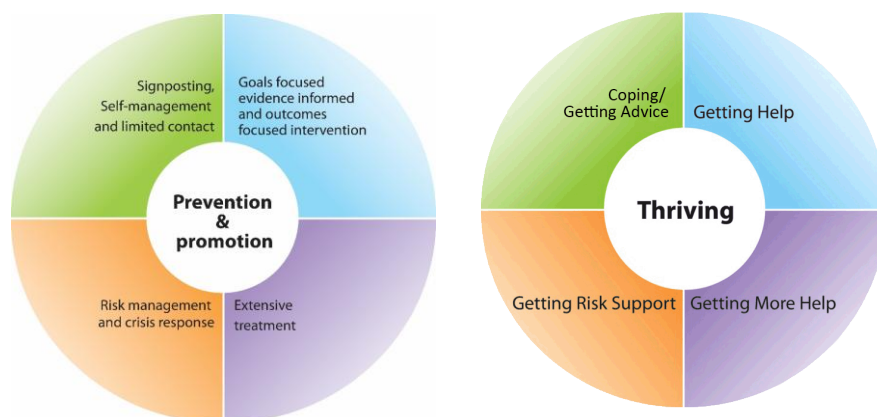
In response to the considerable challenges that CAMHS have faced in recent years and experience surrounding the tiers model promoting service divisions, a new service framework has been developed. The way in which children and young people’s services are delivered in Oldham has changed. The stepped care framework is innovative by nature and focuses on a community-based, stepped care approach promoting prevention, early intervention and supporting the Early Help agenda.

6.1.1 THRIVE Conceptual Framework – Delivery Mechanism

This concept offers some key principles around consultation and liaison, brief intervention and clear pathways for sentinel conditions (i.e. ASD, ADHD and long term conditions), which are flexible enough to be tailored to and meet the needs of different families, communities and neighbourhoods. The model aligns to physical health pathways as demonstrated in the diagrams. It 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 and young people’s emotional health within communities.

Attempts at drawing a clearer distinction than before between:

- Treatment and support
- Self-management and intervention



The model supports staff, e.g. youth offending teams, primary care health services and children’s social care, as well as GPs and schools to develop the skills by the provision of consultation, liaison and training

offers delivered by workers from what is currently known as the specialist CAMHS service (Step 4 provided by Healthy Young Minds).

6.2 Investment - Oldham Council

Oldham Council's focus is on investment into early intervention and prevention services as part of the wider public service reform and 0-19 agenda to intervene at the earliest point (which includes a suite of evidence-based tools). A comprehensive review of spend across a range of targeted support has previously been completed and realigned accordingly with some services now included within the Early Help Offer.

6.2.1 Social Worker: Looked After Children

A social worker is attached to the Looked After Children (LAC) Life Chances Team (LCT) who works across Healthy Young Minds, LAC and the Youth Justice Service (YJS). The post sits within LCT for LAC, but is also based within Healthy Young Minds Reflections and Media Place with YJS. The social worker post supports the LAC psychologist role to provide a comprehensive service for LAC.

6.2.2 Clinical Psychologist: Looked After Children

In addition to the Early Help Offer, funding is directed to Healthy Young Minds to fund a specific psychologist post for Looked After Children (LAC). This post supports carers and staff of LAC providing consultations and interventions including delivery of the 17 week nurturing attachment course for foster carers.

Organisation	Service	Spend £		Budget £
		17/18	18/19	19/20
Pennine Care NHS Foundation Trust	Healthy Young Minds – LAC clinical psychologist post	60,000	71,693	71,693

6.2.3 Kooth www.kooth.com

KOOTH (delivered by Xenzone) are currently co commissioned by Oldham Council and Oldham Youth Council. The contract for delivery of on-line counselling support for children and young people in Oldham has been extended for a further 12 months until March 2020 in line with the existing commissioning arrangement. As a direct result of increased demand on the service, the funding has been increased to support delivery of a further 20 hours support each month – now 100 hours in total which was approved by the Youth Council to continue supporting the delivery of the without compromising service needs. 803 individual young people have accessed the service during 2018/19 – an increase of 24% on the total number for 2017/18.

Kooth is a free, safe, confidential and non-stigmatised way for young people to receive counselling, advice and support on-line. They deliver 1000s of counselling sessions each year across the UK and are available until 10pm each night, 365 days per year providing a much needed out-of-hours service for advice and help. Kooth gives young people in Oldham (aged 11-25) an alternative way of accessing free support when they need it, in a medium they know and use.

The therapy team of qualified counsellors and psychotherapists are clinically supervised in-house and independently to deliver evidence-based interventions. They work closely together to ensure the best outcome is achieved for the young person. The counsellors have clear pathways into others services too, ensuring the young person gains the information needed and are signposted to the most appropriate

provisions. It is a unique service that provides vulnerable young people with emotional or mental health needs a way of getting support when they need it most.

Organisation	Service	Spend £		Budget £
		17/18	18/19	19/20
Xenzone	Kooth – Online Counselling	58,800	58,800	£58,800

6.3 Investment - Oldham CCG

As mentioned previously, a large proportion of the CAMHS Transformation Plan funding has been directed to specifically support the stepped care model, allowing children and young people the ability to access lower level interventions and support schools in looking after the needs of their pupils, which was a requirement of *Future in Mind* and also a gap identified in Oldham.

6.3.1 Steps 1-3: Thriving; Resiliency and Coping; Getting help

Organisation	Service	Budget £		
		2016/17	2017/18	2018/19
Tameside, Oldham and Glossop Mind & PCFT School Health Advisor	Early intervention services, including school health practitioner	254,200 + 12,267	223,423 + 36,837	223,646 + 38,266

Tameside, Oldham and Glossop (TOG) Mind www.togmind.org

TOG Mind's Youth in Mind initiative have been delivering an Early Intervention and Prevention Programme within Oldham primary and secondary schools and the community for over three years.

The model aims at providing a variety of different levels of emotional wellbeing and mental health support to young people, staff and parents to ensure young people within Oldham get the most appropriate support, at the most appropriate time.

TOG Mind's Early Intervention and Prevention Programme has evolved alongside other developments as part of the Local Transformation Plan to ensure services delivered still reflect the needs of young people and work collaboratively with other providers of emotional wellbeing and mental health support in Oldham. The model currently includes:

Emotional Wellbeing Information, Advice and Guidance Drop-in sessions, in school and the community	1-1 Facilitated Self- Help for specific issues, such as anger, worry & anxiety, low mood, low self-esteem or confidence
Psychoeducational Groups and Courses, such as Mindfulness & Relaxation, Resilience and Coping Skills, Stress and Worry Management	Educational Offer- Assemblies, Resilience Workshops, Staff and Parent Training/support sessions.

Additional projects/achievements delivered by TOG Mind within the last 12 months include:

- Improved access for young people by increasing out-of-hours service capacity; TOG Mind currently offer appointments two evenings per week, including a drop-in evening weekly.
- Developed and piloted an Early Intervention for Families model, which has now been awarded grant funding via BBC Children in Need.

- Continuation of our BBC Children in Need funded Young People's Counselling service accessible to young people in Oldham.
- TOG Mind have been working towards submitting data for our services to the Mental Health Services Dataset in support of achieving NHS England Access to Treatment targets for children and young people with mental health issues.

School Health Practitioner

As part of the stepped care model mentioned above, a school health practitioner supports children and young people's emotional wellbeing and mental health and acts as an intermediary between schools and service providers working across the full spectrum of mental health difficulties ensuring pupils obtain appropriate treatment, support and adjustments. The role assists in ensuring timely access to appropriate services (preventing mental health problems from arising by taking action early with children and young people and their families who may be at greater risk); and early identification of need, so that children and young people are supported as soon as problems arise to prevent more serious problems developing wherever possible - negating more costly specialist service intervention further down the line. They also support the implementation of the school mental health framework.

A successful evaluation was undertaken in December 2016 (after it had been operating for a one-year period). The benefits of the role have been included at Section 8.3.3.

Mahdlo Youth Zone www.mahdloyz.org

Mahdlo is a registered charity and state-of-the-art Youth Zone in the heart of Oldham for 8-19 year olds (up to 25 for young people with a disability). Open 7 days a week, 52 weeks of the year, delivering high quality, innovative activities and experiences for young people from Oldham, to provide opportunities to raise aspirations and support young people to be the best they can be. They work within six key themes: Get Active (Sports); Get Creative (Arts); Get Sorted (personal development, crime prevention and health and wellbeing); Get Outdoors (outward bound and environmental activities); Get Connected (leadership, volunteering and citizenship); Get Ahead (employment and enterprise).

TOG Mind work closely with Mahdlo Youth Zone providing counselling services from their premises. The funding to support this initiative has been provided through a grant awarded by the BBC Children in Need and Oldham CCG. Whilst the counselling will provide the emotional and mental wellbeing support, opportunities are available for further support (given the wide range of activities on offer) which will also be beneficial – and considering the strong relationship between mental and physical health.

Care Navigator Role

Organisation	Service	Spend	Budget £	
		17/18	18/19	19/20
Oldham Council	Care Navigator Role	40,000	40,000	40,000

As previously stated, there has been a delay in the recruitment of this post due to organisational changes but this is on track to be in post early 2018/19. The role will support vulnerable children and young people to sit within the single point of access that allows effective signposting between services, whilst ensuring young people receive timely access to services through informed choices.

The role will:

- Provide low level emotional wellbeing and mental health support for children and young people referred to the Early Help Offer
- Liaise directly with the young person being referred to provide initial support, advice and signposting as required
- Assertively 'reach out' to the referred young person offering appropriate support and advice
- Provide facilitation and mentoring role to the referred young person in order to support them to access alternative types of services.

6.3.2 Step 4: Getting More Help – Healthy Young Minds (formerly CAMHS)

Healthy Young Minds (formerly known as CAMHS) is an established local specialist service provided by Pennine Care NHS Foundation Trust. It is predominantly commissioned by NHS Oldham Clinical Commissioning Group (CCG) with Oldham Council supporting a LAC clinical psychologist and social worker post (as noted above). The service currently operates from the 'Reflections' building at The Royal Oldham Hospital.

The service works with children and young people who may have complex, severe and/or persistent needs. They provide consultation on, or assessment and management of, problems such as:

- Anxiety
- Depression
- Self-harm/severe emotional dysregulation
- Obsession/compulsive disorders
- Mental health problems in children and young people, including neurodevelopmental disorders: autism spectrum disorders (ASD); Attention Deficit Hyperactivity Disorder (ADHD) and learning disability
- Eating disorders
- Trauma, including Post Traumatic Stress Disorder (PTSD)
- Psychosis
- Bi-polar disorder
- Attachment issues.

They provide a range of evidence based interventions including:

- Cognitive Behavioural Therapy (CBT)
- Dialectical Behaviour Therapy (DBT)
- Interpersonal Psychotherapy (IPT)
- Eye Movement Desensitisation and Reprocessing (EMDR)
- Mindfulness
- Family therapy
- Medication
- Risk assessment and management
- Neuro-developmental assessment and treatments
- Formulation based interventions
- Group work for emotional disorders
- Consultation as an interventions to parents, carers or professionals
- Psychotherapy
- Play therapy
- Dyadic Developmental Psychotherapy (DDP)
- Filial therapy
- Theraplay.

Referrals are accepted from professionals working with the young person and their family including: GPs, health professionals, educational psychologists, social workers and the youth offending service. Self-referrals are also now accepted. All referrals are received within the single point of access (SPA) and then directed to the most suitable intervention for their level of need. Each person accessing Healthy Young Minds will have one individual as their co-ordinator of care and point of contact. This individual will be responsible for providing suitable assessment, treatment and then review the interventions with the young person and family in line with the service case manager/care programme approach (CPA) protocol. Schools also have the ability to ring a single telephone number to contact a specialist practitioner.

Funding

The table below shows Oldham CCG's investment into this service:

Organisation	Service	Actual spend £		Budget £		
		2014/15	2015/16	2016/17	2017/18	2018/19
Pennine Care NHS Foundation Trust	Healthy Young Minds (formerly known as CAMHS) – specialist service	1,656,438	1,986,016	2,007,862	2,009,870	2,011,879

A comprehensive suite of data is available for the period April 2018 to March Jan 2019 on referrals and waiting times. During this period, a total of 1249 referrals were received.

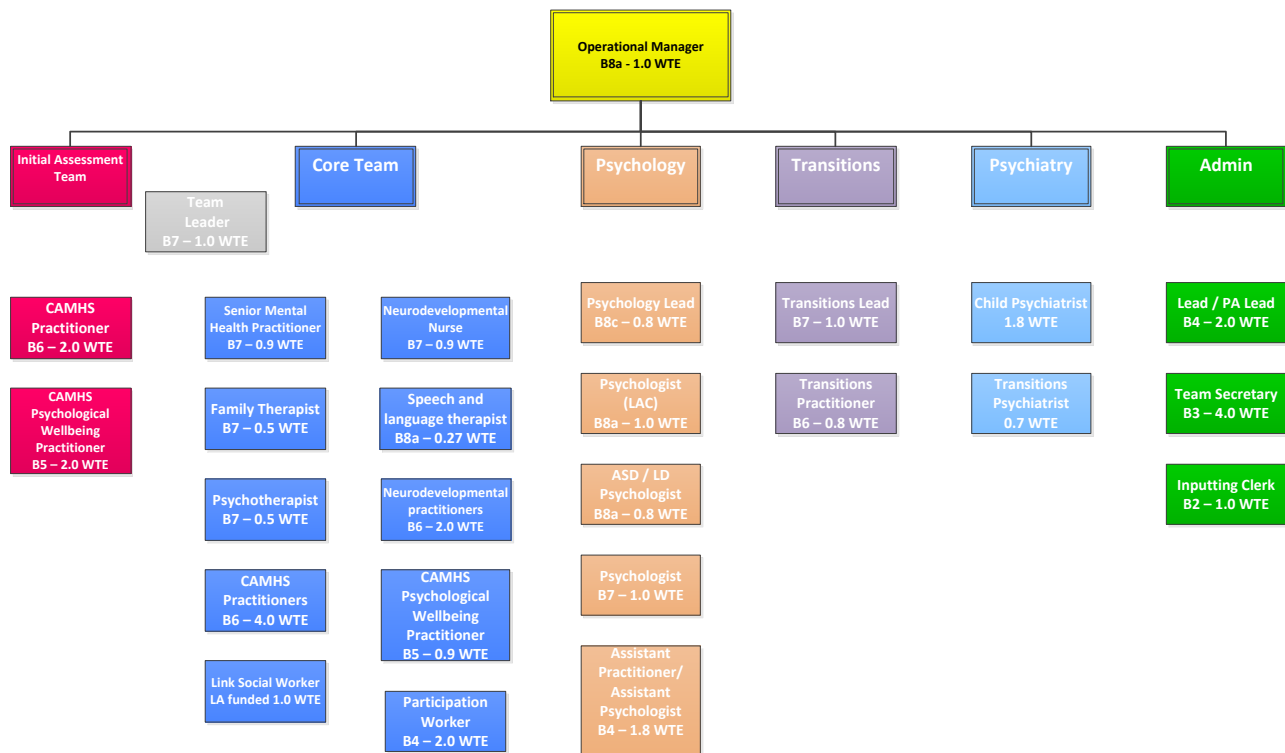
For the latest reporting period (January 2019) 100% (88) of patients, first contact was made with 12 weeks and 100%(88) of treatment was commenced within 18 weeks.

Staffing

Healthy Young Minds have increased the number of staff within the service, 14.2 WTE in 2015. As at March 2019, the current numbers of staff and skill mix in the Healthy Young Minds team is shown below:

Band	18/19WTE
Band 8C	0.8
Band 8A Op Manager	1
Band 8A Psychology / FT Therapy	2.27
Band 7 Team Leader	1
Band 7 Clinical	6.4
Band 6	8.8
Band 5	4
Band 4	4
Band 3 Admin	4
Band 2 Admin	1
Total	33.27

Staffing structure



Service Redesign

As already noted, increased investment into Healthy Young Minds provision has enacted service redesign. This has included:

Restructuring of the service to gear up for access and waiting time standards to incorporate flexible working and to increase staffing levels.

Recruitment of 12 additional staff.

Case load cleansing. All caseloads within CAMHS have been scrutinised to enable implementation of the new model and to support a clear understanding of the pathways that clinicians are to work to.

Audit and review of all referral pathways, including clearly defined entry and exit criteria, step-up/step-down model (moving away from the traditional tiered model). All of the care pathways have been revised and refreshed considering the most recent NICE guidelines. Key individuals with the relevant skills, training and knowledge were tasked to review the relevant pathways and cross reference NICE guideline standards with CAMHS practice, i.e. CBT trained practitioner reviewed emotional disorder pathway. PCFT already has a system in place whereby all new NICE guidance release/updates are reviewed by the CAMHS directorate to ensure services are NICE compliant (where relevant and appropriate) and this will continue.

Development of neurodevelopment pathways (ASD/ADHD) including offering assessment, diagnosis and post diagnosis support, i.e. consultation, awareness raising, psychological support, access to workshops and close links to peer support. Additional staff have been recruited to support this pathway. A single point of access exists across Healthy Young Minds and the community paediatric service. As part of this set-up, referrals are reviewed and a decision made on the most appropriate service to progress the referral is made based upon complexity and presentation of the child/young person. A clinical psychology/clinical nurse specialist consultation offer is embedded in this pathway for post diagnosis presentations. As part of

this pathway, additional staff within POINT will deliver post diagnostic support with close liaison with Healthy Young Minds.

Development of community-based eating disorder pathway (across the sector).

Changed the service name from CAMHS to Healthy Young Minds following extensive consultation.

Transition service.

Development of a link role (within the emergency duty team) with social care support to assist in the management of crisis presentations.

Healthy Young Minds are part of the GM Childrens and young person's crisis pathway and are currently developing and implementing a whole system crisis care pathway which will provide a high quality and timely response to young people in crisis and their families accessible across 7 days.

Continued Developments:

Healthy Young Minds are currently working with staff to routinely extend service delivery hours in the evening and to identify alternative venues away from acute hospital sites.

Pennine Care have identified a number of work streams through their Service Development Strategy and these include transition and out of hospital care. The primary focus of the transition group is to develop needs-led transition processes rather than age or service led processes. In particular, this group is scoping opportunities to deliver all age pathways for specific presenting needs including neuro-developmental disorders and eating disorders. The transition CQUIN has continued to support this area of work.

Review the capacity released from Healthy Young Minds following the commencement of the new community eating disorder service and deploy resource into self-harm and risk management pathways.

Healthy Young Minds staff to deliver training to RAID and access and crisis teams around working with young people and families.

Scope the opportunities to develop dedicated inpatient beds to support a crisis care pathway of maximum 7 day duration.

Continue to utilise day places on the Horizon unit for step down from inpatient services whilst the national review into inpatient services is completed.

Scope opportunities in conjunction with Oldham Council to develop 'edge of care' services in localities to prevent family breakdown and reduce the use of unplanned care episodes. A model has already been developed in another Pennine borough and recruitment is underway for a Band 8a Highly Specialist Clinical Psychologist to be responsible for high quality clinical leadership of the service and key lead for the development of formulation-based individualised packages of care for families with focus approach on maintaining change. The team will provide coordinated borough-wide services and consist of Short Breaks social workers, mental health practitioners, Family Group Co-coordinators, Family Intensive support workers and Children's Home provision

Operational Hours

As part of Healthy Young Minds restructuring and recruitment, an element of flexible working is being included within their staffing models as they are to commence alternative operational hours, with services

available in the evening to make it easier for families to attend. The next phase of this development would see services available over the weekend period. There will continue to be on call arrangements seven days a week, 24 hours each day. The investment and redesign in this way will secure sustainable improvements over the next five years to ensure capacity and capability is built into the service and be ready to support Oldham's children and young people. The increase in the workforce will also ensure continuity of care for children, young people and their families (which it is recognised has not always occurred in the past), with the existing practice of having the same registered medical officer continuing.

The service has seen an increase in the establishment of generic mental health practitioner posts to achieve a broader reach and more flexible workforce which can undertake a range of key tasks across different pathways, e.g. risk assessments, specialist assessments, care coordination etc. Review and reconfigured targeted specialist posts reflect the needs of the population, resources available and demand on services.

Appointments Not Attended (DNA)

Healthy Young Minds have a robust DNA and follow-up policy in place to manage risk, whereby automatic discharge does not happen until the service has exhausted reasons/barriers to non-attendance. The service proactively monitors its DNA rates in orders to reduce wastage through non-attendance.

