Oldham Council

NHS
Oldham
Clinical Commissioning Group

Strategy for improving the emotional wellbeing and mental health for children and young people in Oldham

(Formerly known as: Child and Adolescent Mental Health Services (CAMHS) Strategy)

FINAL v0.14

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Control Sheet

CCG Leads	Gill Barnard / Julia Taylor
Clinical Director	Harpal Hunjan / Keith Jeffery
Oldham Council Leads	Glynis Williams / Clare Bamforth
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1.0 EXECUTIVE SUMMARY

Oldham recognises that the emotional wellbeing and mental health of young people is a key priority across the Borough and that it is everybody's business. Recent statistics show that there has been a rapid increase in the number of reported self-harm incidents and hospital admissions for young people in the last twelve months. Evidence tells us that young people report anxiety/stress, self-worth, confidence, depression and self-harm as the top presenting issues through on-line support.

As the former CAMHS (Child and Adolescent Meant Health Services) Partnership had not met for some time it was agreed that the re-establishment of this was a key priority for all, with all partners represented on the newly formed Emotional Wellbeing and Mental Health Partnership committed to this strategy.

This strategy sets out the priorities for the next three years and provides a clear sense of direction and set of objectives to improve the emotional wellbeing and mental health of the children and young people of Oldham. It builds upon the work that has already been achieved and identifies the services that are available to assist children, young people and their families in choosing the right care from promotion/prevention, to those suffering complex mental health. It is followed by a comprehensive action plan of which progress will be monitored by the Partnership Board.

Commissioning high quality, effective children's emotional wellbeing and mental health services is a safeguard for children and families; it is also a cost-effective investment over the medium to long term. The aim is to ensure that the services commissioned are sustainable, efficient and grounded in the best available evidence that contributes to children and young people enjoying good emotional wellbeing and mental health, whilst recognising the current economic climate. The strategy also draws upon the '*Guidance for commissioners of child and adolescent mental health services'* cited by the Joint Commissioning Panel for Mental Health (2013).

The strategy has a strong focus on preventative services, as outlined within the transformation of services '*Call to Action: Commissioning for Prevention*' (NHS England, 2013) and NHS Oldham CCG's '*Strategic Clinical Commissioning Plan (2014-19)*. The importance of working together to improve outcomes for people with mental health problems is also highlighted within the Department of Health (2014) '*Closing the Gap: Priorities for essential change in mental health'*.

The strategy also aligns with Oldham Council's Public Service Reform (PSR) approach, which seeks to reduce dependency on public services and improve outcomes for Oldham residents. Within this programme, there is a specific focus on Early Help. At a strategic level, this is a partnership wide strategy that provides a blueprint for a new way of working that all agencies, partners and citizens will be expected to actively support and adopt. The development of the Early Help Offer is at the core of Oldham's Children's Trust and the Health and Wellbeing Board priorities supporting the aspiration to give every Oldham child '*the best start in life'*. A significant example of the implementation of this approach is the Council's substantial re-design of a number of services and commissions to deliver a fundamentally different Early Help Service, which seeks to intervene at the earliest possible point and prevent problems from escalating, as well as providing a 'step down' offer from specialist and crisis response services.

Youth council members have been involved in the strategy, which has assisted in its development and also in reviewing the impact of services on children and young people's psychological health.

This is evidenced within Scrutiny Review – Mental Health and Young People (2013) *'Report of the Youth Councillors and the Overview and Scrutiny Board'*.

By working together and valuing the views of children, young people and their families, Oldham will continue to address local and national priorities and ensure continuous improvement to services which demonstrate real outcomes.

1.1 Future vision of service delivery

It is expected that services will be delivered without long waits for interventions which are appropriate to the age and needs of the child or young person, with sufficient numbers in the workforce who have the right skills that offer evidenced-based interventions. In addition, clear care pathways will be seamless with services/organisations working to the highest standards that are regulated for quality and performance.