Transition Service

The transition service across the Pennine Care footprint provides a dedicated clinical service for the 16–17 year old population in Oldham. This service is commissioned to deliver a targeted service to those young people within the age range who are too high tariff for primary care mental health services (such as Healthy Minds), but do not meet the eligibility criteria for adult services. This may be due to age, threshold criteria or a combination. This dedicated service aims to provide young people with a developmentally more appropriate approach with the aim of reducing the need for transition to adult psychiatric services, where possible. The plan, moving forward, will consider how to extend this transition age (potentially up to 25 years of age) and how best to support the step-up, step-down from inpatient facilities. This has been supported by a two-year CQUIN (see Section 8.2) and the service will strengthen its consultation model with the colleges in Oldham and will further solidify their relationship with Healthy Minds (16yrs+ service).

Post Diagnostic Support: Parents of Oldham in Touch (POINT) www.pointoldham.co.uk

The POINT forum has over 1,050 members and is Oldham's established parent forum for parents and carers of children and young people aged 0-25 with additional needs and disabilities, who live in or access services in Oldham. Their aim is to pro-actively represent families ensuring that parents and carers have greater choice and control to meet their current needs and have a voice in shaping future services.

A gap in post diagnostic support for children, young people and their families was identified by the CAMHS joint strategic needs assessment and paediatric reviews undertaken. Non-recurrent funding and additional recurrent funding that Oldham CCG identified to redesign Healthy Young Minds has enabled a new innovative way of service delivery for this area.

POINT (with assistance from Pennine Care) are to support and have established a new parent led, flexible approach to post diagnosis delivery which will more effectively support the needs of parents, carers and their extended families, as well as enabling valuable clinical resources to be more effectively aligned to the more complex families. Oldham CCG have provided additional funding of 10k to enable the Parent/Carer development manager role to become full time.

Improving Access to Psychological Therapies programmes (IAPT)

Children and Young People's IAPT is a service transformation project for CAMHS that focuses on extending training to staff and service managers in CAMHS and embedding evidence-based practice across services, ensuring that the whole service (not just the trainee therapists) use session-by-session outcome monitoring. The programme is centred around the principles of offering effective and efficient evidence-based treatments within a collaborative therapeutic relationship. Pennine Care commenced with the national wave 1 pilot programme in 2011 and, to date, has made significant progress in relation to this programme.

Healthy Young Minds have been part of the Children and Young People's IAPT service transformation from its inception with a member of staff receiving training each year (bar one). There have been four practitioners who have either completed, or are in the middle of the training, in cognitive behavioural therapy (CBT) and parenting. One staff member teaches on the course for systemic family therapy, and provides supervision for Pennine Care.

Services have commenced utilising 'session by session' monitoring which includes asking the children and young people to feedback about every session they attend. This helps to guide the therapy in the right direction, so that it is as beneficial as possible. The service is collating a suite of Routine Outcomes Monitoring (ROMs) which is being proactively managed following the new approach launched.

A friends and family test was launched in 2015 by the Government to obtain a quick and easy way/format to gather views/experiences of services being provided to ensure it is embedded in CAMHS. This outcome report is submitted monthly to NHS England. Further feedback mechanisms are planned to feedback more easily to service users.

Pennine Care employs a participation worker to work across the footprint. This role co-ordinates the 'Participation' agenda across the organisation, linking with local borough 'participation champions' and providing a borough-wide strategy to embed participation within the business of each service. The work has been eclectic and in Oldham has included the 'Living life to the full' group for young people, co-produced by Oldham Youth Justice service; linking in with Oldham Youth Council and recruiting young people to attend interview training and provide interview panels; consulted with parents who attend the service via coffee mornings; and run a participation group for young people who designed and decorated the reception area.

Healthy Young Minds will continue to strengthen their links with the Youth council.

Healthy Young Minds also have a dedicated information site to help children and young people learn more about mental health. This website is widely distributed to children, young people and their families (and the wider children's workforce) to inform/signpost and give wide ranging mental health information.

Early Intervention Psychosis Team

An early intervention in psychosis (EIP) service is available in Oldham for 14-65 year olds experiencing a first episode psychosis. Individuals who are assessed as being suitable for the service are treated for a three year period. Treatment can include: psychology, cognitive behavioural therapy (CBT), social inclusion, employment and vocational access and support, psychiatry, and care co-ordination from a trained

practitioner. Treatment is recovery based. The service consists of a multi-disciplinary team, including social workers, assistant practitioners, psychologists and psychiatrists.

All referrals received by Healthy Young Minds are assessed using a Positive and Negative Syndrome Scale (PANS) as to whether or not the service is appropriate for their symptoms.

Young people accessing this service under the age of 17 will also have a Healthy Young Minds consultant for necessary prescriptions. The service has greater scope to work with a child in crisis but sometimes joint assessments with Healthy Young Minds are required. It also has a joint protocol with the learning disability service and works together on some cases and also liaises closely with Oldham's Alcohol and Drugs Team regarding young people presenting with substance misuse.

Guidance has been issued to GPs in Oldham '*Emerging Psychosis and Young people – what you need to know*', along with a Primary Care Checklist (PCCL) that has been developed. This is a quick and easy to use tool administered by the primary care practitioners to help identify young people who may be in the early stages of psychosis and to make speedy and confident referrals to specialist services.

Community Eating Disorder Service (CEDS)

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

CYP Eating Disorder Waiting time - Urgent (rolling 12 months - quarterly for national & regional)

	Mar-18	Jun-18	Sep-18
ENGLAND	78.9%	74.7%	81.3%
NORTH OF ENGLAND	78.8%	73.5%	81.6%
GREATER MANCHESTER (ICS)	74.5%	81.0%	90.0%

CYP Eating Disorder Waiting time - Routine (rolling 12 months - quarterly for national & regional)

	Mar-18	Jun-18	Sep-18
ENGLAND	79.9%	81.2%	80.2%
NORTH OF ENGLAND	85.7%	84.2%	83.4%
GREATER MANCHESTER (ICS)	80.4%	82.8%	86.6%

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

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

VCSE representatives to further develop a GM's CEDS operational plan for autumn 2019 in advance of commissioning intentions being agreed.

Organisation	Service	Budget £		
		2016/17	2017/18	2018/19
Pennine Care NHS Foundation Trust	Community Eating Disorder Service	138,184	138,322	138,460

As of the 1st November 2017, the staffing levels of the community eating disorder service was 1.59 whole time equivalents.

Band	18/19WTE
Band 8A Op Manager	0.17
Band 8A Clinical Lead	0.24
Consultant Psychiatrist	0.13
Band 7 Senior MHP	0.15
Band 7 Family Therapist	0
Band 7 Dietician	0.03
Band 6 MHP	0.27
Band 4 Clinical Support Worker	0.33
Band 4 Admin	0.27
Total	1.59

In-reach/Out-reach Service (IROR)

The IROR service has now been disbanded and will be incorporated into the new GM crisis care pathway which will continue to support CYP presenting in crisis and work towards reducing hospital admissions.

Crisis and Intensive Care Support

There has been an increase in demand for crisis care with young people often presenting in crisis out-of-hours through a variety of access points including 136 suites, A&E, acute medical wards and primary care. This makes it hard to ensure consistency of approach.

For 16-18 year olds, intensive community support is provided by adult mental health services in conjunction with partner agencies and potentially Healthy Young Minds transition services. For all young people in this age group presenting in crisis to acute and emergency services, consideration is given to home treatment as an alternative to admission. This can be challenging to access out-of-hours and often a crisis admission is required to maintain the young person's safety or that of others in the immediate present.

Challenges faced:

- The CAMHS infrastructure and resource cannot meet the demand and provide 24 hour coverage in terms of assessment and intensive support. Increasing this resource is not necessarily the most cost effective solution due to the fluctuations in need and relatively small numbers.
- Young people can present in neighbouring boroughs with different acute and adult mental health service providers so sharing information can be less effective than within our own footprint.

- Adult mental health services conducting out-of-hour's assessments may have skills gaps or lack confidence in assessing young people.
- Young people presenting in crisis are often hard to engage and have poor or fragile networks of support making it more challenging to develop community-based contingency and safety plans.
- Whilst there is evidence of excellent partnership working to support individual young people, the development of more formalised and robust multi-agency risk management pathways would allow for a shared approach to risk that allows care to be user led and not services led.
- Young people requiring intensive support may have multiple needs including issues around education and accommodation and safeguarding needs which are contributing to their distress and risk.

This crisis support will evolve over time due to the changes mentioned previously regarding the review and development of a new crisis care service across Greater Manchester.

- A Greater Manchester Transformation Fund £ 13.3m proposal was approved in December 2017, which held the vision to develop a GM-wide whole system crisis care pathway which will provide a high quality and timely response to young people in crisis and their families, accessible across 7 days. The pathway will be fully inclusive, have open access, be holistic and multi-agency and provide a timely and proportionate response based on need.
- In 2018/19, extensive work was undertaken to begin to operationalise the model, engaging with partners across GM, recruiting staff and designing clinical pathways and protocols.
- For 2019/20, the overarching aim is to launch of all elements of the pathway, completing recruitment and beginning to accept referrals. By the end of this financial year, Rapid Response Teams will be available 24/7 across GM, reducing demand on A&E and community CAMHS and improving the experience of young people and their families.

As a key partner we will continue to support this vital work as it progresses. For further information can be found:

<https://www.penninecare.nhs.uk/gmccp/>

Oldham CCG has made the following investment into services to support children and young people's emotional wellbeing and mental health:

Adult Service Provision

Increased Access to Psychological Therapy Service (IAPT): Oldham Healthy Minds

A service for those young people over the age of 16 is available within Healthy Minds. The service is delivered by a range of professionals including therapists and counsellors who offer support and treatment for those who are experiencing symptoms such as difficulty sleeping, low mood/depression, stress, worry or anxiety, feelings of hopelessness or panic attacks. There has been significant investment into IAPT as a step towards ensuring 'Parity of Esteem' and enabling timely access to early intervention services.

Rapid Assessment Interface and Discharge (RAID): Early intervention model in A&E

The service delivered by the RAID team operates 24hrs per day, seven days a week and is based within the A&E department at The Royal Oldham Hospital. The service provides an urgent response to requests for mental health assessments within the A&E department, with patients presenting in crisis being supported through brief intervention and offered a follow-up appointment(s). Whilst the service has been supporting adults for some time, young people over the age of 16 are able to be seen by this team

Oldham's telephone triage/RAID pilot project has been established to improve police decision-making and outcomes in circumstances where police officers attend incidents in the community and believe an individual requires professional mental health and assistance.

Safe Haven

The service supports people who may experience a MH crisis overnight, either known to secondary care services already or referred by RAID following presentation in A&E. The service will provide an alternative for people who may otherwise be admitted to a mental health acute ward overnight, often on a short-stay, informal basis.

6.3.3 Step 5: Getting Intensive Help

Services are commissioned on behalf of Oldham CCG by NHS England Specialist Commissioning team, as mentioned previously, it makes sense for some services to be organised across a large population (i.e. across Greater Manchester or the north west region) making them more efficient. When children and young people require more intensive support there are a number of units that can be approached for availability.

The Hope and Horizon Units are part of the Child and Adolescent Mental Health Service's (CAMHS) inpatient facilities, situated within Fairfield Hospital in Bury and managed by Pennine Care NHS Foundation Trust (PCFT). As these units are the closest to Oldham, these units are utilised frequently.

The Hope Unit is a modern 12-bedded inpatient ward providing help and support to young people aged between 13 and 18 years old, who are suffering from a range of mental health difficulties. The admission on the ward may be 4-6 weeks, during which time an assessment/treatment will be undertaken by a team of experienced mental health professionals. Expert care is provided day and night.

The Horizon Unit is a modern 10-bedded complex care in-patient ward, which provides help and support to young people aged between 13 and 18 years old with complex mental health needs requiring hospital treatment. Admissions for the Horizon Unit tend to be on a planned basis for a longer period, with referrals accepted from across England.

Transfer is also possible between the Hope and Horizon Units depending on the needs of the young person. However, both wards work very closely and some staff work across both wards, which helps the young people to make their transitions more smoothly. Both units are led by an expert team of healthcare professionals comprising psychiatrists, psychologists, nurses, art therapists, occupational therapists, dieticians and teachers and their co-location enables the seamless assessment and treatment for young people with acute and complex needs.

Healthy Young Minds Oldham have very strong links with the inpatient service (given it is the same provider) and are part of the specialist services directorate within Pennine Care, which affords close communication, governance arrangements, management structures, shared training, i.e. Healthy Young Minds provide out-of-hours on-call psychiatry and management cover for the Inpatient Unit. In addition, if absolutely necessary, Healthy Young Minds would provide services/staffing support to the Unit.

Whilst these units are open to anyone from anywhere in the UK, every effort is made in reducing the number of Oldham's young people from being placed out with this service.

Healthy Young Minds do, however, ensure that continuity remains in place for young people who are admitted to out of area placements, travelling across the country so that young people and their families receive consistent and, in some instances, familiar care. They also always attend the Care Programme Approach (CPA) - a meeting used to plan and agree an individual's care.

Now that the community eating disorder service is operational, it is anticipated that length of hospital admissions will start to reduce; and cases, where admission has been indicated, will receive intensive support within the eating disorder pathway - therefore, remaining in the community.

In addition, Healthy Young Minds have established relations with the following:

- Junction 17 (provided by Greater Manchester Mental Health NHS Foundation Trust) and utilised by Oldham's young people (given its proximity) provides inpatient therapeutic care as well as education in a safe and nurturing environment. It is a specialist Child and Adolescent Mental Health Service (CAMHS) for young people aged 13–17 who require assessment and treatment for a range of complex mental health difficulties.
- Galaxy House (Royal Manchester Children's Hospital) is a 12 bedded in-patient unit that provides mental health care for children up to the age of 13 years and also specialising in pervasive refusal syndrome and eating disorder.
- Psychiatric Intensive Care Services (PICU), Cygnet Hospital (Bury) provides individualised care for young people aged between 13 and 18 who are experiencing a mental health crisis or whose needs mean they cannot be supported in community settings.
- The Gardener Unit (provided by Greater Manchester Mental Health NHS Foundation Trust) based at Prestwich Hospital is a medium-secure adolescent forensic unit that provides highly specialised care in a secure environment. The unit contains 10 beds and is for boys between the ages of 11 and 18 years. Within the unit is a purpose-built intensive care facility. The Gardener Unit caters to young people with serious mental illness or concern of a significant psychiatric disorder with significant levels of risk.
- Social Development Clinic at Royal Manchester Children's Hospital is a specialist referral service for the assessment and treatment of children with complex developmental disorders involving social impairment. This includes autism spectrum disorder but also problems of autism-like syndromes related to other specific genetic, neuro-developmental and attachment disorders.

Forensic CAMHS (F CAMHS)

F CAMHS provide assessment and treatment of young people between the ages of 10-18 years, with forensic behavior and mental health needs. The team work across Greater Manchester, the North West and nationally, offering comprehensive holistic assessments in relation to the following areas:

- Mental State
- Diagnosis
- Risk
- Needs
- Psychological functioning
- Placement
- Treatment options.

F CAMHS will see the young person and their family at a venue most appropriate to their needs, giving due consideration to risk factors. This may involve them travelling to the outpatient department or the team travelling to visit the young person.

Healthy Young Minds have strong links with the psychiatrists at F CAMHS and will liaise with them when they have a young person with forensic complexity and feel an extensive assessment to be necessary.

6.3.4 Promoting resilience, prevention and early intervention

There are a wide variety of services across the borough that fall within steps 1-3 (Thriving; Resiliency and Coping; Getting help) of the model provided by practitioners, who are not mental health specialists, working in universal services such as GPs, health visitors, school nurses, teachers, social workers, youth justice workers and voluntary agencies. These practitioners offer general advice and treatment for less severe problems, develop resilience, contribute towards mental health promotion, identify problems early in their development and refer children to more specialist services. The narrative below provides information relating to a number of these (but this is by no means an exhaustive list) and in particular, highlights the services available for those most vulnerable.

GPs

GPs and the wider primary care services play an important role in supporting families, children and young people for primary physical and mental health. They have scope to refer for a wider range of interventions and services, which may include social prescribing (where activities such as sport are used as a way of improving wellbeing). GPs are able to refer children and young people requiring emotional wellbeing and mental health support through the newly established single point of access which could include help from the services mentioned below.

Early Help Offer (EHO)

Early help means providing support as soon as a problem emerges, at any point in a child's life, from the foundation years through to the teenage years. The Oldham Together Partnership is the collaboration of local organisations working together to support the delivery of Early Help.

The Early Help Offer ensures that additional needs are identified and responded to in a timelier, efficient manner with those targeted interventions delivered being those which can evidence their effectiveness and result in sustainable change. Its purpose is to avoid more costly interventions in the future moving demand away from high-cost services (that react to crises once they have arisen) towards services that focus on supporting people to develop the skills to support themselves (encouraging independence).

The list below details the data that is collected within the Early Help team specifically relating to the under 18's.

Category
Alcohol use
Child Sexual Exploitation (CSE)
Crime and anti-social behaviour
Diet
Drug use
Housing
Managing behaviour and routines
Managing finances
Mental wellbeing

Physical activity
Relationships
School attendance
School behaviour
Smoking
Weight
Work and skills

Positive Steps www.positive-steps.org.uk

Positive Steps are an independent charitable trust delivering a comprehensive range of services which can help young people, adults and families to reach their potential. With the funding that Oldham Council provides, they form part of the Oldham Together Partnership (mentioned within the Early Help Offer). Their approach throughout is to work with individuals to understand the barriers they face in attaining their goals. Individuals are able to seek support with planning, progressing or dealing with a whole range of issues in their lives, from learning and employment to drugs and crime.

They provide an integrated range of targeted services, including: information, advice and guidance; a range of youth crime prevention programmes in partnership with schools, the police and community safety team; Oldham's teenage pregnancy strategy; Brook sexual health service; a young people's substance misuse service; and the young carers' support service. The Centre (through which all these services are delivered – located in Oldham Town Centre) hosts a range of partner services including: Healthy Young Minds; a generalist nurse and assistant practitioner team; counselling services; housing advocacy and mediation services; a range of holistic family services including Early Help support and the after-care duty team from Oldham Council's children's social care.

Youth Justice Service

Children and young people in contact with the youth justice service have high levels of vulnerability and are at least three times as likely to have mental health problems, than their non-offending counterparts, with language development and disorders also being a prevalent factor.

Oldham's Youth Justice Service aspires to being a centre of excellence for integrated management of young offenders. There is a focus on further reducing the number of first-time entrants to the youth justice system; reducing re-offending by children and young people aged 10–17yrs and ensuring the safe and effective use of custody. In addition, there is an emphasis on a whole family approach, safeguarding, resettlement and positive progression, service user participation evidence-based practice, transitions and volunteers.

This multi-agency team (which includes employees from Positive Steps, the police and Healthy Young Minds) work with individual children and young people (and their families) to assess their risk of committing further crime, their risk to others and to safeguard them. The team oversees a wide range of pre-court and post-court disposals as well as young people subject to custodial sentences.

To address the wholly unacceptable practice of taking children and young people detained under s136 of the Mental Health Act to police cells, there is a place of safety at The Royal Oldham Hospital for children and young people to utilise to ensure no under-18 is placed in a police cell.

Both Oldham CCG and Oldham Council are represented on the Youth Justice Management Board which meets on a regular basis. Moving forward, there will be the requirement to ensure robust liaison and diversion triage services and services that are easily accessible from police custody and courts.

The service has received positive feedback following a recent HMI inspection.

Child Sexual Exploitation (CSE)

Oldham has a strong offer of support to children who are victims of (or who are at risk of) child sexual exploitation - the Oldham Phoenix project. Oldham Phoenix is a multi-agency team approach consisting of 17 staff from across Greater Manchester Police, Oldham Council and Barnardo's. The focus of the Barnardo's work is to support those at high risk of child sexual exploitation and provide long term therapeutic intervention to support young people on their journey to exiting exploitative relationships or networks. Services are co-delivered from the police station to provide a consistent and seamless approach to referrals and pathways.

It is recognised that there is currently a gap within the Phoenix offer for young males and that parents are not as aware of the risks regarding boys, or that they can be victims as well as perpetrators. There is a reported increase in the number of young males on the cusp of becoming groomers and in their risk taking behavior, which is a further cause for concern. In order to try and bridge some of these gaps, there is a proposal being considered for a male worker to join the Phoenix team to deliver some of the low-level emotional and healthy relationship work.

Oldham's Missing From Home (MFH) service is also delivered by Positive Steps as part of their integrated services for Oldham's vulnerable young people. The service has been strengthened and developed to offer a wider remit of support to young people who go missing, with the aim of reducing the number of instances and frequency of them going missing. This integrated model of support affords young people the chance to access all relevant services from the one point of contact, often with the same worker to ensure consistent approaches and support. Many of the current Oldham Phoenix caseload attend Positive Steps to access other services and staff are being trained and developed to gather this intelligence in order to inform the wider picture.

The MFH service works closely with Oldham Phoenix and regularly feeds intelligence regarding CSE within Oldham in line with local safeguarding procedures. Both agencies attend fortnightly operational meetings with police and social care to ensure that all efforts are being made to reduce/prevent missing from home episodes. The meetings provide a forum where a multi-disciplinary group are able to track outcomes and assign specific actions to professionals working with the child/young person to identify cases where there is drift and feed relevant information into strategic groups.

Looked After Children (LAC)

A clinical psychologist with LAC specialty sits within Healthy Young Minds who provides a bespoke service for this population. This includes a targeted stepped model of care intervention to the foster carers and adoptive parents of Oldham, who care for children and young people who have emotional and behavioural difficulties as a result of their early life experiences. This offer includes a group intervention followed by the offer of direct consultation to those families and wider children's workforce in a team around the child approach, who support such children in the health, education and social care arena. This offer then extends to face-to-face work with children and young people when it is assessed as appropriate - for a small number of children. This follows evidenced-based interventions with the focus on attachment interventions.

Vulnerable Young People

A number of initiatives in Oldham support this vulnerable group, including:

- A link social worker post (funded by Oldham Council) provides a three-way offer to children and young people who are vulnerable. The work includes links to the Youth Offending Team and liaison with the Life Chances Team, in addition to consultation with the wider children's care workforce. A stepped model of care is also provided in this role with consultation at the heart of the offer, with a small number of one-to-one pieces of work where this is assessed as appropriate.
- Healthy Young Minds also offer various services to teams supporting vulnerable young people who are likely to be experiencing mental health problems as a result of needing additional support. This includes delivery of an 18-week intensive training course for foster carers on nurturing attachment with educational psychologists providing training to designated teachers on attachment, trauma and loss.
- Oldham Council also makes educational provision for young people who cannot attend school because of their mental health needs. Support is also ensured within the Early Help Offer (EHO) for children at risk of, or who are victims of, domestic abuse.
- Oldham CCG also employs an Associate Designated Nurse for Looked After Children who, as previously mentioned, has commenced developing a package of care specifically for LAC and care leavers to include emotional wellbeing and mental health support.
- The care navigator role developed will also support vulnerable children and young people to receive timely access to services through informed choices.

Data Set for Vulnerable Groups

'*Future in Mind*' stipulated that a better offer for the most vulnerable children and young people is required, making it easier for them to access the support that they need when, and where they need it. As such, Pennine Care NHS Foundation Trust has developed (as part of its CQUIN – see Section 8.2) a data set for the recording of vulnerable groups which are aligned to the '*Future in Mind*' complexity factors, examples include:

- Experience of abuse or neglect
- Parental health issues
- Looked after child
- Learning disability
- Experience of war, torture or trafficking
- Refugee or asylum seeker
- Current protection plan
- Drug and alcohol difficulties (substance abuse)
- Homeless
- Placed in temporary accommodation by local authority (including homelessness resettlement service e.g. bed and breakfast accommodation).

The dataset has been reviewed to ensure that it is fit for purpose and is proving to be a useful resource for the workforce. It also assists in understanding the population of vulnerable groups that access Healthy Young Minds services, with the intelligence supporting the redesign of services and related provision going forward. The intention is to review the data on an on-going basis.

Family Nurse Partnership (FNP)

The Family Nurse Partnership (FNP) is a targeted and prescribed programme that is delivered by health professionals who have received specific FNP training. The intervention is aimed at first time young parents with 'high needs'. This is a mandated function as part of the health visitor transition. It is an evidenced-based programme available to support first time mothers under the age of 20 years. It offers intensive and structured home visiting, delivered by specially trained nurses, from early in pregnancy until the child is two years old. FNP consists of home visits using materials and activities that build self-efficacy, change health behaviour, improve care giving and increase economic self-sufficiency. At the heart of the model is the relationship between the client and the nurse, which enables the most at-risk families to make changes to their health behaviour and emotional development and form a positive relationship with their baby. Locally we are seeing good evidence of deflecting the needs for social care intervention as a result.

Special Educational Needs and Disability (SEND)

The SEND Code of Practice: 0-25 years (2014) includes guidance relating to children and young people with special educational needs and disability (including mental health). It provides statutory guidance on duties, policies and procedures relating to Part 3 of the Children and Families Act (2014) and associated regulations. In Oldham there are approximately 5,045 children and young people who are currently subject to SEN support and 1,459 who have an EHCP in place. To further understand the local picture and identify the gaps in current provision, a Health Needs Assessment has been completed with a number of recommendations to be explored. In addition, a handbook has been produced to support local education settings in understanding and supporting children and young people with SEND.

Joint commissioning arrangements across Oldham cover services for 0-25 year old children and young people with SEN or disabilities, both with and without Education, Health and Care (EHC) plans. Services include specialist support and therapies. These children and young people may need extra help or support, or special provision made for them to allow them to have the same opportunities as others of the same age. They may well experience a wide range of social and emotional difficulties which manifest themselves in many ways, i.e. becoming withdrawn or isolated, as well as displaying challenging, disruptive or disturbing behaviour. These behaviours may reflect underlying mental health difficulties such as anxiety or depression, self-harming, substance misuse, eating disorders or physical symptoms that are medically unexplained. Other children and young people may have disorders such as attention deficit or attachment difficulties.

Partners, therefore, have regard to the Code of Practice and, in particular, to the Mental Capacity Act 2005 and, as a result, Healthy Young Minds and Tameside, Oldham and Glossop Mind have established close working relations with Oldham Council in meeting the needs of these children and young people who may suffer with emotional, social and mental health issues.

Oldham CCG has made provision for a Designated Clinical Officer (DCO) role as part of the Special Educational Needs and Disability SEND reform. The DCO takes a lead role in relation to health aspects of Special Educational Needs (SEN) and Disabilities, making decisions in respect of funding packages of care within Education, Health and Care Plans.

In November 2017 the Council and CCG received a joint inspection by Ofsted and the Care Quality Commission (CQC) to assess the borough's provision for children and young people (age 0-25years) with special educational needs and disabilities. There were several areas flagged as concern, and the CCG and Council have been working jointly to improve provision and provide assurance to inspectors that

CCG/OMBC are prioritising the improvement process for our SEND children and young people. The areas identified for improvement were:

- Ensuring effective joint leadership
- Quality of health plans
- Improved health professional's involvement in the EHC process
- Take a closer look at the role of designated roles

A written statement of action was submitted to inspectors in February 2018, and the Council and CCG will continue to submit joint quarterly progress reports.

Oldham Special Educational Needs and Disability (SEND) Information Advice and Support (IAS) Service is a free confidential, impartial and independent service operated by Parents of Oldham in Touch (POINT) Services. This service exists to help parents and carers of children with additional needs and disabilities; and young people themselves in matters relating to their education, health or social care provision.

Further information on POINT can be found at:

www.pointoldham.co.uk/

Further information regarding Oldham Council's local offer can be found at:

www.oldham.gov.uk/info/200368/children_with_disabilities

Learning Disabilities (LD) and Autism

Oldham CCG and Oldham Council have worked in collaboration to develop a joint commissioning strategy for autism (all age) and learning disabilities (adults) in Oldham; and a Joint Commissioning Framework for Supported Living services. The Oldham Autism Strategy was launched (late March 2017) in conjunction with Autism Awareness Week. The strategy has involved professionals from various organisations and partnerships, as well as parents and service users. The subgroups are reviewing joined-up commissioning, diagnosis and post diagnosis support, getting the right support at the right time, and better information and awareness. One of the overall aims of the strategy is for Oldham to become an autism friendly town.

The CCG and council continue to work closely on the Oldham Autism Strategy and a report has been produced 'Oldham's Autism Strategy – One Year On.' This report will be presented to the Health and Wellbeing Board and focuses on the achievements in the first year and the areas that are due for completion in years two and three.

Some changes have already been introduced: the lead senior psychologist's role within Healthy Young Minds provides liaison with the wider children's workforce for children and young people with learning disabilities and autism, providing a consultation service. As mentioned previously, plans have been developed to extend the Healthy Young Minds neurological development team in relation to autism with access to a menu of post diagnostic support options.

Oldham Community Leisure Services (OCL) www.oclactive.co.uk

OCL (on behalf of Oldham Council) is responsible for the management, operation and development of sports centres/swimming pools and synthetic pitches across Oldham. They work in partnership with other agencies to improve the health, wellbeing and physical activity for the people of Oldham, breaking down

barriers in communities and offering opportunities to improve the quality of life both physically and mentally. As there is a strong relationship between mental and physical health and evidence that unhealthy lifestyles and behaviours can contribute to mental health issues, there are now established referral pathways from Positive Steps Oldham to OCL.

Voluntary Sector

Oldham CCG and Oldham Council have established relationships with the voluntary sector, which include:

Action Together are a member of the Children and Young people's Emotional Wellbeing and Mental Health Partnership. www.actiontogether.org.uk/

Early Help community offer through Oldham Together includes Action Together and voluntary agencies as partners in delivery of early help. <https://www.actiontogether.org.uk/>

Access to early help engagement training for staff: Oldham Together have recruited 50 community volunteers who have access to broader training packages. <https://www.actiontogether.org.uk/>

Tameside, Oldham and Glossop Mind deliver a range of services to support children and young people. <https://www.togmind.org/>

As already mentioned, Parents of Oldham in Touch (POINT) - parent forum for parents and carers of children and young people aged 0-25 with additional needs who live in or access services in Oldham - to support post diagnostic ASD/ADHD service provision. <https://www.point-send.co.uk/>

Oldham CCG commissions Oldham Bereavement Support Service which is a registered charity with a team of trained volunteers that offers a supportive relationship to those children and young people who have suffered a loss, or to deal with many of life's event (i.e. changing school, having a parent in hospital for some time, divorce, family breakdown etc). They have a strong team of qualified counsellors who specialise in child grief with a dedicated child-friendly room, ensuring a safe and supportive environment. www.oldhambereavement.webs.com

7.0 ACCOUNTABILITY AND TRANSPARENCY: MONITORING IMPROVEMENT

The Children and Young People's Emotional Wellbeing and Mental Health Partnership has overseen the development of this Transformational plan (and will oversee its implementation). The Partnership comprises of members from Oldham CCG, Oldham Council, NHS and third sector service providers, school and college representation, leisure, youth justice, young people. It is accountable to the Health & Wellbeing Board and provides feedback in relation to progress within this agenda at regular intervals.

In addition, both Oldham CCG and Oldham Council have developed a Single Commissioning Function, Oldham Cares, bringing together the commissioning functions of both organisations with a new single governance framework.

7.1 Oldham's Health and Wellbeing Board

The Health and Wellbeing Board is a formal, constituted body hosted by Oldham Council that comprises not only of health and social care commissioners (Oldham Council and Oldham CCG), but also other local leaders such as care providers, housing providers, the police, the fire service, and the community and

voluntary sector who all have a vital role in tackling health inequalities in the borough. It is the owner and responsible body for driving the work and priorities outlined in the Health and Wellbeing Strategy and the Oldham Locality Plan.

7.2 Emotional Wellbeing and Mental Health Partnership

The Children and Young People's Emotional Wellbeing and Mental Health Partnership will oversee implementation of the CAMHS Local Transformational plans and will report progress to the Health and Wellbeing Board and the Best Start in Life Partnership. It ensures strong partnership arrangements and a full list of its members and terms of reference are available.

7.3 Greater Manchester

At a strategic Greater Manchester level (and in order to keep abreast of the developments across the conurbation), Oldham CCG has a representative on the Greater Manchester Future In Mind (FIM) Delivery Group and the Across Pennine Care CAMHS Commissioner/Provider meeting to enable CAMHS local strategy groups across the footprint to develop services and new approaches where working across the footprint is more effective, generates efficiencies and assists in developing good quality services for children and young people through an agreed work plan. In addition, both the Council and CCG are represented at the Greater Manchester Children's and Maternity Commissioning Consortium.

7.4 Monitoring

- Oldham CCG has a single, separately identifiable budget for children's mental health services, with regular monthly reporting provided internally and at executive level.
- It also has in place a bilateral contract with Pennine Care NHS Foundation Trust. As such, there are strong governance and contractual arrangements in place. Monthly performance reporting is provided, including a comprehensive package of data and information in support of Healthy Young Minds activity and its progress with regards to CQUIN (see Section 8.2 for CQUIN information).
- Tameside, Oldham and Glossop Mind provide monthly snapshot reports, quarterly data (including outcomes and case studies), with regular monitoring group meetings held, including its progress with regard to CQUIN.
- Oldham Council hold regular quarterly monitoring meetings with Healthy Young Minds to review the LAC role and Healthy Young Minds complete a quarterly monitoring report.
- KOOTH provide a detailed statistical report as well as a narrative monitoring report every quarter and usually meet with Oldham Youth Council at least twice each year for discussion and service feedback.

7.5 Performance and Activity

There is a national requirement for CCGs to continue to focus on investment in mental health services to ensure parity with other areas of investment. As part of this assurance, a number of indicators have been introduced that Oldham CCG is required to report against. These include:

- **Improve access rate to children and young people’s mental health:** This indicator is designed to demonstrate progress in increasing access to NHS funded community mental health services for children and young people. Implementing the Five Year Forward View for Mental Health sets out the following national trajectory:

Objective	2016/17	2017/18	2018/19	2019/20	2020/21
At least 35% of children and young people with a diagnosable mental health condition receive treatment from an NHS funded community mental health service	29%	30%	32%	34%	35%
Number of additional children and young people treated over 2014/15 position	21,000	35,000	49,000	63,000	70,000

For CCGs, the ambition is to see an increase in activity to the level necessary to meet the national trajectory.

- **Waiting times for urgent and routine referrals to children and young people’s eating disorder services:** The two waiting time standards are that children and young people (up to the age of 19) referred for assessment or treatment for an eating disorder should receive NICE-approved treatment with a designated healthcare professional within one week for urgent cases and four weeks for every other case.

NHS Digital (MHSDS) data shows that CYP receiving treatment as of Dec 2018 (defined by 2 or more contacts) was **33.1%** (against a 32% forecast outturn). This is expected to increase when TOG Mind and all other service providers submit their data directly to MHSDS.

The above indicators have been included in the monthly dashboard that Pennine Care provides to the CCG and forms part of the on-going contract monitoring (mentioned above). In addition, the CCG will be monitored closely to ensure all targets are met.

8.0 MEASURABLE OUTCOMES / BENEFITS

Oldham CCG has at its disposal a number of mechanisms to support organisations to improve the services they provide. These include:

8.1 Key Performance Indicators (KPIs)

Key performance indicators help define and measure progress towards organisational goals. Some KPIs are set by the Department of Health and as such, are mandated to report against them. All services commissioned by the CCG are subject to a detailed service specification (with KPIs forming part of this contract). These are reported against as part of contractual monitoring in relation to referrals, access and

“The practitioners and nurse are very easy to talk to and open - you know exactly where you are and the type of help you will be getting”

waiting times, outcomes, workforce and training. In particular, robust KPIs have been agreed as part of the new Community Eating Disorder Service.

As mentioned previously, Oldham Council hold quarterly monitoring meetings with both Healthy Young Minds and Kooth. Both providers complete a quarterly monitoring report which details their activity during the period, as well as key statistical data for performance monitoring. Within Healthy Young Minds there is a series of outputs which they are monitored against and an indicator for Kooth is to see a reduction in a young person's core score.

8.2 Commissioning for Quality and Innovation (CQUINs)

Healthy Young Minds successfully completed the 2016/2017 CQUIN with the redesign of the Mood and Emotional Disorder, Crisis and Emotional Dysregulation pathways to include the offer from the whole partnership. The Quality Assurance Framework was developed and now forms part of the School mental Health Framework.

For 2018/19, a CQUIN was agreed to incentivise improvements to the experience and outcomes for young people as they transition out of children and young people's mental health services. This CQUIN was constructed so as to encourage greater collaboration between providers spanning the care pathway. There were three components of the CQUIN:

- A case-note audit in order to assess the extent of joint-agency transition planning
- A survey of young people's transition experiences ahead of the point of transition (pre-transition/discharge readiness)
- A survey of young people's transition experiences after the point of transition (post-transition experience).

In addition, a CQUIN is in place to develop and embed a meaningful and evidence-based outcomes framework which monitors how the provider operates as a care delivery system and what difference the provider's intervention makes to people who use services within the care delivery model.

Progress to attaining the elements contained with the CQUIN forms part of the CCG's contractual monitoring, which includes quarterly reports against progress being provided to the CCG.

8.3 OUTCOMES

Headlines from the improvements made so far in supporting children and young people requiring emotional wellbeing and mental health support include:

- Establishment of one front door for children and young people (commenced July 2016) with emotional wellbeing and mental health needs - by integrating the CAMHS single point of access (SPA) within Oldham Council's Early Help Service. This has provided a consistent and timely response to families to stop them from 'bouncing' around the system.
- Introduction of the stepped care model – details provided below.

8.3.1 Tameside, Oldham and Glossop Mind

- To date, TOG Mind have delivered educational support services in 90% of Oldham Primary and Secondary schools, reaching over 10,000 children and young people each year via assemblies, over

3000 children and young people each year via resilience workshops and over 3000 staff and parents via training and support sessions.

- For period 2017-2018, TOG Mind via a national one-off data submission were able to evidence access to support for over 700 children and young people with mental health issues or concerns within Oldham. TOG Mind intends to submit directly to MHSDS by April 2019 to ensure the support offered to young people within Oldham is reflected in national performance outcome targets.
- Of the young people accessing services within 2017-2018:
 - On average 93% of young people said they would recommend services to a family member or friend.
 - 90% or more young people showed 'maintenance, improvement or recovery' via YPCORE outcome measures across all interventions. With 40% or more young people showing 'improvement or recovery' consistently across all interventions.
 - 95% of young people accessing a resilience workshop self-reported 'maintained or improved' levels of wellbeing and ability to cope.

8.3.2 Healthy Young Minds

Healthy Young Minds continue to work towards the national standards with a maximum of 6 weeks for routine assessment and 12 weeks for treatment. Services utilise 'session by session' monitoring which includes asking the children and young people to feedback about every session they attend. The service collates a suite of Routine Outcomes Monitoring (ROMs) which is being proactively managed within Healthy Young Minds, with a new approach introduced.

8.3.3 School Health Practitioner

The school health practitioner role promotes good mental health, builds resilience and identifies and addresses emerging mental health problems early on; closes service gaps, tailors services to meet need and provides children, young people and their families with simple and fast access to high quality support and treatment.

Benefits of the service have not only been seen in children, young people and their families, but to those professionals that are in daily contact with children and young people who require emotional wellbeing and mental health support. The service has received excellent feedback through evaluation forms from the children and young people who have required support and also from the professionals (extracts cited below) that have been provided with training and/or support.

Appendix A

Below is a list of many of the schemes which were planned in the original 2015 Transformation Plan, but have since been completed. Please note, this is not an exhaustive list.