1.2 Priorities for 2015 onwards

Five broad themes have been identified in taking forward this strategy. These include:

- Commissioning: budgets/resources
- Improving access to treatment: access and pathways / managing referrals
- Improving service quality and outcomes
- Prevention: resilience - public mental health / early identification and intervention
- Workforce development.

1.3 Recommendations

The strategy highlights the issues that need to be addressed and identifies the changes required in the future within Section 7.0 '*Strategic Model for Future Delivery*'. The most challenging of which include:

- Maximising the contributions that universal services can make in addressing low-level emotional wellbeing and mental health needs, given the current economic climate and the increasing demands on services.
- Achieving a focus on early intervention/prevention needs with a holistic approach, where staff are focussed upon promoting emotional wellbeing and enhancing the mental well-being of individuals, families, organisations and communities; whilst at the same time supporting independence, increasing resilience and confidence.
- Attaining a joined-up approach in service provision across all tiers, given commissioning of services is undertaken by the clinical commissioning group, the local authority, educational establishments and NHS England. Also, harnessing the opportunities that cluster-based working affords us and utilising the district partnership model to full effect.

A comprehensive three year action plan has been produced to support this strategy which is divided into short, medium and longer term priorities and is in line with the broad themes identified in taking the strategy forward. This action plan is central to delivering the required change necessary to improve the emotional wellbeing and mental health of children, young people and their families. Progress and delivery of the plan will be monitored by the Emotional Wellbeing and Mental Health Partnership and it will be accountable to the Oldham's Children's Trust and Health and Wellbeing Board.

2.0 INTRODUCTION

2.1 Purpose of this Document

The strategy is a 'working' document setting out clear priorities, which are the responsibility of all members of the partnership involved in commissioning and service provision. It assists in informing children, young people, families and professionals about the services that are available from the promotion of emotional wellbeing and mental health, through to services for those requiring acute intervention.

The strategy builds on the work that has already been achieved in Oldham and provides a clear direction and a set of objectives for the next three years in order to ensure that children and young people continue to have improved emotional wellbeing and mental health.

2.2 Background

2.2.1 Why is emotional wellbeing and mental health important to children and young people?

It is vital to commission and deliver the most appropriate services, so that children and young people receive timely, integrated care and support, in the most appropriate setting, to ensure this cohort of individuals develop and grow into strong, resilient adults as:
Early intervention can prevent ill health and reduce mortality and morbidity for children and young people
Healthy behaviours in childhood and the teenage years set patterns for later life
Continued support for children and young people can mean that society as a whole can reap all the benefits of a resilient next generation, which is healthier and happier
Adult mental illness may be preventable with appropriate interventions in childhood
Research indicates that half of lifetime mental health problems start by the age of 14
Social and emotional wellbeing creates the foundations for healthy behaviours and educational attainment. It also helps prevent behavioural problems (including substance misuse) and mental health problems
Good mental health allows children and young people to develop the resilience to cope with whatever life throws at them and grow into well-rounded, healthy adults.

2.2.2 How the strategy was developed?

This strategy has been compiled by the Emotional Wellbeing and Mental Health Partnership and builds upon the previous strategy. It is informed by national guidance and draws upon:
The comprehensive joint strategic needs assessment (JSNA) which was undertaken to gain greater understanding of needs and current provision in Oldham. It should be noted that this was written in June 2012 and whilst the recommendations remain relevant, the landscape has changed significantly with regard to commissioning arrangements, providers, staffing and skills mix and financial constraints across a number of organisations
An analysis of progress made since the development of the last strategy
The main specialist provider of CAMHS (Pennine Care NHS Foundation Trust) conducted a 360 degree review which provides further research and evidence to inform its future direction
The national service transformation project for Child and Adolescent Mental Health Services

(CAMHS) – Children and Young People's Improving Access to Psychological Therapies (IAPT)
Scrutiny Review into Mental Health and Young People which has provided further evidence and focus on young people's views of services
Health Visiting and School Nurse Programme: Supporting implementation of the new service offer. The responsibility for commissioning these services moves in 2015 from NHS England to Oldham Council
NHS Oldham CCG's '*Strategic Clinical Commissioning Plan 2014-2019'* which sets out how the CCG will achieve its vision and deliver its triple aim objectives (commissioning the highest quality healthcare in services near to the patient, in an integrated fashion and at the best value for money), recognising the challenge of their current environment from a financial perspective in the context of rising demand. Within the CCG's mental health and children/young people clinical change plans focus is upon empowering children, young people and their families to have more control over their care packages, strengthen prevention, self-care and wellbeing
Healthy Child Programme (HCP) which has an ambition to give children the best start in life, focussing on early intervention which is crucial when young people first experience mental distress.

2.3 Emotional Wellbeing and Mental Health in Context: The Strategic Case

2.3.1 National Context

A number of national documents have been introduced which set out the Government's agenda to reform children and young people's services to improve outcomes. A considerable amount of these documents have been reviewed to inform this strategy (see Section 10.0 'References') and whilst this is not an exhaustive list (and cannot be excluded), reference has only been made to the most pertinent below:

In 2011, the Department of Health (DH) published *'No Health without Mental Health'* a cross government outcome strategy for people of all ages and mental health strategy implementation framework guidance *'National framework to improve mental health and wellbeing'* (2012). This included a particular focus to improve mental health and wellbeing by:

- Putting mental health on a par with physical health (NHS mandated objective) and closing the health gap between people with mental health problems and the population as a whole. Consequently, focus to be on the inter-relationship between physical and mental health (the Health and Social Care Act 2012 makes it explicit that mental health problems should be treated as seriously as physical health problems)
- Improving mental wellbeing of the population
- Timely access to the right services (mental health and general)
- More people with mental health problems will receive a timely diagnosis and will recover to an optimum level of functioning and live a fulfilling and independent life
- Ensuring individuals are treated with respect and dignity.

The recent DH policy '*Closing the gap: priorities for essential change in mental health'* (2014) highlights the importance of working together to improve outcomes for people with mental health problems and includes 25 priority areas/aspects with a particular focus on:

- High-quality mental health services with an emphasis on recovery, reflecting local need
- Tackling inequalities around access to mental health services
- Mental health care and physical health care being better integrated at every level

- Starting early to promote mental wellbeing and prevent mental health problems
- Improving the quality of life of people with mental health problems
- People with mental health problems will live healthier and longer lives.

More recently, the Health Select Committee concludes that '*there are serious and deeply ingrained problems with the commissioning and provision of children's and adolescents' mental health services*' (CAMHS) which is evidenced in its Third Report (2014). The Committee makes a number of recommendations which include: reducing wait times for Tier 3 services; bridging the gap between community and inpatient services; local access to Tier 4 services; school curriculum to include mental health, addressing the issues associated with social media; enhancing GP training into CAMHS. In addition, investment should be into early intervention - providing timely support to children and young people before mental health problems become entrenched and increase in severity, and preventing, wherever possible, the need for admission to inpatient services.

The Special Educational Needs and Disability (SEND) Code of Practice: 0-25 years (2014) includes guidance relating to disabled children and young people as well as those with special educational needs (SEN), which includes 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.

Joint commissioning arrangements must 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 will include specialist support and therapies. These children and young people 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 disorder, attention deficit hyperactive disorder or attachment disorder. Partners must, therefore, have regard to the Code of Practice and, in particular, to the Mental Capacity Act 2005.

2.3.2 Local Policy Frameworks

A wide range of factors (biology, parents, family, peers and wider society) contribute to mental health and wellbeing. When these are not in place mental ill-health results, be it a minor emotional or behavioural disturbance or severe mental illness. Mental illness is a serious problem among children and young people in England, with one in ten experiencing some form of diagnosable mental disorder (The Foresight Report, 2008).