Completed Schemes
Community Eating Disorder service – The service sees the use of Transformation funding up to the age of 18
Mental Health Schools Framework and schools link programme
Opportunity area
Roll-out of the GM Crisis Care Pathway
Development of a new comprehensive and integrated CAMHS model – a system without tiers (and age restrictions) with the aim of making the pathway for children and young people with emotional wellbeing and mental health needs much clearer and more defined; whilst introducing standard access and wait times.
<p>The Mental Wellbeing Coordinator is leading the programme to embed the framework across all educational settings. This will include ongoing engagement with headteachers and college principals as well as the wider children and young people's workforce including voluntary, community, faith and social enterprise groups.</p> <p>The Mental Wellbeing Co-ordinator is managing the Mental Wellbeing Advisors who are currently supporting all educational settings by:</p> <p>Supporting and facilitating schools and colleges in the implementation of the:</p> <ul style="list-style-type: none"> • Self-Assessment • Quality Assurance to safe and effective commissioning • Graduated Response • Charter Mark <ul style="list-style-type: none"> • Deliver training to build capacity to up skill teaching and support staff to deliver robust social, emotional and mental wellbeing classroom based interventions across the school and college curriculum. • Supporting schools and colleges to identify and develop collaborative partnerships between schools, clusters and other key stakeholders and networks within Oldham. • Using community engagement to support participation and promote social inclusion of children and young people and families in school. • Supporting the coordinator to deliver the short- and long-term objectives of the programme including the delivery of training. • Contributing to the evolution of the programme to improve the emotional and mental wellbeing of children and young people across Oldham schools and colleges. <p>All schools and colleges across Oldham have been offered training and support to help improve emotional health and mental wellbeing. This started with the initial launch of the framework and subsequent</p>

workshops and training events:

- Framework launch and engagement event
- Anna Freud mental health and school link programme
- Graduated response training
- Self-assessment training
- Leading a mentally health school training
- School based resilience and mental wellbeing training programmes

A Wellbeing Measurement Survey was piloted in five primary schools and one secondary school between May and July 2018. The aim of the pilot was to explore the use of a mental health and wellbeing survey in schools to support schools to monitor their own pupil mental wellbeing. The survey does not identify individuals in need of support and is not diagnostic or a screening tool. The survey for schools provides a 'snapshot' to measure social, emotional and mental health strengths and difficulties across year groups. It is a tool for evaluation and improvement and can help to track changes in mental wellbeing over time, to evaluate and improve the impact of interventions, school approaches or staff development (more effective when completed in subsequent years). The next step is to roll out the survey across Oldham schools with support from the Child Outcomes Research Consortium (CORC) and Mental Wellbeing Advisors in April 2019.

Schools were paid from opportunity area funding to complete the self-assessments and action plan and return by June 2018 (£1000 primary and £2000 secondary).

The Mental Wellbeing Team will build capacity and up skill teaching and support staff to deliver robust social, emotional and mental wellbeing class room based interventions, peer support, low level interventions and develop supportive networks across all schools and colleges. The team has proactively worked in partnership with other agencies, head teachers and existing networks to embed the framework and good practice.

A multi-agency steering group has been established under the Opportunity Area Board to further develop and support the implementation of the programme. This includes representation from Oldham Council, Pennine Care Foundation Trust, MIND, Schools (Primary and Secondary), Oldham College and CCG.

Oasis Academy Limeside (teaching school) is delivering a two day nationally recognised training course "Leading a Mentally Healthy School" To attend the course schools must have completed their self assessments. This course is free and has been offered to all schools in Oldham. The Mental Wellbeing Coordinator ensured that the course complements the Oldham framework and one of the team members will be in attendance on all the training days.

A named Mental Wellbeing Lead has been identified in 90 schools. A number of networking working events and one to one meeting have taken place. The aim has been to establish a good working relationship with educational leads and head teachers to establish good working relations with leads and head teachers to embed the framework.

Multi-agency implementation of the redesign of the three priority care pathways and implement Healthy Young Mind specific elements

Provision of a Dialectical Behaviour therapy group for those children and young people presenting with complex emotional and behavioural difficulties

Educational/support group for children who have been diagnosed with Attention Deficit Hyperactive Disorder (ADHD) and Autistic Spectrum Disorder (ASD)

Collaboration between Oldham Youth Council and Oldham CCG in order to commission Young Minds to deliver a training programme to a small number of professionals (predominantly from a school setting). The training sought to help promote good mental health, identify early those experiencing or at risk of mental health problems and intervene more effectively. A continued comprehensive training programme was organised, and delivered between August - December 2017. The Youth Council co-ordinated delivery of this

(led by a Project Lead from YoungMinds so that they can ensure all courses are tailored appropriately to meet local need). They will ensure that the training includes local referral pathways and services that are offered in Oldham by primary services.

As a mandatory first step, individuals who booked onto the specialist courses had to completed the initial entry level training based on an 'Introduction to children and young people's mental health' course, with an additional focus on vulnerable groups and young people experiencing multiple risk factors.

Sessions on the introduction to mental health and resilience covered:

The most common mental health issues and illnesses that young people face

- Signs and symptoms that young people might be experiencing mental illness
- Risk and resilience, exploring adversity
- How to support young people experiencing, or at risk of, mental health problems
- Referrals and signposting.

A selection of specialist courses were offered to the workforce, based on identified need in Oldham. The courses delivered were:

- Self-harm and suicide prevention
- Looked After Children (LAC)
- Eating Disorders
- Anxiety
- Young offenders and mental health
- Bullying
- Addressing Adversity: Trauma and Adverse childhood experiences.

160 professionals attended the specialist courses. Bookings for each course were heavily oversubscribed and demand was high for these training opportunities.

In October 2016, Healthy Young Minds developed a quality assurance framework that supports schools in commissioning safe and effective emotional health and well-being services. The framework is a resource for people who carry out the commissioning of emotional health and well-being services in schools, in particular school leaders, senior leadership teams, pastoral leads or inclusion managers. Many individual schools already commission such services for pupils, which give increased flexibility and provide an early intervention response. Schools therefore need to have a robust commissioning process that ensures that the services they choose are suitably accredited and can demonstrate that they will improve outcomes for their children and young people.

<http://healthyyoungmindspennine.nhs.uk/resource-centre/guides/>

ADOS (Autism Diagnostic Observation Schedule) Training and waiting list initiative – Additional funding was received from the CCG to Healthy Young Minds to improve access to the ASD pathway and receipt of diagnosis. The ADOS waiting list has reduced from 20 weeks to 6 weeks.

Using the underspend (2016/17) from the Care Navigator role, Oldham Youth Council commissioned a follow on Training Programme for front line professionals working with children and young people, delivered by Young Minds. The programme allowed colleagues to further develop their initial training from the previous year through a series of progressive workshops. Over 200 colleagues attended and sessions were significantly over subscribed.



We Matter

**Improving Children and Young
People's Mental Health Services in
Oldham**

June 2019

Acknowledgements

Healthwatch Oldham (HWO) has four main areas of work: listening to local people about their health and social care experiences, influencing services, providing information and guidance on health and wellbeing and providing advocacy support to help resolve NHS Complaint cases.

As part of our listening and influencing roles this report sets out the views of parents of children and young people who have used, or who are currently using, mental health services in Oldham. Using the feedback and first-hand experiences we review the quality of services to highlight where services are working well and make recommendations to commissioners and providers where we feel services can be improved.

Healthwatch Oldham would like to acknowledge and thank everyone who took part in the review. Thanks go to all the families who took the time to complete the questionnaire and for their honesty and willingness to share their experiences. Special thanks also go to Natalie Williams, Oldham Council's Mental Well-being Co-ordinator for Education and Early Years who connected us to all the primary and secondary schools in Oldham and thank you to all the schools and colleges who took part in this review.

Healthwatch Oldham would also like to thank the Healthwatch volunteers who gave up their time to help with this review and for their ongoing professionalism and commitment to the work of Healthwatch Oldham.

Disclaimer

Please note the stories within the report are subjective accounts by individuals given on the day they were interviewed, and do not represent the views of Healthwatch Oldham. If anyone has any queries relating to the content of this report, please contact a member of the Healthwatch Oldham team via info@healthwatcholdham.co.uk

Contents

<u>Key messages</u>	4
<u>Executive Summary</u>	6
<u>Main Recommendations</u>	9
<u>Detailed Findings</u>	11
What families told us	13
Case Study 1: Support for emotional and behavioural issues	18
Case Study 2: Transition from Children’s to Adult’s services	24
Case Study 3: A and E crisis support	28
What professional told us	29
<u>Appendix</u>	36
i. List of questions we asked parents	36
ii. List of questions we asked professionals	36
iii. List of schools that took part in the review	37

Key Messages

Between January and March 2019, we heard from 90 families whose children had experience of using mental health services in Oldham. The children and young adults using services were aged between 5 and 24 years. We also spoke to 35 professionals including teachers and GPs to find out about their experiences of referring children and young people into mental health services. These are the key messages.

What families told us

- 70% of parents felt that Healthy Young Minds (HYM) offered a very professional service with high levels of confidentiality and trust between the clinician and young person.
- Waiting times for referrals to HYM are too long with 29% of young people waiting more than 3 months for their first appointment.
- Waiting times between appointments are too long, it is hard to get advice in between appointments, and there is a lack of consistent care.
- There is little support or coordination between services for young people with dual mental health and autism spectrum/attention deficit conditions.
- Families have mixed views about how well different therapies work.
- Some families struggle to find the right support first time and get passed around services.
- There is no follow up after discharge from HYM and 78% of parents were not satisfied with the advice provided on discharge.

What families would like to see change

- Timely access to services with a single point of contact offering ongoing advice.
- Easy access to a choice of therapies provided through a single integrated offer between HYM and other low level mental health services.
- Offer holistic mental health services that support young people with dual mental health and autism spectrum/attention deficit conditions.
- Improve communication between all services involved in the wellbeing of a child including HYM, school/college, GP, social care, voluntary sector and community health teams.
- Create a shortcut back into services for a recurring mental health crisis.
- Ensure appropriate support at discharge including signposting to self help resources.
- Provide self-help information and training to parents and young people to support positive mental health.
- Better urgent care with timely access to specialist support, and front line staff who understand and respond appropriately to a young person with a mental health crisis.
- Increase the range of support for transition from Children's to Adult Mental Health Services.

What the professionals told us

- Almost 50% of professional have identified improvements in young people's mental health services over the last year.
- The whole-school approach has helped to improve recognition and support for children and young people experiencing mental health difficulties within a school setting.
- Waiting times for referrals to HYM are too long.
- Many referrals from schools do not meet the HYM criteria but no feedback given to schools.
- There is a lack of provision for young people with a dual mental health and autism spectrum condition.

What the professionals would like to see change

- More clarity on the eligibility criteria for HYM.
- Better communication between HYM and schools to support young people following discharge.
- Greater choice of low level mental health services including easy access to low level counselling for young people in Oldham.
- Specialist mental health services provided in a choice of settings within a hospital, education, community or home setting, depending on the needs of the young person.
- Increase training for professionals who work with young people to build confidence to identify low level mental health issues and initiate discussions about coping strategies and self help solutions.
- Develop support for young people with dual diagnosis of mental health and other conditions such as anger management, ADHD (attention deficit hyperactivity disorder), autism spectrum conditions etc.

Executive Summary

Introduction

Healthwatch Oldham provides an independent consumer voice for Oldham residents who use NHS and social care services. Using the feedback and first-hand experiences of parents, children and young people we monitor the quality of services to highlight where they are working well and make recommendations to commissioners and providers where we feel services can be improved.

We also share information about local health and social care services with Healthwatch England and the Care Quality Commission (CQC). This way we ensure people's voices are heard at both local and national levels.

This children and young people's mental health service review is a joint project between Rochdale, Oldham, Bury and Trafford Healthwatch. The aim is to compare the different experiences of families, children and young people accessing mental health services across the combined area. As a result, two reports have been produced; one compares the key findings across the combined areas whilst **this report** provides a more detailed insight into the experiences of families accessing mental health services for children and young people in Oldham.

This work corresponds with national commitments set out in the NHS Long Term Plan as well as regional commitments by The Greater Manchester Health and Social Care Partnership to increase funding for children and young people's mental health services. Their aim is to improve access to services via schools and colleges and reduce waiting times for specialist support.

Context for children and young people's mental health services

In 2018 Oldham Council and Oldham Clinical Commissioning Group (CCG) reviewed its children and young people's mental health services. As a result of talking to young people and their families Oldham adopted the iThrive model which focuses on prevention and early intervention in order to reduce the number of young people needing specialist mental health services provided through the hospital.

The specialist mental health service provided through the hospital is called Healthy Young Minds (HYM) and was formerly known as CAMHS.

The iThrive service brings together a range of organisations in order to tailor support to meet the needs of the young person. Referrals come through a single point of entry which means that young people can access low level support and specialist mental health services at the same time.

A key part of Oldham's new service involves a whole school approach to raise awareness of mental health issues with children and young people from primary school ages and to offer low level advice and support within the school setting.

This review gathers the experiences of families in Oldham using the iThrive service. A small number of families taking part in the review initially accessed services through the former CAMHS process. **It should be noted that children and young people's mental health services have gone through significant changes over the last few months and more time is needed to embed the single point of access and whole school approach to get a more accurate picture of how well the new arrangements are working.**

What we did

Rochdale, Oldham, Bury and Trafford Healthwatch worked together to gather the experiences of parents and carers whose children use, or who have used local mental health services. We developed a range of questions to gather people's feedback which were presented in a questionnaire survey and as the basis for 3 focus group discussions. In Oldham the review was promoted in partnership with 26 local primary and secondary schools and colleges.

A total of 90 families from Oldham took part in the review.

We also gathered feedback through questionnaires and interviews with 35 professionals who work within schools and local services.

Whilst the questionnaires were promoted across a wide range of schools and colleges reflecting the ethnic profile of Oldham, the parents/carers who volunteered to take part in the review were overwhelmingly white British and female. In addition, none of the responses highlighted a dual mental health and drug or alcohol issue but we are aware that this can be an issue for some young people. As a result, it should be noted that the findings and recommendations in this report may not be reflective of the needs and wants of young people and families from black, Asian and minority ethnic communities or where the young person is experiencing dual mental health and drug/alcohol issues.

The following provides a summary of the themes that came out of the review.

Themes

Families and professionals shared many positive experiences of children and young people's mental health services in Oldham. When it works well the referral processes are clear and families have access to timely support with good ongoing communication, and treatment that supports both the young person and the wider family.

Frustrations stem from long waiting times, poor communication and services that are hard to navigate. Some young people and their families have had a poor experience as a result of being passed around services and have failed to access timely or appropriate support. In some cases, young people have been left without any support.

Feedback suggests there is limited choice and availability of low-level preventative services or self-help resources for young people and their families. Children and young people's acute mental health services also tend to work in isolation rather than jointly with other services to focus on the holistic needs of the young person and their family.

Access: The most common concerns were difficulties getting a referral into the Healthy Young Minds Service (HYM); the length of time from the referral to the first appointment and the criteria for accessing the service being considered too high. Delays in the referral process and any subsequent refusal to take on the young person causes frustration and prevents timely access to diagnosis and treatment. Occasionally this results in the escalation of a mental health condition to a point of crisis.

The new single point of referral and triage into services should start to improve access, but waiting times continue to be raised as an issue.

Communication: Comments on the surveys raised several communication issues. Families get frustrated when they wait a long time to get answers in the early stages and there is no one to turn to for ongoing or accessible advice. Parents also want

feedback after a session to understand how their child is progressing and what they can do to provide ongoing support.

Both parents and teachers are concerned about the lack of communication and joint working between HYM and the school/college to provide holistic support for the young person during treatment and after discharge.

Autism: Young people who were thought to be, or who were diagnosed as being, on the autism spectrum or with ADHD experience barriers to accessing the right treatment and support. Comments suggest that these conditions are dealt with in isolation by services and young people with a dual condition are considered too complex for HYM and either refused or discharged from the service. Families are then left without any alternative provision and the mental health issues, ranging from anxiety and depression to self-harming, go untreated.

Staff: When working well staff in HYM developed a rapport with young people, clarified what was happening and provided consistent care and support both for the young person and parents. Due to the turnover of staff at HYM some families had more than one therapist for the same treatment. This makes it harder for the young person to develop trust or a bond with the professional and reduces the effectiveness of talking therapy treatments.

When working well staff in schools/colleges were confident to manage low level mental health conversations, created effective peer support relationships within school, and had good two-way communication with parents. There is an expectation that teachers will manage more low-level conditions within a school/college setting and some schools want more support to ensure this is done effectively and consistently.

Treatment: There were mixed views about the effectiveness of treatment. Comments related to CBT, 1 to 1 counselling, group sessions and parent workshops. Concerns were raised that different treatment options are offered by different services and if one treatment isn't working for their child, families must wait to be referred to other treatment options with a different service. Where it works well families have easy access to alternative treatments without having to go through a new referral or waiting list.

Families expressed frustration about HYM sessions being infrequent and gaps between therapy sessions being too long.

Discharge: Many raised concerns about the lack of follow up support after discharge from the HYM service, or referral into alternative low-level support either within the community or the school. Parents want better access to information to help them and their child manage after discharge. They also want a shortcut back into services in the event of a recurring mental health crisis rather than start the referral process again.

Crisis: There were comments relating to self-harm and suicide and examples of this being the trigger to attend A and E and gain access to HYM. Some families tried to access services earlier but were not taken seriously whilst others were signposted to inappropriate low-level support and disengaged with services as a result, only to come back at a point of crisis. Concerns were also raised about urgent care services and front-line staff who did not understand how to support a young person experiencing a mental health crisis.

Parents want to know where to go in the event of a crisis and want front-line staff in urgent care to be trained to understand and respond appropriately.

Main Recommendations

Mental health problems for young people can range from anxiety through to severe and persistent conditions that can be isolating and frightening. Some research suggests that 50% of mental health problems in adults take root before the age of 15. This review highlights the growing demand on Oldham's acute mental health services and the importance of focusing on early intervention and prevention to reduce the numbers of young people presenting with a mental health crisis. The following recommendations are based on the feedback from families and professional who took part in this review.

- 1. Prevention, Resilience and Early Intervention** - Provide a wider range of low-level mental health support as part of a consistent mainstream offer across schools and community settings. Options to include self-help resources, support for life skills to enable young people to manage low level anxiety and increased availability of low level counselling for families.
- 2. Timely Access** - Reduce referral waiting times through early triage and increase the impact of specialist mental health support through continuity of care and frequency of treatments. Routinely signpost to self-help, on-line and low-level mental health resources at the first point of access into services.
- 3. Knowledge of Services** - Professionals who work with young people to have access to up-to-date information on mental health services including the choice of support available, referral process, criteria, waiting times, who to speak to for advice and self-help resources. Professionals to routinely promote this information across mainstream services.
- 4. Holistic Support** - Explore options to join up or redesign existing provision to create services that support young people with a dual mental health and autism spectrum disorder or attention deficit disorder.
- 5. Joined Up Services** - Through the Oldham Single Point of Access ensure that young people have information on the choice of treatments available to help them find the right support first time.
- 6. Communication and Advice** - Build in time for parents/carers to ask questions and gain practical advice and feedback as a standard part of the HYM sessions. Include a final review on discharge to explore how the family is coping and to provide information on other mainstream support, self-help resources and crisis support through a standard information pack or website.
- 7. Information and Self Help** - Review current mental health information and resources to ensure that young people and their parents/carers have access to consistent information at the point when they need it. Information should include age and learning level appropriate self-help resources for young people and their parents/carers to develop their own skills and knowledge to help manage their situation, as well as videos, parents' blogs etc.

8. **Training** – Continue to develop the whole school approach and increase the capacity of schools to understand and identify low level mental health issues and build the confidence of teachers to initiate discussions and explore coping strategies, for example managing exam anxiety etc.
9. **Discharge** - Establish processes to fast track young people back into services if their situation is getting harder to manage after discharge. Provide families with information about what to do and who to speak to if the young person experiences a mental health crisis in the future.
10. **Urgent Care** - Establish clear urgent care pathways for young people experiencing a mental health crisis to include timely support and designated safe spaces.
11. **Review** - For children and young people’s mental health services to be reviewed within 18 months of this report. A future review should gather feedback from young people about service improvements as well as feedback from black, Asian and minority ethnic families about children and young people’s mental health issues.

Healthwatch commitment:

At Healthwatch Oldham we take our commitment to children and young people seriously and as a result of the findings and recommendations in this report we are planning our own contributions to children and young people’s mental health awareness through the following events:

- The Active Health Outdoors Family Forum in August 2019 in partnership with Oldham Council.
- Young People’s Health and Wellbeing Event in September 2019 (ages 16 to 24) in partnership with Oldham College.
- Children’s Health and Wellbeing Event in October 2019 (ages 9 to 11) in partnership with The Oldham Pledge which is designed to help young people take an active role in their own health and wellbeing. For more information on The Oldham Pledge please visit:
<https://www.theoldhampledge.co.uk/>

All these events will provide an interactive opportunity for young people to take part in a range of fun activities, ask questions and find out what is available to them to manage, maintain or improve their health and emotional wellbeing.