At the individual level, mental health depends both on environmental factors and the '*mental capital or resilience built up throughout the early years of life and into adulthood'*.

There is no doubt that positive emotional well-being and mental health contributes to delivering outcomes. The statutory guidance for Children's Trusts strengthens partnership arrangements to deliver prevention and earlier intervention on emotional health through integrated services. This theme is emphasised within the joint CCG and local authority Health and Wellbeing Strategy and also Oldham's Early Help Strategy (2014-17). The Early Help Strategy is aimed at all households with emerging needs in Oldham with primarily an approach that harnesses low level support as early as possible.

There is a shared vision of a healthy, confident and empowered population and Oldham's partners share the understanding that an integrated approach to meeting the needs of children, young people and their families is essential, particularly when things go wrong or additional needs arise. In particular, ensuring the mental health and well-being of children in Oldham is a core aim of Oldham Council's approach within their '0-19' agenda. The redesign work surrounding services for the 0-4 age group is in line with the Greater Manchester integrated model for early years, with early childhood services jointly commissioned and provided in an integrated manner.

In addition, Oldham's whole system/whole place approach to Public Service Reform (PSR) has enabled a more holistic method being adopted to support diverse cohorts across a range of different service areas and response to need. Within this reform, the Early Help Offer (EHO) will work to improve households' physical, social and emotional well-being; to intervene at the earliest possible point, so they do not need ongoing support from specialist services. Taking a person-centred place-based approach, the Early Help offer will work with people in their networks and communities, rather than a service-focused approach and will look holistically at health, social and emotional issues. The redesigned EHO will ensure that additional needs will be identified and responded to in a timelier, efficient manner through interventions that can evidence their effectiveness and result in sustainable change.

Early Help will support households which display behaviours that lead to a higher chance of poor health, well-being and social outcomes, working with them to support behaviour change, develop resilience, self-management skills and to manage their own health and well-being; and therefore avoid more costly interventions in the future. In essence, in order to re-profile demand away from high-cost services that react to crises once they have arisen and are essentially paternalistic in nature, towards services that focus on supporting people to develop the skills to support themselves.

The strategy is also in line with NHS Oldham CCG's '*Strategic Clinical Commissioning Plan 2014-2019'* which sets out clearly how the CCG will achieve its vision, and deliver its triple aim objectives, recognising the challenge of their current environment from a financial perspective, in the context of rising demand. Transformational change is required so that healthcare in Oldham is affordable, whilst providing excellent standards of service that the population rightfully expect. The CCG has a strong local focus with clinicians and partnerships working together to provide and secure services to meet the needs of patients based on day-to-day experience, supported by evidence and intelligence, whilst ensuring that views of patients and the public are considered in its commissioning decisions. The current and emerging landscape for service integration (Oldham Care Vortex) places primary care at the centre of patient care and describes a way of transforming thinking to move away from institutional care, with a move towards a managed system of service transformation. This places greater emphasis on managing an increasing caseload within communities, closer to the patient.

2.3.3 Principles

All partners are to:
Recognise that mental health is 'everyone's business' which was a directive from the National Advisory Council (2010) *'Making Children's Mental Health Everyone's Responsibility'*. This document outlined four key areas around leadership, commissioning, workforce and participation
Strengthen their relationships and support partnership working to enable the needs of Oldham's diverse community to be met
Focus on, and prioritise, prevention and early intervention
Ensure properly structured care, delivered by professionals who care and are motivated to work to the highest standards
Ensure timely, effective and accessible services which are cost effective
Ensure services that are commissioned and provided are child, young people and family focussed which meets their needs
Focus on outcomes and be evidence-based when commissioning/service development/redesign
Be aware that parents/carers are entitled to support in developing emotional resilience of their children and young people
Have clear integrated pathways in place which are recognisable to children, young people and their families
Encourage and increase liaison with service users to enable children and young people to directly shape and influence the provision they receive
Ensure that an improved population health, alongside a higher quality, more innovative and productive health care system is delivered. This is an important principle to retain as the drive for greater control over resources should not compromise the vision for optimal care systems, including both the need to enable people to retain health status and the need to prevent avoidable exposure to interventions that add little or no health benefit.

3.0 VISION AND VALUES

3.1 Vision

All children and young people who experience emotional or mental health distress have access to timely, integrated, high quality, multi-disciplinary services to ensure effective assessment, treatment and support, for them and for their families

3.2 Key Deliverables

To achieve success, the following are required:
Partnership gearing itself up and taking ownership of the document
Strengthen, acknowledge and develop the existing commitment from partners
Robust action plan produced and delivered
Task and finish groups set up and effectively utilised
Identification of longer term funding to enable stability of service provision
Ensure all preventative and early intervention provision is considered and included, with universal services playing a pivotal role in promotion/early intervention
Ensuring evidence and outcome based service provision
Partnership and integrated working that brings together universal, targeted and specialist services to improve planning, service delivery and access to appropriate services.
Interventions that empower and involve children, young people and their families in meeting their needs
Services delivering support that is easy to access, readily available and based on the best evidence.

3.2.1 Where are we now and what needs to happen?

Four broad themes were identified within the JSNA as priority:	
1.	The whole of the workforce that comes into contact with children, young people and their families (either in universal or specialist services) need to become better skilled in recognising and dealing with emotional wellbeing and mental health
2.	Improving resilience and confidence in families and communities makes a difference to how susceptible individuals are to experiencing mental health problems. There should be a recognition in supporting vulnerable and at risk children, young people and their families in their wider needs
3.	All service providers to work together to identify those children, young people and families in need to better manage demand between services, ensuring that those in most need have timely access
4.	As services are separately commissioned, all commissioners to ensure there is a joined-up approach in service provision across all tiers.

3.3 Outcomes

Planned and commissioned integrated, multi-agency services with care pathways that enable the delivery of effective, accessible, holistic evidence-based care.

Nationally Defined Outcomes
More children and young people will have good mental health
Improving recovery from mental health conditions
Improving the experience of healthcare for those with mental illness
Enhancing quality of life for people with mental illness
Ensuring children and young people are treated and cared for in a safe environment and are protected from harm (resulting in fewer children and young people suffering avoidable harm)
Improve the physical health of those with a mental illness
Reducing the number of readmissions to mental health services and the emergency admissions for self-harm
Reduction in the number of individuals experiencing stigma and discrimination associated with mental illness.
Children and young people will wait shorter times to access services
Improving children and young people's experience of healthcare and integrated care
Ensuring length of stay for inpatients are no longer than necessary
More children and young people moving towards recovery
Creating opportunity for peer support amongst young people
Targeted services for vulnerable groups (such as learning disabilities, looked after children, experiencing abuse, BME groups, young offenders)
CQUIN: Improve patient experience in accessing information on self-management
Delivering innovation in tier 1 and 2 access to mental health intervention and support.

Locally Defined Outcomes
Improvement in the mental health, emotional and psychological wellbeing of all children and young people
Reduction in children, young people and their families reaching crisis
Agencies working together contributing to the needs of children and young people with regard to emotional resilience, building confidence, early intervention and in meeting the needs of children and young people with the most complex needs
Members of the children's workforce are trained in developmental, emotional and mental health needs of children and young people
Reduction in the prevalence of depression in children and young people
Reduction in the number of children and young people who suffer avoidable harm (and death)
More children and young people will be engaged in achieving education, training and employment.