Detailed Findings

Profile of the young people

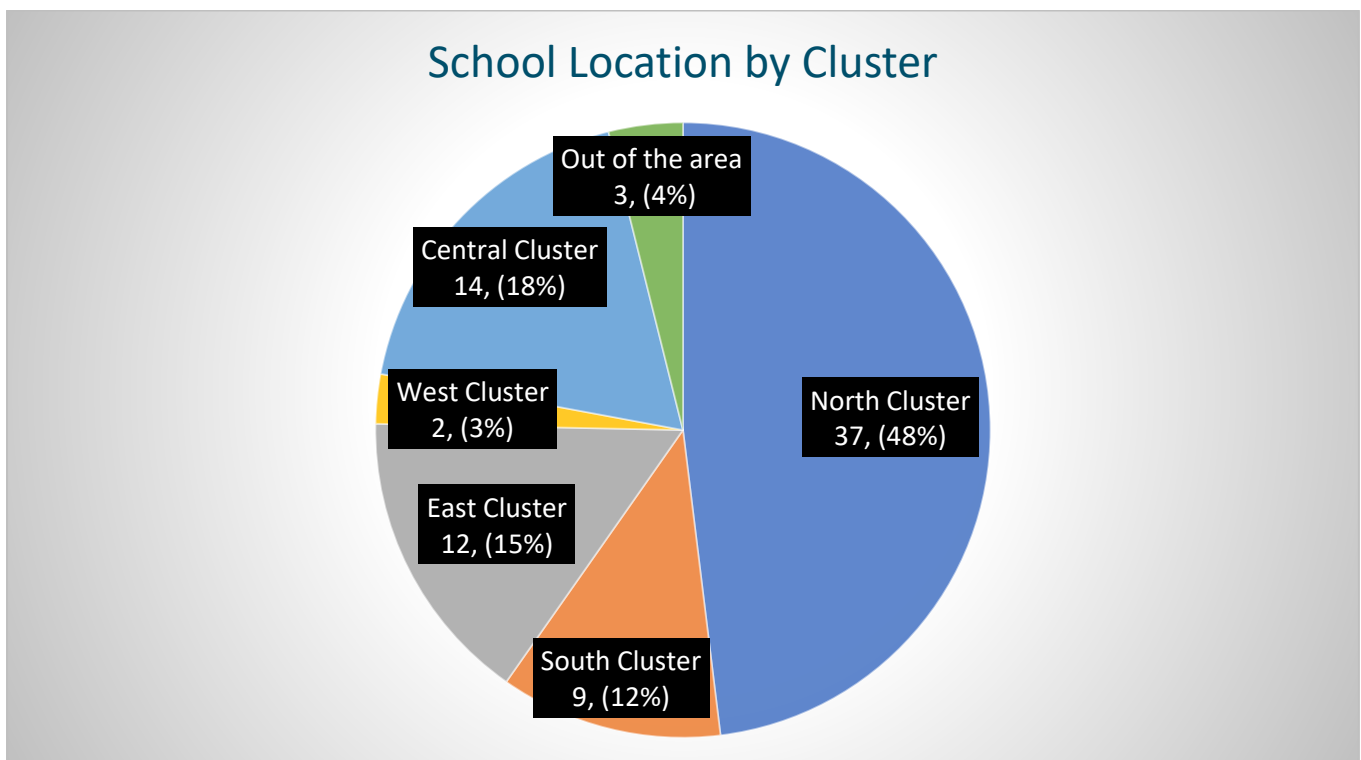
We received 90 completed questionnaires. Not all questions were answered by all the parents completing the forms. From the data we have been able to extract the following information.

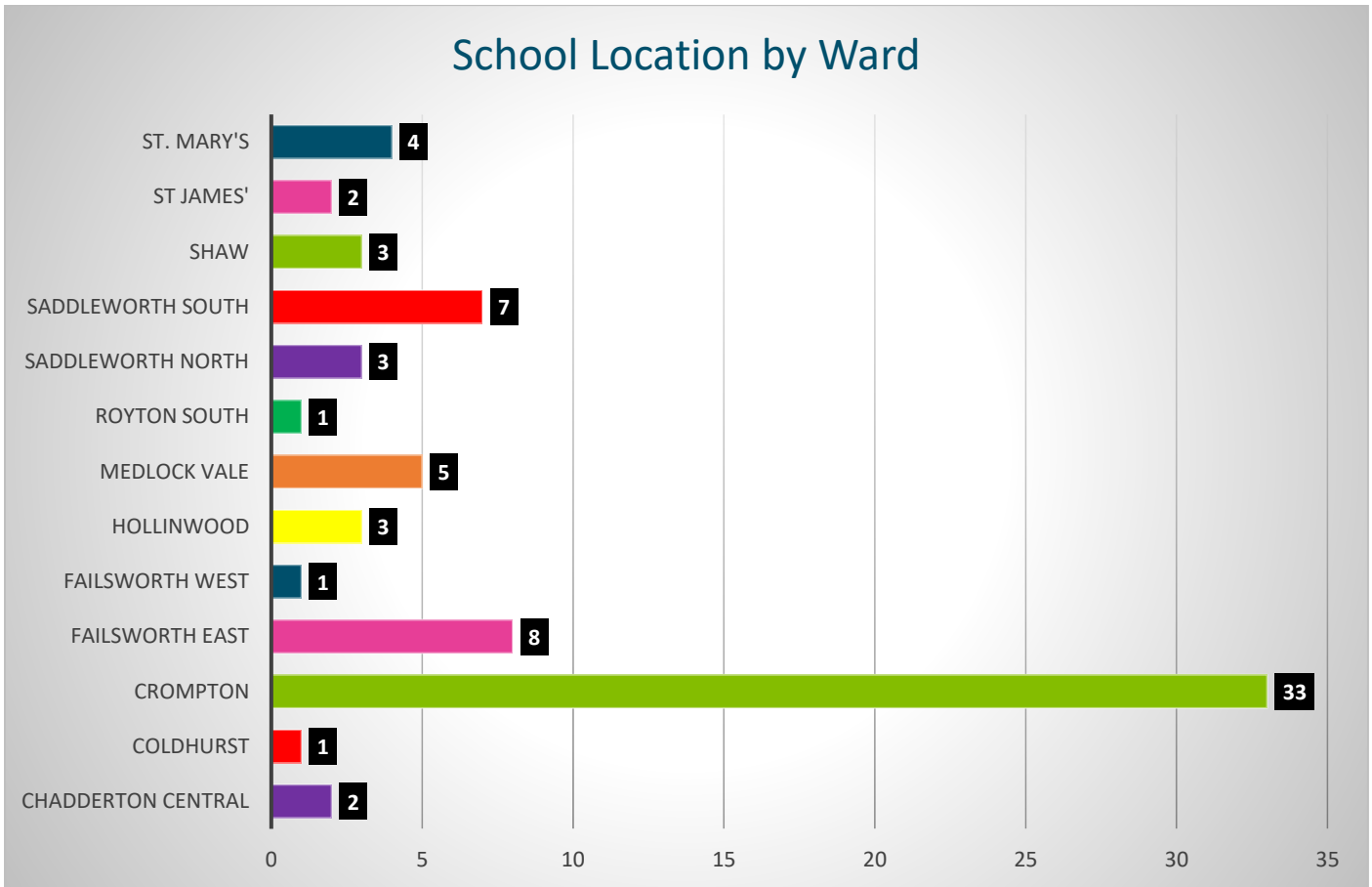
Age Range	0-5	6-10	11-13	14-17	18-24	TOTAL
Number of Responses	1	16	31	36	5	89

Childs/Young Persons Gender	Male	Female	TOTAL
Number of Responses	36	54	90

Ethnicity Group	White British	White and Black Caribbean	Pakistani	TOTAL
Number of Responses	61	2	1	64

Where they go to school





Profile of parent or carer completing the survey

Whilst the questionnaires were promoted across a wide range of schools reflecting the ethnic profile of Oldham, the parents/carers who took part in the review fell into the following groups:

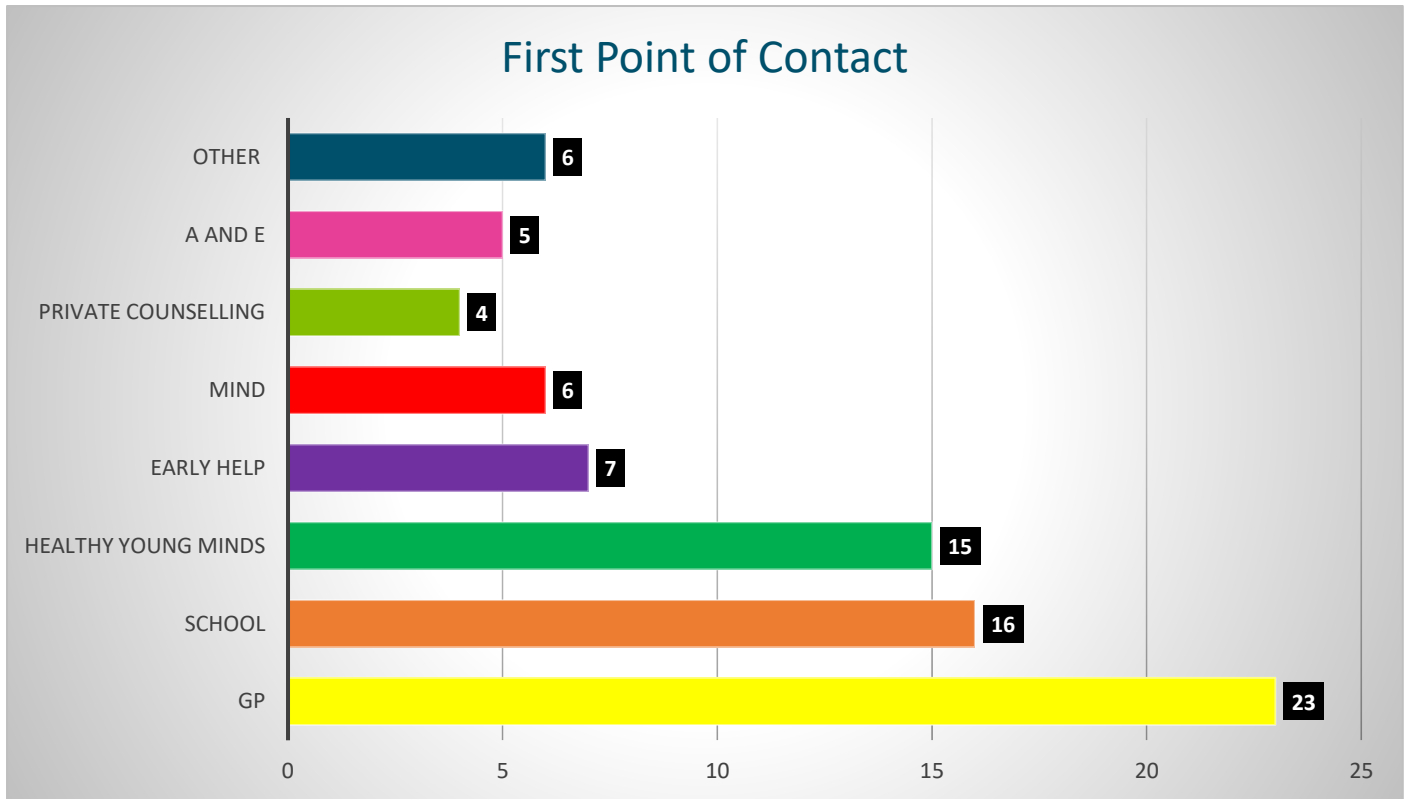
- Overwhelmingly female (93%)
- Overwhelmingly White British or Irish (95%)
- Overwhelmingly heterosexual (93%)
- Significant number who are married or in a long-term partnership (75%)

The very high numbers of White British are not representative of Oldham's population. Bearing in mind the spread of schools involved in the review our findings suggest further work is needed to understand the perceptions of people from other ethnic communities to children and young people's mental health issues.

Most parents were aged between 30 and 49 (75%) and 53% identified themselves as the main carer for one or more person.

What families told us

1. Who was the first point of contact who referred you into services to help your child?



Of the parents who responded 28% (23) went to their GP as the first point of contact for advice and access to services. The feedback shows that schools also played an important role identifying and referring 19% (16) of young people into services, whilst 18% (15) made a self-referral directly into Healthy Young Minds (HYMs).

"The self-referral system (HYMs) may save money, but in this type of illness, the likelihood of self-referral is diminished. It may work well for some, but it would be helpful if the GP could refer in addition to self-referral."

"My son initially saw his GP in October who has been excellent with him."

"When a staff member left the (HYM) service, my child was discharged, and we later had to again ask for referral via the GP. At this point we were told to self-refer and I tried to access services for my child but was told I can't refer her. She won't refer herself after the previous experience, so we are now in a limbo with no help / treatment."

2. What prompted you to get help?

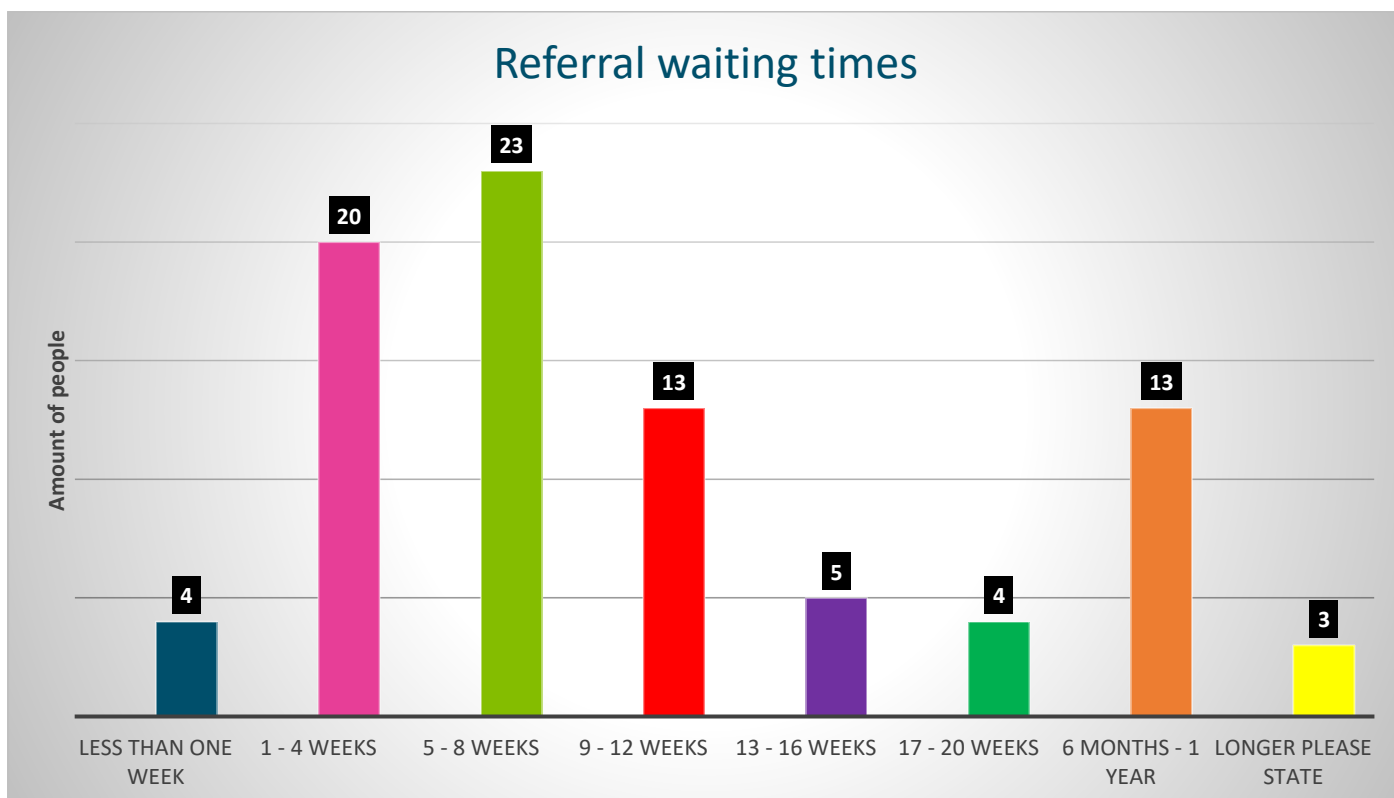
We asked parents about the triggers that prompted them to find out about mental health support for their child. This feedback came from the focus group interviews. One parent said their child started to experience anxiety during the transition from primary to secondary school whilst others sought help following behavioural issues. Three parents shared similar experiences of trying to access support earlier but having their concerns dismissed, so they finally accessed help and support when their child reached a crisis and went directly to A and E.

“Starting point was GP ... said they would probably be fine and grow out of it. I thought that I must be doing something wrong as behaviour worsened.”

“they became very anxious about things, physically sick every morning, couldn't eat, worried about their parents dying and being on their own, what would happen...”

3. How long did your child have to wait to see a professional from the time they were referred?

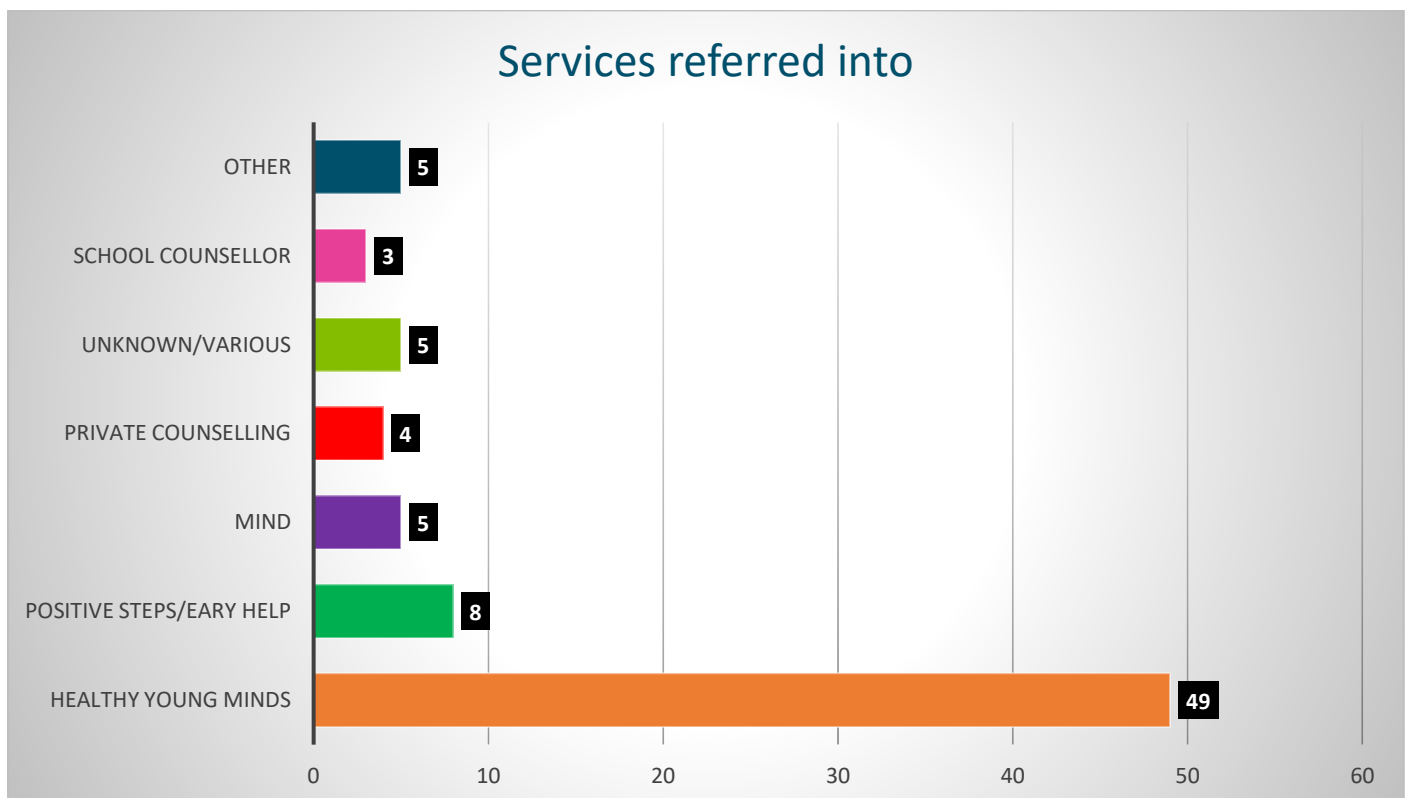
Of the children and young people who were referred into mental health services 55% (47) were seen within 8 weeks whilst 29% (25) waited more than 3 months to be seen and of these 18% (16) waited between 6 months and more than a year to be seen.