3.4 Key Aims

The following aims provide the framework for this strategy, recognising that the interventions offered to children, young people and their families should promote independence, increase resilience, confidence and be effective:	
1.	Making mental health services more effective and accessible
2.	Promote emotional wellbeing & mental health and increase resilience & confidence in all children and young people
3.	Improve access to multi–agency and specialist services for children and young people with established or complex health needs
4.	Provide high quality health and social care, which promotes wellbeing, encourages independence and reduces inequalities.
5.	Prevention and early diagnosis of mental illness: ensure earlier identification of children and young people exhibiting emotional problems so that they are able to access appropriate services at the appropriate level
6.	Work in partnership across providers to further develop co-ordinated multi-agency services, ensuring all partnership members are involved in planning and provision
7.	Integrated services working in partnership to meet the emotional wellbeing and mental health needs of children and young people (and their wider needs)
8.	Ensure the involvement of children, young people and their families in shaping and developing services and outcomes, including the evaluation of the services
9.	Services provided by staff with an appropriate range of skills and competencies
10.	Deliver services that are appropriate to our diverse borough and in community-based settings
11.	Targeted services to meet priority needs
12.	Recognising the importance of early attachment and its promotion, as the first few years of a child's life are vital in shaping their lifetime mental health.

3.5 Key Objectives

There are a number of objectives that will underpin the delivery of improved service provision:
Improving performance management systems with all service providers to ensure robust evidence-based monitoring of effective, efficient and high quality services, which result in continuous improvement and better outcomes for children and young people
Ensuring providers and commissioners continue to embed service user involvement in service design and delivery (ensuring children and young peoples' voices are heard in shaping and influencing services)
Ensuring that service providers work towards and achieve the relevant national framework
Service providers to have a shared charter for children and young people on what they can expect from services providing emotional wellbeing and mental health support and treatment
Demonstrate continuous and meaningful engagement with clinicians and practitioners to direct the development of universal and targeted emotional and wellbeing services, driving quality and service redesign
Ensure services are appropriate to children and young people (with appropriate transitional service) which are responsive, visible, accessible, community-based and non-stigmatising
Develop skills and knowledge of the workforce from universal to specialist provision to ensure that they are informed by evidence-based practice and adapt to the changing needs of service users

Improve transition between services and ensure on-going monitoring and help at appropriate levels
Maintain a focus, and take positive action, to meet the specific needs of vulnerable children and young people who are: • in care • in need • subject to a child protection plan • care leavers • from Black and Minority Ethnic (BME) communities • at risk of sexual exploitation (CSE) • have learning difficulties • in contact with the criminal justice system.

4.0 PARTNERSHIP AND GOVERNANCE

The Emotional Wellbeing and Mental Health (formerly CAMHS) Partnership has overseen the development of this strategy (and will oversee its implementation). It is accountable to the Oldham Children's Trust and Health and Wellbeing Boards. In addition, both Oldham Council and Oldham CCG have their own internal governance structures in place.

4.1 Oldham Children's Trust

Oldham Children's Trust is made up of the many organisations and agencies that commission and deliver services to children, young people and families living in Oldham. The focus of the Trust is to produce the best possible outcomes for all children, young people and families in Oldham by delivering cross-cutting integrated services based around their needs. Oldham Children's Trust has a firm commitment to safeguarding and promoting the welfare of every child and young person and the established Local Safeguarding Children Board (LSCB) provides the necessary support and challenge. In order to ensure that the outcome-led vision of Oldham Children's Trust accurately reflects the views and needs of service users, work is on-going to ensure common strategies are in place to consult and engage with all Oldham's children, young people, parents and carers, especially those who are hard to reach and hard to help.

4.2 Oldham's Health and Wellbeing Board

Oldham's Health and Wellbeing Board (HWBB) is a forum for key leaders from the health and care system to work together to improve the health and wellbeing of people in Oldham and to reduce health inequalities across the borough. The HWBB in Oldham started operating fully on 1 April 2013. Before this, the Board had been meeting formally in shadow form since September 2011.

4.3 Emotional Wellbeing and Mental Health Partnership

The Emotional Wellbeing and Mental Health Partnership will ensure strong partnership arrangements in the delivery of this strategy. A full list of its members and terms of reference is included as Appendix 1. The Partnership also has a number of sub groups which have been set up to contribute to delivering the recommendations within the strategy and subsequent action plan.

4.4 Integrated Commissioning Partnership

A strategic relationship between Oldham Council and Oldham CCG is in place, building on the strengths within the borough and the significant capabilities and altruism that exist between professionals from both social and health environments. There is a 'one borough' movement built across Oldham which is supported through the integrated commissioning functions, with a joint commissioning strategy and partnership agreement between the two organisations.

5.0 WHAT DOES THE NEEDS ASSESSMENT TELL US?

5.1 Local Demographic Needs

5.1.1 Population: Children and Young People

The total estimated number of children aged 0 to 19 resident (as opposed to registered population) in Oldham is 44,300 of whom:

- 32,500 were aged 5 to 15 years
- 17,700 were aged 14 to 19 years
- 11,900 were aged 16 to 19 years.

Children aged 0-15 years make up a fifth (22.2%) of the total Oldham resident population. Proportionally, this is **higher** than the North West (18.8%) and UK (18.6%) average. This would suggest that relating to numbers of children within the population alone, the numbers of children with poor mental health within the borough is likely to be higher than that for other boroughs as Oldham has a larger proportion of its residents within this age group. Children and young people under the age of 20 years make up 27.7% of the population in Oldham.

5.1.2 Projections

Oldham's population aged 0-4 years will increase considerably (by around 400 children a year) before peaking at 18,400 in 2016. By 2021, there will be around 17,700 children aged 0-4 in Oldham (a 7.3% increase over the 2011 Census estimate).

Oldham's population aged 5-15 will reach 37,400 by 2021, a 10.3% increase of the 2011 Census population estimate for this age band.

As the population is projected to increase by 2021, it is anticipated that the number of children presenting with mental health conditions would **increase** in line with this population projection [Oldham's Public Health Annual Report, 2012-13].

5.1.3 Black and Minority Ethnic Groups

38.1% of school children are from an ethnic minority group *[Child and Maternal Health Observatory (ChiMat) working with North West Public Health Observatory (NWPHO) 2013].*

By 2021, the 0-15 year old population in Oldham will become more ethnically diverse and will vary considerably by ethnic group. It is not known whether reporting of childhood mental health problems in BME communities is comparable with non-BME communities; however there is awareness that BME groups are under-represented overall in accessing mental health services. It would, therefore, seem likely that this would also apply to children in these groups.

5.1.4 Looked After Children (LAC)

Oldham has a disproportionate number of CAMHS cases who are vulnerable children (i.e. LAC, young offenders) and it is anticipated that this number is set to rise, as there has been an increase in the number of LAC registered with Oldham Council which (as at 04.04.14) stands at 400 (Appendix 2 provides a breakdown by age).

There is a specific Local Authority (LA) Social Worker post for LAC, who has strong links with CAMHS and the Youth Justice Service. In addition, the LA intends to strengthen the offer to LAC by retaining funding for a specific LAC role based within CAMHS in 2015/16. This will complement

the investment into the Early Help Offer for early intervention and prevention of emotional wellbeing and mental health of children and young people and ensure that the most appropriate referrals are made to higher end services.

5.2 Geographical Differences

5.2.1 Poverty

The level of child poverty in Oldham is worse than the North West average (22.5%), with 26.8% of children aged under 16 years of age living in poverty.

5.2.2 Deprivation

The indices of Multiple Deprivation (2007) suggest that Oldham's relative deprivation has increased slightly since 2004. Oldham is currently ranked 42nd most deprived local authority area in England out of 354.

At ward level, Coldhurst is the most deprived and is amongst the 1% most deprived wards in England. In addition, the 5% most deprived wards in England include St Marys, Alexandra, Werneth and Hollinwood, with half of Oldham's 20 wards ranked within the 20% most deprived wards in England.

By contrast, Saddleworth was ranked within the 20% most affluent wards in England, with Saddleworth North being within the 40% most affluent wards in England.