We asked parents how they felt about the waiting times and 45% (33) felt the waiting times were good or very good compared to 33% (25) who felt the waiting times were poor or very poor. The poor responses correlate with the number who had to wait at least 3 months to be seen.



4. Which service did your child use?

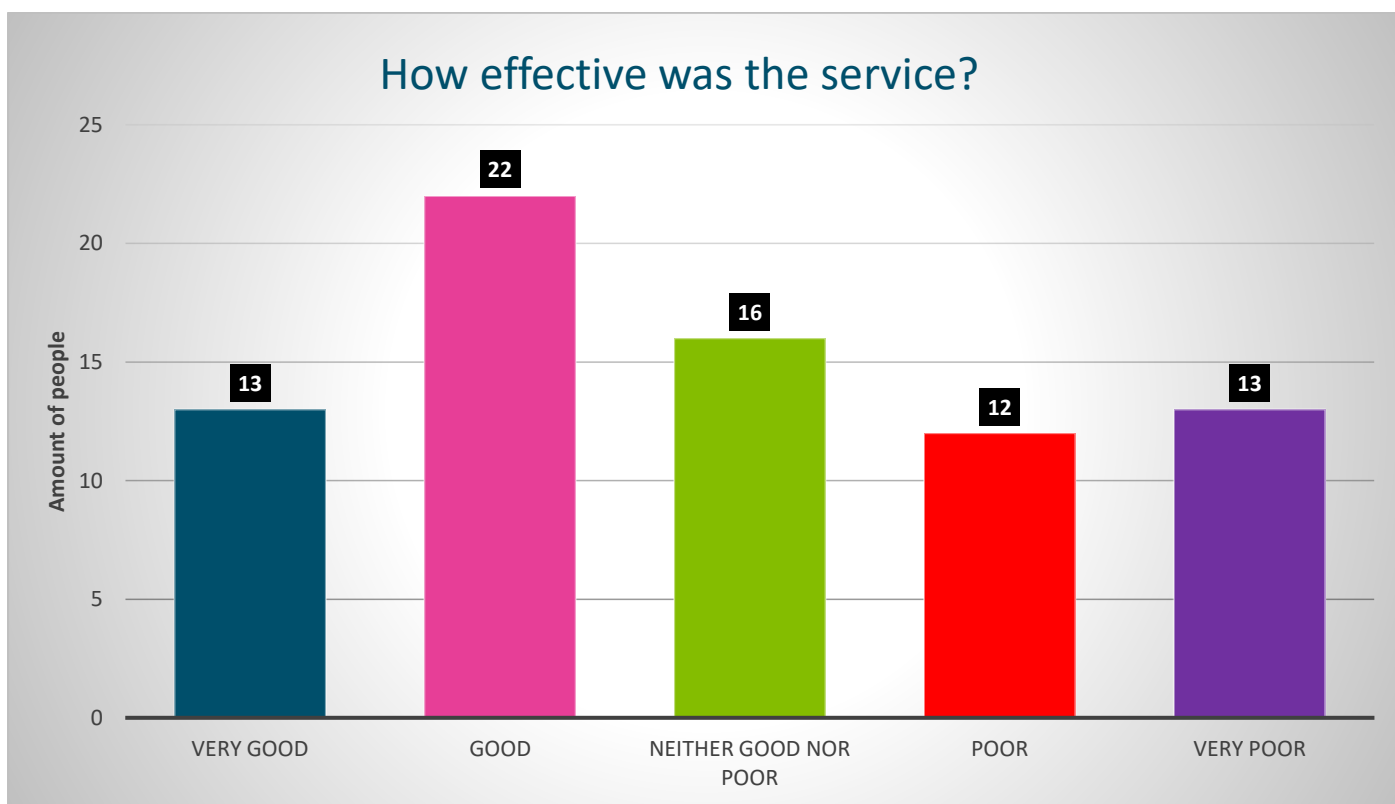


Of the children and young people who were referred into mental health services 62% (49) used the Healthy Young Minds Service. If we compare the length of referral waiting times by service these were evenly spread over all the different organisations and only the private counselling services consistently saw children and young people within the first 4 weeks.

We asked parents if they felt the support offered to their child was provided in a timely way. Of those who responded 45% (35) felt the timing of the support was good or very good compared to 40% (31) who felt that the timing of the support was poor or very poor.

“I feel if my children were looked at years ago instead of me keep getting knocked back when I first needed the help it wouldn’t have escalated to the place we are at now and would be a lot easier to help the children and support them better.”

5. How effective was the service in helping your child deal with their problems?



Parents views on the effectiveness of the services were very mixed across all the different services that were accessed. Of those who responded 46% (35) felt the service accessed was good or very good at helping their child compared to 33% (25) who felt the service was poor or very poor at helping their child deal with their problems. Of those who used the Healthy Young Minds service 47% (23) felt it was either good or very good at helping their child compared to 27% (13) who felt that it was either poor or very poor in helping their child deal with their problems.

"It was a gateway to opening up about her worries (HYM)."

"They made my daughter comfortable and spoke to her at the right level. She doesn't feel like there is something wrong with her. I was impressed they were prepared to help now before things got worse even though her problems seemed a little silly." (HYM)

"Working as a small group within school really helped with anxiety."

"Service for my child has been totally inadequate- this being the second time to access this service with similar experience. The first time , we were told that there was no mental health service for children with Autism (HYM)."

We also asked parents how effective the service was in **helping them** deal with the difficulties their child was experiencing. The positive responses were slightly lower than those reported for help to their child (above), with 34% (26) of parents feeling that the service was good or very good at helping them to deal with their child's situation. This shows that 66% of parents did not feel that the service had **helped them** to deal with their child's situation.

"(need to) listen more to parents concerns and help to educate parents and carers how best to deal with issues"

"I liked healthy young minds once you actually managed to get into the system because it took me three attempts before they took us on. They were very considerate of both parent and child and sympathetic to the fact that it took me so long to get in the system and that I had to put a complaint to the head of the service before we got accepted , but they put me on course to help me understand my child more and supported me whilst we were under them."

Case Study 1:

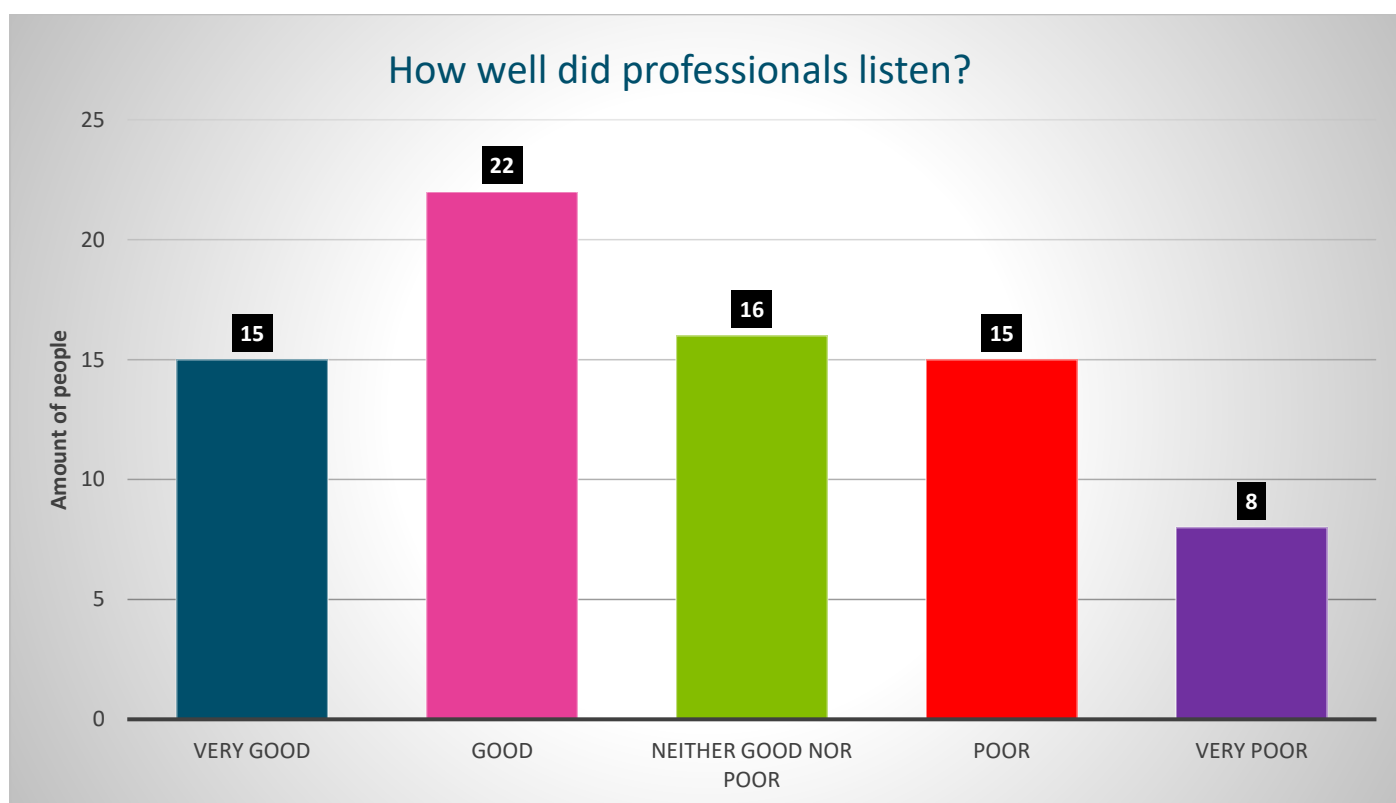
Accessing support for emotional and behavioural issues

It started off with some bad behaviour which just didn't feel right. By the time our child was 7 they were very strong and became physically violent. For almost a year we were passed between the GP, health visitor and school nurse but didn't find the right support.

Things got worse, and my child had a meltdown before school and locked themselves in the bathroom and shouted abuse. I really didn't know what to do. The school were 'absolutely brilliant' and the headteacher managed to talk them round and get them into school. The headteacher made a referral to CAMHS and we were seen within a month. CAMHS were very clear about the waiting times and what would happen.

Things really improved when my child attended the support group for children with emotional issues and we attended a parents 1 to 1 session with a therapist to talk through what was going on which was really useful. The CAMHS service was very good but a follow up after discharge would also help.

6. How well did you feel that the professionals (doctors, psychologists, nurses, therapists, session workers) listened to your child and understood their problems?



Of the parents who responded 49% (37) felt that professionals were good or very good at listening to their child and understanding their concerns compared to 30% (23) who felt that professionals were either poor or very poor at listening to their child.

I liked ... "how well my daughter was listened to." (HYM)

I liked... "Staff spoke with my child not me at appointments." (HYM)

"I found the whole process disheartening and the two times my daughter attempted to seriously harm herself and attempted to take an overdose these concerns were never taken seriously." (HYM and Mind)

"They spotted straight away that my daughter was autistic and was suffering with mental health problems and self-harming." (HYM)

"Sometimes felt staff not listening to us, but listening to our child, who isn't always truthful." (HYM)

We also asked parents how well they felt the professionals listened to them about the concerns they had for their child's mental health. Of those who responded 54% (42) felt that the professionals were good or very good at listening to their concerns compared to 28% (22) who felt that the professionals were either poor or very poor at listening to them.

"I felt they took my concerns seriously and did a thorough assessment of my child." (Autism Spectrum Disorder ASD Anxiety workshop)

"The professional explained and listened to me." (HYM)

"My child and family needed someone who fully understands the issues that comes with complex needs. Need one person to interact with my child/family so they can get to know us all."

"I feel that parents know their child best and that their voices should also matter, and their views should be considered when discussing my child"

7. Providing a professional, trusting and confidential service

We asked parents to rate how professional they felt the service was and how well professionals managed their child's confidentiality and built up a trusting relationship. Of those who responded 71% (55) of parents felt that the services they accessed were either good or very good at offering a professional service compared to only 14% (11) who felt the service was poor or very poor. Services provided in a school setting and by Positive Steps were considered less professional but it should be noted that the number of responses were very small and therefore should not be considered as representative. 71% of parents also said that professionals were very good or good at keeping agreed appointment times but a few complained about appointments cancelled at short notice.

"Always accommodating for appointments and seen regularly." (HYM)

"Was not always warned of the counsellor cancelling a session." (HYM)

We also asked parents if they felt the professional had a trusting relationship with their child. Of those who responded 53% (41) felt that the professionals were good or very good at developing relationships compared to 17% (13) who felt that they were poor or very poor at developing trusting relationships.

"It was good that my child felt able to open up about her anxiety to a school professional and was taken seriously in time for her GCSE exams."

"Friendly and approachable manner with my child and with us." (HYM)

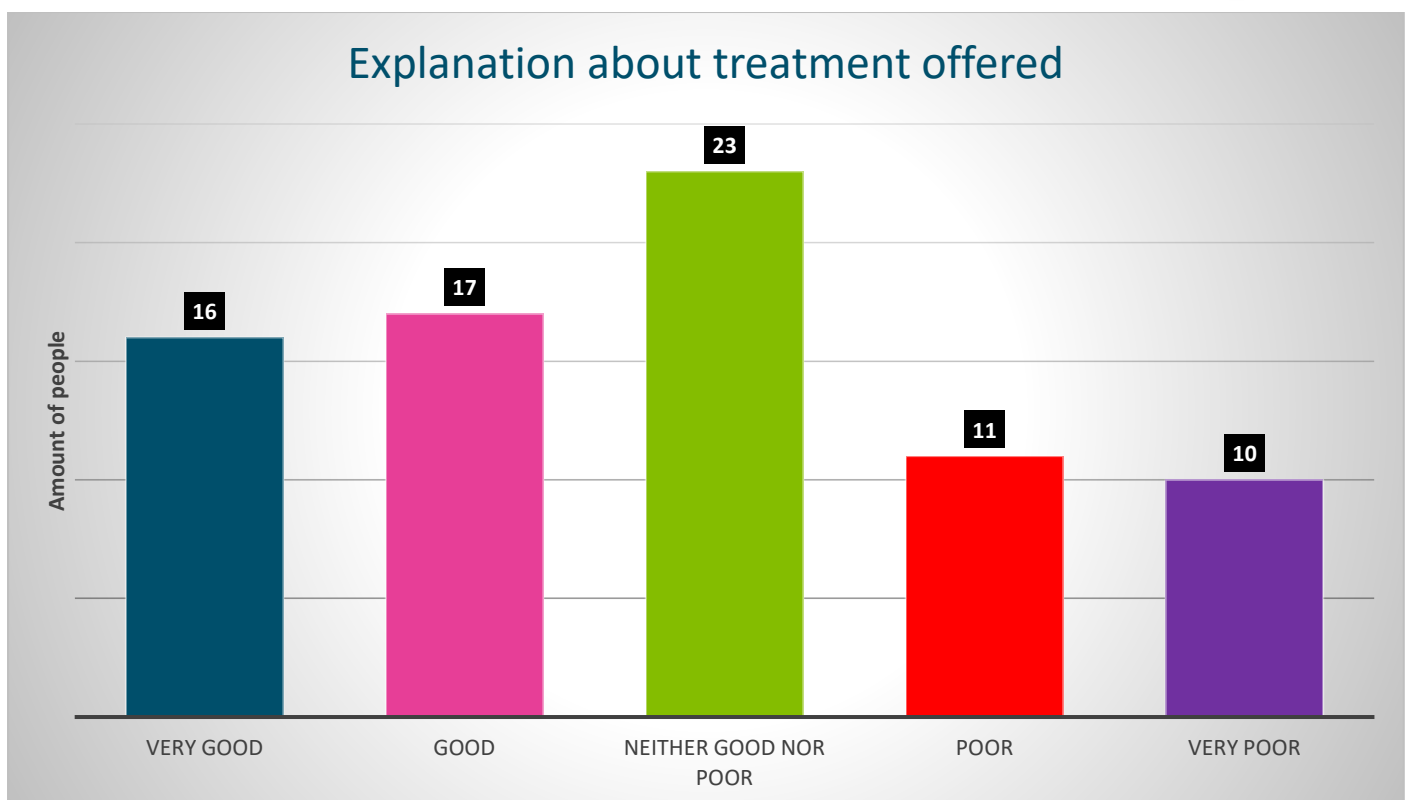
"The HYM service is focused on talking therapy and based on how well the child engages with the counsellor and is prepared to talk to them. This didn't work for my daughter who didn't engage and didn't feel confident or comfortable."

"Discharged my son due to lack of engagement (because he didn't speak in sessions) my son needed more sessions to build a trusting relationship (HYM and Mind)."


In terms of confidentiality 75% (58) of parents felt that the service was good or very good at respecting the rights of their child and maintaining their confidentiality, compared to only 9% (7) who felt they were poor or very poor.

8. How well did professionals explain the treatment your child would be offered?

“Very professional and understanding. Appointment date and time kept very prompt never rushed. Listened to my concerns and lots of advice given, referred me to after service which is the amazing POINT in Chadderton.”

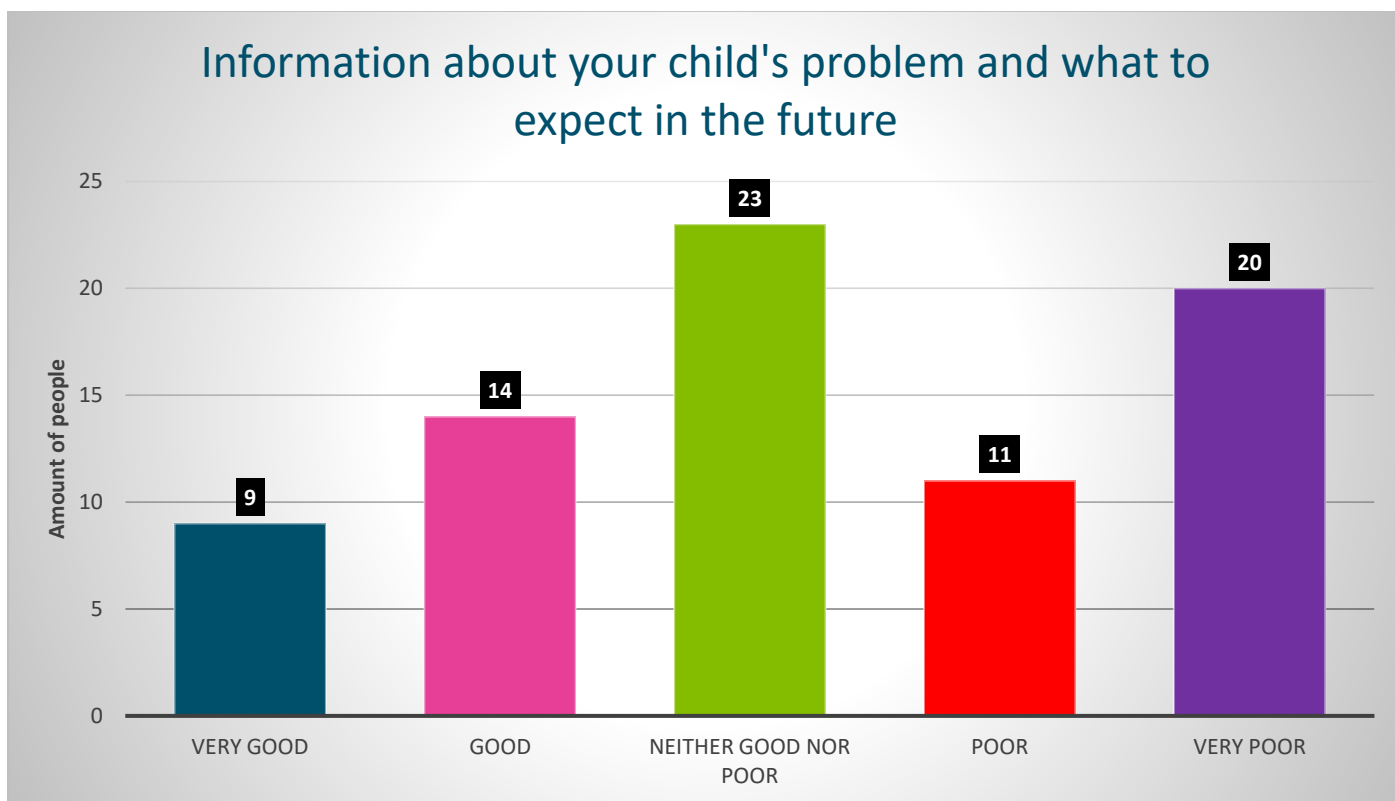


Of the parents who responded 43% (33) felt that professionals were either good or very good at explaining the treatment their child would be offered. This shows that 57% (44) of parents did not feel that they were offered a good explanation of the treatment for their child.



*Liked their... "Professional
manner, explanation of
treatment." (HYM)*

9. Quality of information and advice for parents, children and young people



We asked parents to tell us about the quality of information given to them **about their child’s problem** and what they could expect in the future. Of those who responded only 30% (23) felt the quality of information was good or very good whilst 40% (31) felt this was poor or very poor. In total 70% (54) of parents did not feel they had good quality information to help them understand their child’s problem and what to expect in the future.

“No feedback from sessions.” (Mind)

“No feedback from the counsellor or update on how my son is doing, this should be a two way process. I need to know how I can help him (HYM).”

We also asked parents to rate the quality of advice given to them to **help support their child**. Of those who responded 37% (29) felt this was good or very good compared to 45% (35) who felt this was poor or very poor.

“More interaction as a family rather than just with the young individual.”

“More input from therapists, talk to parents more not just child”

10. Moving on from the service

We asked parents to tell us how they felt about the length of time between discharge from the service, or end of the sessions, and a follow up appointment with the same or different service. Of those who responded 25% (19) felt that this was good or very good compared to 40% (30) who felt that this was poor or very poor.

“What she was referred for was found not to be the issue, so we were discharged but with no referral to another service so had to start again.”

“My child has been under the services since they were 8yrs old they are now 13 yrs old ... we get left for months between appointments there’s no real direction or advice. My child finished sessions in July, and we’ve been waiting to see a psychiatrist almost 7 months with one letter that says they will be in touch soon. They don’t communicate with school... so we just go around in circles and all the time my child’s mental health is deteriorating.”

Parents were also asked how well they thought the service communicated with other external services. Of those who responded 29% (23) felt that there was good or very good communication whilst 32% (25) felt the communication with external services was poor or very poor.

“All the professionals...should try and communicate with one another instead of the parent constantly being in the background.”



We also asked parents to rate the advice given to both them and their child on discharge or when the sessions finished. Only 21% (16) felt that the advice they received was good or very good compared to 50% (38) who felt the advice they received was poor or very poor. In total 78% (59) felt that they did not receive good advice at the point their child was discharged from the service.

"After the Autism Diagnostic Observation Schedule (ADOS) assessment, having to wait nearly 4 months to see a copy of the report and once I was given the copy of the report, was discharged on that day. Not able to go through the ADOS report with the Psychologist."

"They sign you off too soon instead of assessing you after 3 months, then 6 months, then a year because 6 months down the line we have been referred back in the system to fight all over again." (HYM)

11. How would you rate the overall service your child received?

We asked parents to tell us what they thought about the types of mental health services offered to their child. The responses were evenly balanced with 40% (31) feeling the types of services offered were good or very good and 40% (31) feeling the types of services offered were poor or very poor.

"Transition services needed, support during transition has been non-existent."

"Not enough support given to foster carers with very damaged children especially through adolescent years."

"no help after 5 pm Friday to 9am Monday... no care that she had attempted to take her life 3 times. No follow through to other services, no compromise with other services when Cognitive Behaviour Therapy (CBT) failed."

Case Study 2:

Experience of transition from Children's to Adult's services

We tried to raise our concerns, but they were dismissed. It got to a crisis point and we ended up at A and E before we were offered any support. There is no clear pathway to support young people going through the transition from young people's mental health services to adult services. We waited two years for our referral to be picked up by a learning disability nurse and during this time our child experienced sexual health, relationship, mental health and self-harming issues.

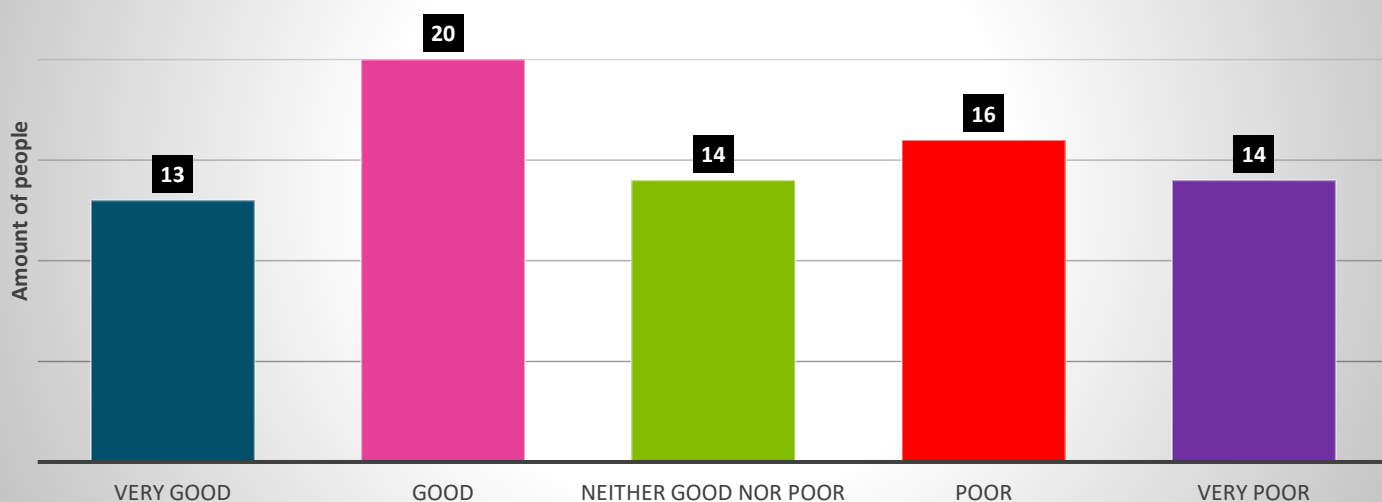
We were on a waiting list for a long time then had six weeks of support from HYM. It wasn't long enough and felt like a sticking plaster. Only when our child reached 15 did we get some consistent support from a Young Persons Mental Health Worker and they went into college to offer support which was great. Our child also took part in a course called friendship skills run by Mind at Newbridge School which really helped.

When asked to rate the overall service received by their child 42% (33) felt it had been good or very good compared to 38% (30) who felt it was poor or very poor.

“Our child is currently still attending sessions and so it is difficult to assess how the overall experience will assist. However, our child is still suffering the same anxiety as previously although we would hope when the sessions are finished, she will have the ability to recognise and cope with situations which cause her anxiety better. I would say we have made more progress as a family at home than the sessions have so far which is disappointing.”

“Please continue with the good work from this very vital service. Helping the young people before they become adults is the key.” (HYM)

The overall service your child has received



“HYM is such a vital service that a lot of people rely on. The staff there are truly amazing it would be nice to see this service get an increase in funding.”

12. What changes would you like to see?

Overall parents and carers of children and young people who have used services, or who are currently using services, shared many positive experiences and highlighted some specific examples of best practice that often related to individual relationships. At the end of the questionnaire we invited parents to reflect on their experiences and tell how they think services could be improved.


i) Waiting Times

The most repeated improvement requested by parents and carers is the reduction in waiting times. This was raised by families with a positive or negative experience of the service itself.


Parents want to see shorter waiting times between the referral and the first appointment, and once in services they wanted more frequent appointments over a longer period of time.

What would you change/improve?

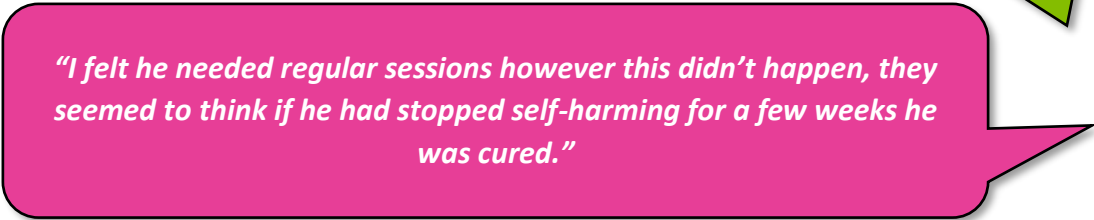
- Shorter waiting time from referral.
- Not waiting two months for next available telephone counselling session.
- Time given in a session should be longer.
- The length of time between appointments should be shorter.
- Ensure regular follow up appointments.



"Appointments are promised but never received."



"Clinician said he would get back to us within 3 days – still no contact after 4 weeks – despite me leaving several messages"



"I felt he needed regular sessions however this didn't happen, they seemed to think if he had stopped self-harming for a few weeks he was cured."

ii) Autism Spectrum Disorders (ASD) and mental health

Parents face additional barriers to accessing services and support when their child is experiencing both an ASD condition and mental health issue. Some parents feel that services deal with mental health issues in isolation and as soon as the young person gets an ASD diagnosis they are discharged from mental health services. Feedback shows that many families are left frustrated as any underlying mental health issues are not addressed.

What would you change/improve?

- Design services to work together and offer support regardless of the diagnosis.
- Provide more support for children and their families with ASD and mental health.
- Make it easier to get an earlier diagnosis.
- Make sure all professionals have a good understanding of ASD.
- Make sure clinicians are trained to understand how ASD creates significant levels of anxiety and the impact this has on accessing therapy.
- Make information and pre-appointment questionnaires accessible to children and young people with ASD.

“Took way too long for initial appointments and then had to wait a few months for an assessment appointment as there was a long waiting list. Once my son was diagnosed with ASD he was discharged from the service... It’s been almost a year since his referral to healthy young minds and we have had no help at all with his original problems that we referred with i.e. anxiety and behavioural problems. Things have become worse, so I am going to have to self-refer again.”

“You get your diagnosis then it’s pretty much off you go. The post diagnosis workshops run by POINT are very helpful but for us it took too long for them to be up and running. Once she was discharged there was no help from services - re-referred in, had a workshop then discharged again, now there is nothing to help her.”

iii). Communication

Parents want feedback and progress updates from professionals following sessions with their child as well as clear lines of communication to help manage concerns. Parents would also welcome better communication between mental health professionals and the school to support their child.

What would you change/improve?

- Single point of contact offering ongoing advice.
- Improve ways of contacting and communicating with the HYM service.
- More communication between school and HYM.
- More communication between school and GPs to work together for the good of the child
- Improve communication between health professionals supporting a child.

“The whole system needs updating they don’t even have emails so you can’t contact anyone.” (HYM)

iv) Some General areas for improvement

The following are some of the general comments made by parents and carers.

What would you change/improve?

- Make sure that mental health services look at the whole child and have a holistic view.
- Services should be non judgemental.
- Ensure consistent care from the same clinician.

“young children associate hospital visits as being poorly and that’s not the idea I wanted to give my daughter. (Services) should be in a children’s centre... or similar.”

“...on average waiting 1 month between appointments and have had a change in worker which is difficult for my child to manage.”

Case Study 3:

A and E crisis support

Our child first showed signs when they talked about being depressed. By the time we went to the GP our child was in a crisis and was referred to HYM. We waited 2 months for the basic assessment before seeing a counsellor. Things got worse and our child started self-harming and became suicidal, so we went to A and E. For their own safety they were kept in overnight and seen by HYM but there was no follow up appointment even though they were suicidal.

The A and E service needs rethinking for young people with mental health issues. The waiting environment for a child with severe anxiety makes the condition worse. My child was seen by a nurse and told the doctor needed to check she was physically well. We waited 5 hours to see the doctor on duty and only then was a request put in for a psychologist. This request should have gone in asap. It was a challenge keeping our child in the waiting room as their anxiety increased and they wanted to leave but they were suicidal. Finally, after repeatedly asking the nurse we were put into a cubicle and they calmed down.

School have been really fantastic. I get support by phone, email and face to face. The biggest problem is that the School have been unable to access HYM to continue the support they are offering in a school setting after the sessions finish.

What Professionals told us

This section looks at the responses from professionals about their experience of referring or signposting children or young people into mental health services in Oldham. We received 35 completed questionnaires from professionals and were able to extract the following information.

1. What type of work do you do?

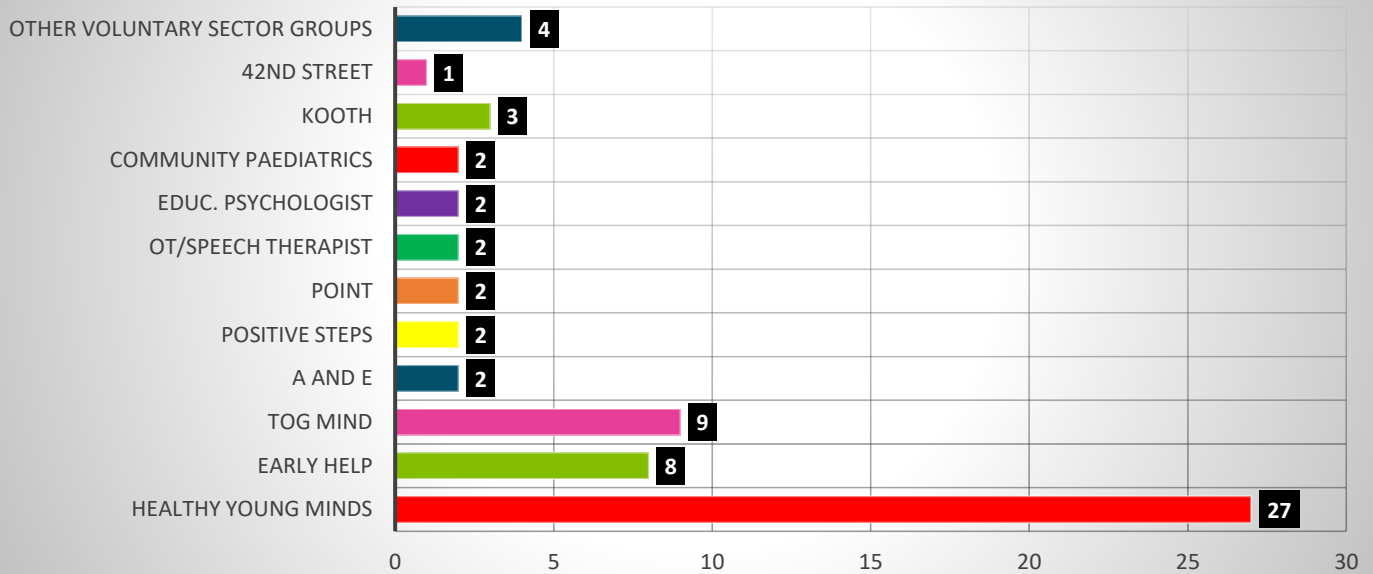
The breakdown shows a significant number of responses (70%) came from professionals working within an educational setting. As a result, the findings and recommendations may be more reflective of educational professionals rather than other health professionals.



2. Tell us about the mental health services you refer or signpost to

Professionals were asked about the mental health services they referred children and young people to in the last year. Of those who responded 40% (14) tended to refer children and young people to more than one service or organisation depending on the issue. The most common service combination to refer to were Healthy Young Minds (HYMs) and TOG Mind.

Services referred or signposted to in last year



Parents tell us that it is important for their child to get the support they need as soon as possible, so finding the right service first time is key. Some families are turned away because they do not meet the 'criteria' for the service. Each service has its own referral criteria which means it will only accept people who present with certain health conditions or behaviours. So, we asked professionals if they felt they knew what the referral criteria was for each service they referred children and young people into.

Of those who responded 46% (16) felt they knew the referral criteria for the children and young people's mental health services they referred or signposted to, compared to 54% who felt they did not know. Some schoolteachers said they would get advice from the school nurse or head teacher before making a referral.

"Vaguely - not seen a specific document"

"I know who to refer to, however, the criteria is not clear. We have made referrals that have been rejected even though we feel the child needs support from HYM."

"Criteria is often unclear especially on referrals that are declined." (Early Help)

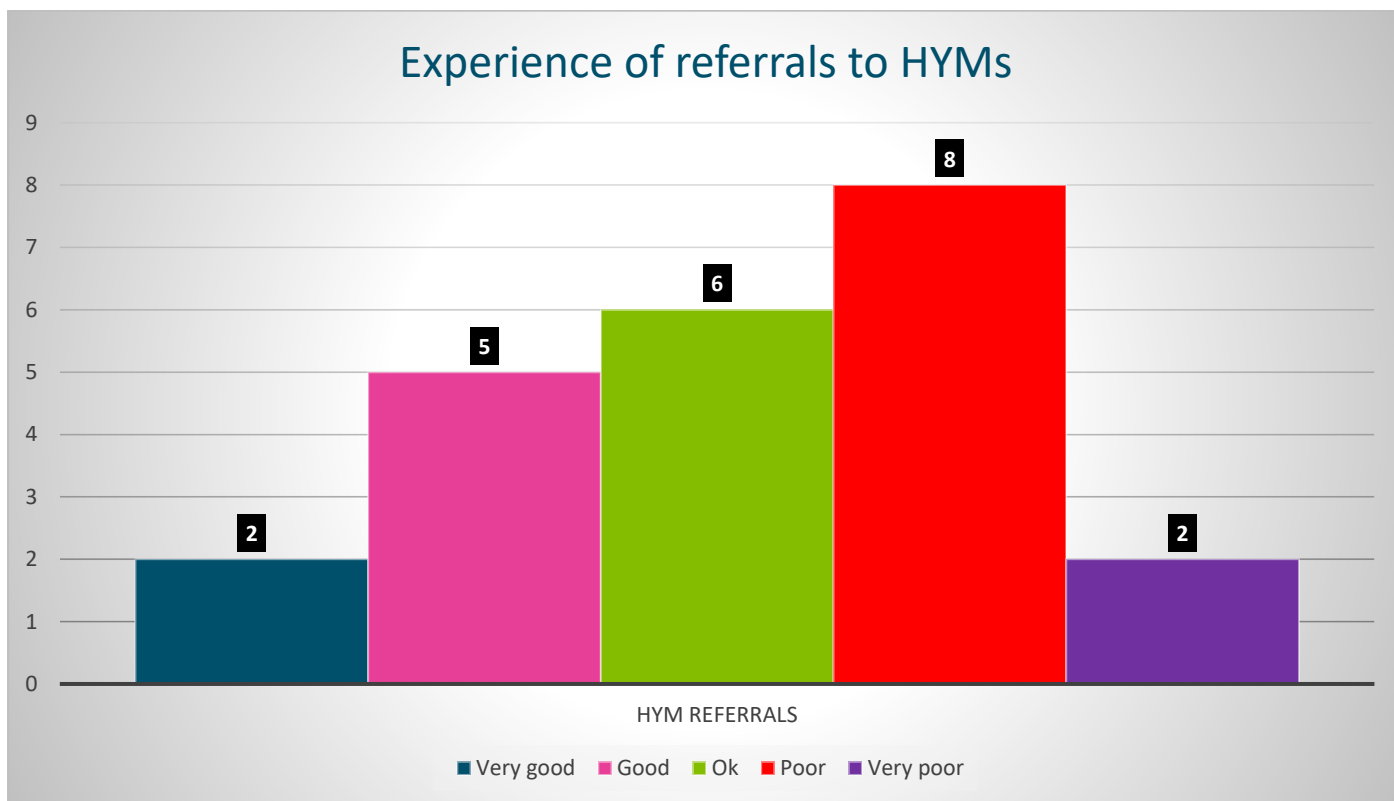
"Because of the immense service pressures on HYM children are not reaching the "criteria" to be seen by the service. This means that instead of working with children when issues could be dealt with, it seems that mental health needs have to escalate to suicidal thoughts before an appointment is deemed to be necessary."

"I normally complete a medical form and send it to our school nurse. It then goes through triage to the correct service."

3. What is your experience of referring into services?

Professionals were asked to share their experiences of referring into one of the services they listed, and most responses shared their experiences of referring into the Healthy Young Minds (HYM) service. Referral processes into all the other services were rated as very good, good or Ok by professionals who felt that processes were easy to use or straight forward. TOG Mind was highlighted by a number of teachers as an easy service to refer into and one that would accept some of the more complex cases.

However, experiences of referring into the HYM service were more mixed.



Of the 25 responses relating to the HYM service 24% (7) felt that the referral process was good or very good compared to 45% (10) who felt their experience had been poor or very poor. We asked professionals to explain their ratings. The feedback highlighted three common themes which were raised across both good and poor ratings:

- Length of time between the referral and the first appointment is too long.
- Many referrals are rejected without any feedback to explain why.
- Referrals are rejected because the 'patient does not meet threshold' but there is no clarity about the threshold.

Some comments about the length of time for referrals:

"We have a good relationship with the (HYM) staff but the process between referral and available appointment is far too slow."

"Mostly rejected referrals even in serious cases of suicide. Very long waiting list if they are accepted and no support in mean time."

"The time it takes for a referral to be accepted is often too long when a child is in crisis."

Some comments about the criteria and feedback for referrals:

"Signposting feels more effective to this service (TOG Mind) who work directly with parents and provide drop in services...they will accept the referral even though the child's needs are complex and require specialist intervention"

"The referral did not meet their criteria. The only way I have managed to get a child to be seen by Healthy Young Minds is to tell the parent to take the child to A&E."

*"Immediate response, reassured staff member making the referral. Professional advice, support and guidance given enabling the correct support to be offered to the young person and the family."
(Referral to HYM)*

"Very few referrals are accepted by HYM. MIND is easy to signpost to but, if the sessions aren't the school sessions, then parents don't always take their children to the drop-ins."

"Some referrals (which are made as school feels the case is more complex and requires specialist input) do not meet threshold - but we do not have a definition of the threshold."

"When asked why they referred someone to Kooth.com and 42nd Street the professional said "Self-referral and not location restricted so safer option"

4. Have you noticed any service improvements over the last year?

Over the last year children and young people's mental health services have been changing in Oldham. We asked professionals to share their experiences about any service improvements they have seen. Of the professionals who responded to the questionnaire 49% (17) identified at least one area of improvement over the last year. The most reported improvements related to greater mental health awareness in schools and training for teachers.

These are some of the service improvements professionals have seen in the last year:

- More mental health training available for teachers.
- The Oldham single point of access and online referral process is clearly set out and easy to follow.
- Communications between health professionals have improved.
- More awareness of mental health issues within a school setting and through school assemblies.
- MIND sessions have been more widely available in schools.
- There are more counsellors in schools.

Some comments about improvements:

"None. I appreciate the long waiting list, but I am concerned that young people are not being supported."

"The parents who have attended the post-diagnosis Autism workshops at Point in Oldham feedback that they are invaluable in helping them to understand their child's condition to support and protect their children's mental health."

"There is a greater emphasis on understanding in education but not sure the message has filtered down to all schools. The experience for all children is not good in all schools. We need more training of school staff to support children."

"Schools are playing a bigger role in supporting students with mental health difficulties."

"Whole school approach in Oldham is very proactive in engaging with schools, giving vital information and support to professionals working with young people. A number of conferences have been held recently along with regular updates/information."

5. What do you think could be done to improve services?

Professionals were asked what they felt could be done to improve mental health services for children and young people in Oldham. Professionals told us that services in Oldham can be complex and fragmented with mental health services being funded, commissioned and provided by many different organisations that do not always work together. As a result, children and young people often have a poor experience and some are unable to access timely and appropriate support.

Feedback from professionals reflected many of the experiences described by parents, especially about children and young people with ASD who fall into a gap between services. Professionals said that more support for early intervention to stop children and young people hitting a crisis were needed, as well as services to support children and young people with complex needs who do not meet social care thresholds.

These are some of the service improvements professionals said they would like to see:

- Shorter waiting times for referrals and more frequent appointments.
- More counselling services for children and young people that are easy to access.
- More services available within a school setting and better links between HYM and schools.
- Mandatory training for professionals who work with children and young people to identify mental health issues.
- Minimum age restrictions removed from services to support children experiencing trauma.
- More services to support young people with anger management and ASD.
- Single point of contact for advice and drop in.
- Clarity about the criteria for services.

Some comments about counselling services:

“As funding has been reduced there has been less offered to schools for pupils requiring counselling or lower level support.”

“Counselling in Oldham is difficult to access as I was sat today with a parent who rang the Mind information line and they said that the nearest available counselling service is in Rochdale.”

Some comments about gaps in services:

"A toolkit to empower young people to manage their mental health difficulties at the earliest stage could be developed."

"More resources for pre-school children who experience adverse childhood experiences. training for universal services."

"Healthy Young Minds...only seem to be accepting the really top tier of need but there seems to be a gap e.g. children who have received intervention at school but MIND have said the child's needs are too complex for their service but HYM have rejected the referral - where do we go with this child?"

"Parents need to be given more support when they discover that their child/young person is self-harming instead of the Oldham response which is "if you believe that your child is at risk of suicide take him/her to A&E" this is of no use to anyone."

"Support in the preventative stage rather than waiting until a crisis. All professionals in contact with children to have compulsory training...(like) first aiders and safeguarding staff."

"Needs to be improvements in Mental Health support offered for Children who are Looked After. We have a high number of CLA who are presenting with issues stemming from trauma or attachment that we aren't equipped to deal with yet Healthy Young Minds won't accept them - what do we do?"

"Be more 'out there'. Come into schools and visit more often. Have MH workers that come into school to speak to all pupils regularly."

Appendix

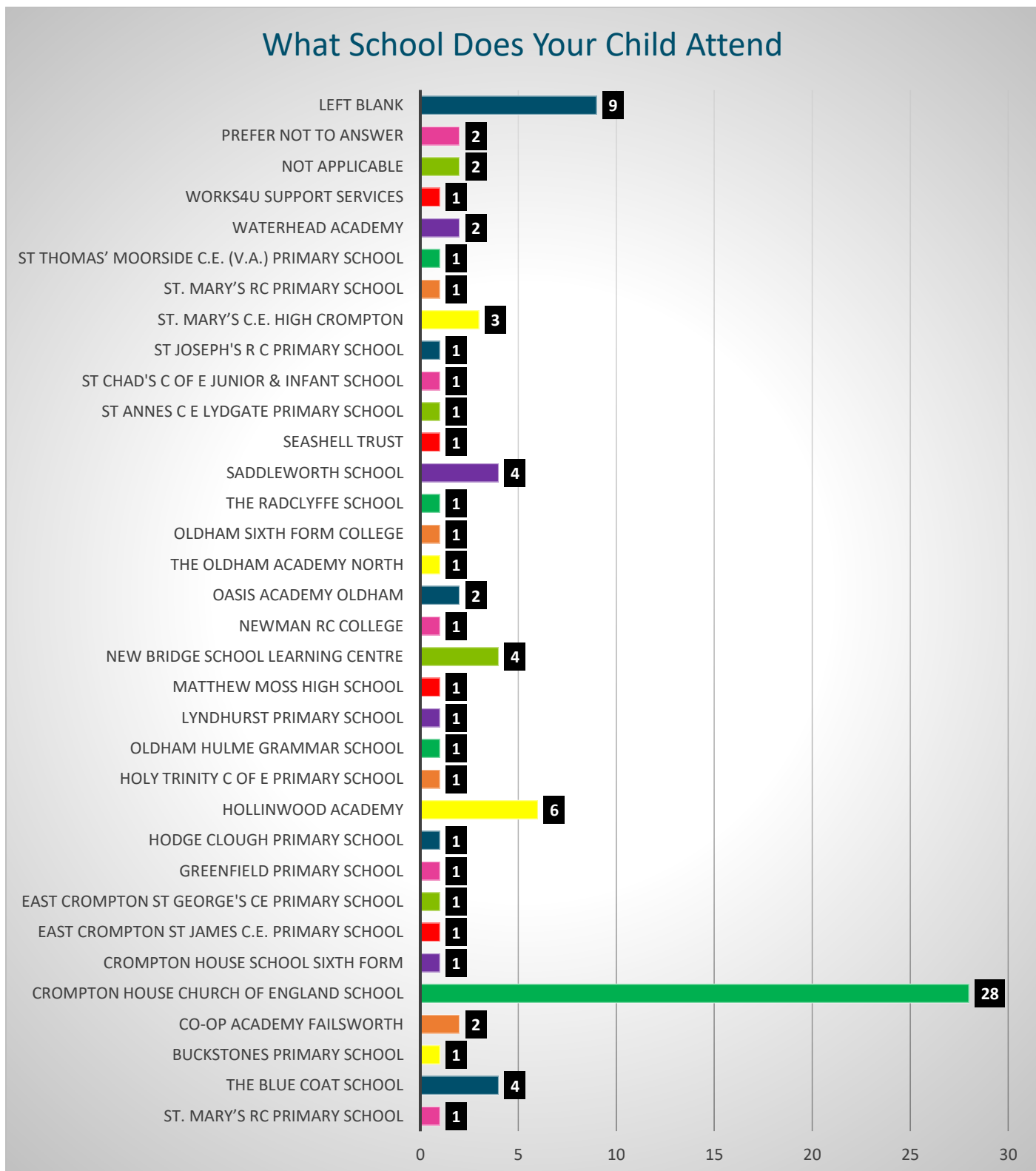
1. Questions we asked parents:

1. Name of service, session or course that your child has accessed (if known)?
2. What was your first point of contact with services that could help your child?
3. How long did you/they have to wait to see a professional in this service from the time they were referred?
4. The length of time before a first appointment was arranged.
5. The effectiveness of service in helping your child deal with his/her problems?
6. How well professionals (doctors, psychologists, nurses, therapists, session worker) listened to your child and understood their problems.
7. Communication between professionals within the service and external services (e.g. therapist, dietitian, hospital services, medication changes etc.).
8. How well professionals listened to your concerns regarding your child's mental health and wellbeing?
9. The professionals keeping of appointment times.
10. Support given to your child when they needed it.
11. The confidentiality and respect for your child's rights.
12. The explanation given about treatment.
13. The effectiveness of service in helping your child feel better.
14. The types of service offered to your child.
15. The overall service your child has received.
16. The advice given to you about how you could help your child.
17. How effective the service was in helping you to deal with the difficulties your child was experiencing.
18. How information was given to you about your child's problem and what to expect in the future.
19. The advice your child was given on discharge/when sessions finished.
20. The length of time between discharge and follow up appointments.
21. The things I liked most about my experience of the service.
22. The things I disliked most about my experience of the service.
23. The things I would like to change.
24. Please add any other information you feel is relevant.

2. Questions we asked professionals:

1. Do you know who or which service to refer young people to and what the referral criteria is?
2. Name a service which you have signposted a patient or made a referral to in the last 12 months?
3. Please tell us which other service you tried to make a referral to?
4. Thinking about mental health and wellbeing support for children and young people in Oldham please tell us about any improvements you have noticed in the last year?
5. What do you think could be done to make mental health support services in Oldham better for young people?
 - i. Focus on specific issue
 - ii. Funding
 - iii. Service improvement
 - iv. Schools

3. List of schools that took part in the review:





Report to Health Scrutiny Committee

Council Motions

Report Author: Andrea Entwistle, Principal Policy Officer – Health and Wellbeing
Ext. 3386

2 July 2019

Purpose of the Report

To update the Health Scrutiny Committee that there have been no motions of business referred to Health Scrutiny from Full Council since the last time the committee met.

Full Council are due to meet on Wednesday 10 July 2019.

Recommendations

Health Scrutiny Committee is requested to note the update.

This page is intentionally left blank



Report to Health Scrutiny Committee

Mayor's Healthy Living Campaign

Report Author: Andrea Entwistle, Principal Policy Officer – Health and Wellbeing

Ext. 3386

2 July 2019

Purpose of the Report

To provide Health Scrutiny Committee with an overview of the Mayor's Healthy Living Campaign for 2019/20.

Requirement from Health Scrutiny Committee:

Health Scrutiny Committee is asked to note the update and to support the Mayor during her time in office.

Mayor's Healthy Living Campaign

1 Background

- 1.1 The role of the Mayor is to be an ambassador for Oldham and represent the Borough at a variety of events and functions. As an ambassador, the Mayor is committed to raising the profile of Oldham and forging links with the private, voluntary and public sector.
- 1.2 Each year, the Mayor is approached to see whether they have any particular areas of health and wellbeing they would like to actively support and raise awareness of during their term in office.
- 1.3 For 2019/20, Councillor Ginny Alexander will be the Mayor of Oldham. The Deputy Mayor will be Councillor Jenny Harrison, who is also the Chair of Oldham's Health and Wellbeing Board.

2 Plans for 2019- 2020

- 2.1 Councillor Moores, Councillor McLaren and the Principal Policy Officer for Health and Wellbeing met with the Mayor to discuss the themes that she would like to focus on during her term in office.
- 2.2 The Mayor confirmed that she would like to support the following health and wellbeing themes:
 - Mental Health and Emotional Wellbeing
 - Healthy Eating
 - Early Detection and Diagnosis of health conditions
- 2.3 The Mayor will explore opportunities to role-model and promote health and wellbeing messages as part of her mayoral duties. The chosen themes will be developed in to a work programme for the Mayor, involving relevant officers from the Council and partners as required.
- 2.4 The Mayor is also committed to ensuring that Oldham residents are able to access information about the range of support and advice services that are available in the borough. This includes health and wellbeing services. As such, she posts information about services and activities that are available in the borough via her social media channels and encourages others to do the same. She would also like to support the development of any other signposting approaches, in a range of different formats, so that people are able to access information when they need it and get the help and support that they require.
- 2.5 The Health Scrutiny committee will be updated throughout the year as to the activity the Mayor has been involved in to promote healthy living in the borough.

3 Recommendation

- 3.1 Health Scrutiny sub-committee is asked to note the update and support the Mayor during her time in office.

OLDHAM HEALTH SCRUTINY COMMITTEE

FORWARD PLAN 2019 - 20



Date of meeting	Topic to be addressed	What	For discussion, approval, information?	Lead Officer
2 July 2019 6pm – 8pm Lees Suite, Civic Centre Page 165	Elected Member Safeguarding Training	Update as requested in November 2018	Update – for information	Ed Francis, Assistant Director Safeguarding and Partnerships Ed.Francis@oldham.gov.uk
	Children and Young People’s Mental Health and Emotional Wellbeing	For the committee to consider the current offer for Children and Young People’s Mental Health and Emotional Wellbeing. To include consideration of: <ul style="list-style-type: none"> - CAMHS Transformation Plan Update - Findings of Healthwatch’s review of CYP Mental Health Services 	Discussion	Representatives from across the Health system to include: <ul style="list-style-type: none"> - Jill Beaumont, Director of Children’s Health and Wellbeing jill.beaumont1@nhs.net - Dr Keith Jeffery, Clinical Director for Mental Health NHS Oldham CCG keith.jeffery@nhs.net - Mike Bridges, Public Health Specialist Mike.Bridges@oldham.gov.uk - Julie Farley, Healthwatch Oldham julie.farley@healthwatcholdham.co.uk
	Council Motions	Review of Health related motions at council and subsequent actions	Discussion (<i>standing item</i>)	Chair
	Mayor’s Healthy Living Campaign	To update the committee on recent activity	Discussion (<i>standing item</i>)	Chair

3 September 2019 6pm – 8pm Crompton Suite, Civic Centre	North West Ambulance Service	To engage with the committee regarding local health priorities and how NWS can best met the needs of Oldham’s communities	Discussion	Pat McFadden, Head of Service for Greater Manchester (plus local manager) Officer contact: Madeline Edgar, Senior Communications Manager Madeline.Edgar@nwas.nhs.uk
	Social Prescribing	For the committee to consider the progress made in the first 6 months of the Innovation Partnership	Discussion	Pete Pawson, Thriving Communities and Place Based Intervention Programme Manager Peter.Pawson@unitypartnership.com
	Choice and Equity Policy	For the committee to consider the development of the policy and any subsequent implications	Discussion	Mark Drury, Head of Public Affairs – Oldham Cares (mark.drury@nhs.net)
	Integration of the community and commissioning teams – Phase 2 implementation	To provide the committee with an overview of the second phase the Adults Social Care and Community Health integration	Discussion	Mark Warren, Managing Director Community Health and Adult Social Care (DASS) (Mark.Warren@oldham.gov.uk)
	Council Motions	Review of Health related motions at council and subsequent actions	Discussion <i>(standing item)</i>	Chair
	Mayor’s Healthy Living Campaign	To update the committee on recent activity	Discussion <i>(standing item)</i>	Chair
	Pennine Acute Hospitals NHS Trust Transaction Programme	Update to Health Scrutiny as requested in March 2019	Update – For information	Steve Wilson, Executive Lead (Finance & Investment) - Greater Manchester Health & Social Care Partnership (PA: karenwinterbottom@nhs.net)
	Urgent Primary Care	Update to Health Scrutiny as requested in March 2019	Update – For information	Dr John Patterson, Chief Clinical Officer and Deputy Accountable Officer, Oldham Cares (john.patterson3@nhs.net)

<p>15 October 2019</p> <p>6pm – 8pm</p> <p>Crompton Suite, Civic Centre</p> <p><i>Development Session</i></p>	<p>Topic of Development Session to be determined</p> <p><i>Potential topics</i></p> <ul style="list-style-type: none"> • <i>Primary Care</i> 			
<p>10 December 2019</p> <p>6pm – 8pm</p> <p>Pages Suite Civic Centre</p> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">Page 167</p>	<p>Oldham Healthcheck</p>	<p>To provide the committee with an overview of progress made since the launch of the Oldham Healthcheck</p>	<p>Discussion</p>	<p>Charlotte Stevenson, Consultant in Public Health (Healthcare) Charlotte.Stevenson@oldham.gov.uk</p>
<p>Oldham Children and Young Person's Alliance</p>	<p>To provide the committee with an overview of the priorities of the Alliance and progress made since its establishment</p>	<p>Discussion</p>	<p>Merlin Joseph, Interim Director of Children's Services Merlin.Joseph@oldham.gov.uk</p>	
<p>Oldham Family Connect</p>	<p>To provide the committee with an overview of the impact of Oldham Family Connect and progress made to date</p>	<p>Discussion</p>	<p>Bruce Penhale, Assistant Director Communities and Early Intervention Bruce.Penhale@oldham.gov.uk</p>	
<p>Council Motions</p>	<p>Review of Health related motions at council and subsequent actions</p>	<p>Discussion <i>(standing item)</i></p>	<p>Chair</p>	
<p>Mayor's Healthy Living Campaign</p>	<p>To update the committee on recent activity</p>	<p>Discussion <i>(standing item)</i></p>	<p>Chair</p>	
<p>Public Health in Primary Care</p>	<p>Update as requested by the committee in December 2018</p>	<p>Update – For information</p>	<p>Katrina Stephens, Director of Public Health Katrina.Stephens@oldham.gov.uk</p>	

<p>28 January 2020</p> <p>6pm – 8pm</p> <p>Crompton Suite Civic Centre</p> <p><i>Development Session</i></p>	<p><i>Topic of Development Session to be determined</i></p>			
<p>24 March 2020</p> <p>6pm – 8pm</p> <p>Lees Suite, Civic Centre</p>	<p>End of Life Services Review</p>	<p>For the committee to receive an overview of the outcome of the review of End of Life Services conducted by Healthwatch Oldham and NHS Oldham CCG.</p>	<p>Discussion</p>	<p>Julie Farley, Manager – Healthwatch Oldham (julie.farley@healthwatcholdham.co.uk)</p> <p>Mark Drury, Head of Public Affairs – Oldham Cares (mark.drury@nhs.net)</p>
<p>Adult Safeguarding arrangements – Implementation of action plan</p>	<p>For the committee to receive an overview of Oldham’s Safeguarding Adults Arrangements:</p> <ul style="list-style-type: none"> - To include Healthwatch/OSAB review of Preventative Adult Safeguarding 	<p>Discussion</p>	<p>Mark Warren, Managing Director Community Health and Adult Social Care (DASS) (Mark.Warren@oldham.gov.uk)</p> <p>Henri Giller, Independent Chair of Oldham Safeguarding Adults Board</p> <p>Julie Farley, Manager – Healthwatch Oldham (julie.farley@healthwatcholdham.co.uk)</p>	
<p>Council Motions</p>	<p>Review of Health related motions at council and subsequent actions</p>	<p>Discussion (<i>standing item</i>)</p>	<p>Chair</p>	
<p>Mayor’s Healthy</p>	<p>To update the sub-committee on</p>	<p>Discussion</p>	<p>Chair</p>	

	Living Campaign	recent activity	<i>(standing item)</i>	
	Thriving Communities Programme	Update to Board as requested in March 2019	Update – For information	Peter Pawson, Thriving Communities Programme Manager (Peter.Pawson@unitypartnership.com)
	Oral Health	Progress report as requested by the committee in December 2018	Update – For information	Katrina Stephens, Director of Public Health (Katrina.Stephens@oldham.gov.uk)

Items to be considered for inclusion in the work programme – dates tbc:

- Transfer of PCFT community services to NCA – Implications for OMBC
- Implementation of the GM LD strategy in Oldham Council (due to Health and Wellbeing Board – September 2019)

This page is intentionally left blank