The greatest need for health services for children and young people is the 5–15 year age group due to the higher numbers of children living in areas of deprivation.

5.2.3 Population density

Population density (people per hectare of land) in four wards in Oldham is more than 12 times the national average. Density is highest in Werneth (67.5), Coldhurst (58.1), Waterhead (52.4) and St. Mary's (51.2).

5.3 Local Population Prevalence

5.3.1 Health Profile

The health and well-being of children and young people in Oldham is generally worse than the England average, with several areas that perform significantly worse than across England as a whole. These include:
Children achieving a good level of development at age 5 years
Number of GCSE grades A–C achieved
Tooth decay (children with one or more decayed, missing or filled teeth) - 30.4% of children under three suffer from tooth decay. This is the highest number in the North West and the second highest in the country
A&E attendances (0-4 years)
Hospital admissions by injuries in children (0-14 years) and in young people (15-24 years)
Children killed or seriously injured in road traffic accidents
Hospital admissions for asthma and mental health conditions
Infant mortality
Low birth weight of all babies

Teenage conceptions and births in girls aged <18 years
Breastfeeding initiation: only 34.6% of mothers are still breastfeeding at 6-8 weeks (England average 64.7%)
Smoking status of mother at time of delivery
Obesity: 10.1% of children aged 4-5 years and 19.4% of children aged 10-11 years are classified as obese.

5.3.2 Adult Mental Health

The number of adults in Oldham with symptoms of depression, anxiety and phobias is estimated to be around 33,000. People with such problems represent a large proportion of demand on primary health care services, although perhaps only a quarter of people with problems actually present to health services. Admission rates to hospital for mental health problems are highest in Alexandra, Coldhurst and St Mary's wards.

The provision of mental health services in Oldham constitutes a significant proportion of overall spend on health services, and many mental health conditions result in long-term disablement. However, several of these conditions can be prevented [Oldham Public Health Annual Report 2012-13].

One-third of children and young people living with severe parental mental illness will experience their own emotional problems.

5.3.3 Young people's mental health: self-harm and suicide

There is a high rate of young people under 18 who are admitted to hospital as a result of deliberate self-harm (DSH) and, in Oldham, this is higher than the England average. Nationally, levels of self-harm are higher among young women than young men. Appendix 3 provides a breakdown of the data captured locally.

5.3.4 Young people and substance misuse

The rate of young people under 18 who are admitted to hospital with alcohol specific conditions (such as alcohol overdose) during 2010-13 period are higher than the England and regional average. In addition, the hospital admissions due to substance misuse (15-24 years) is also higher than the England average.

5.3.5 Communication, language and literacy in the early years

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 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.

5.4 Incidence and Prevalence of Mental Health Conditions

One in ten children between the ages of 1-15 has a mental health disorder
Estimates vary, but research suggests that 20% of children have a mental health problem in any given year and about 10% at any one time.
Rates of mental health problems among children increase as they reach adolescence. Disorders affect 10.4% of boys aged 5-10, rising to 12.8% of boys aged 11-15 with 5.9% of girls aged 5-10, rising to 9.65% of girls aged 11-15
Among teenagers, rates of depression and anxiety have increased by 70% in the past 25 years
Children of single-parent families are twice as likely to have a mental health problem as children of two-parent families (16%, compared with 8%). Also, at higher risk are children in large families, children of poor and poorly-educated parents and those living in social sector housing
41% of British 11-15 year-olds who smoke regularly have a mental disorder, as well as 24% of those who drink alcohol at least once a week, and 49% of those who use cannabis at least once a month
Approximately 30% of all GP consultations are related to a mental health problem
About 90% of people with mental health problems receive all their treatment from primary care services (as opposed to specialist mental health services), as do at least a quarter of those with severe problems
On average, a person with severe mental health problems has 13 to 14 consultations per year with their GP
Children in poor households are three times as likely to have mental health problems as children in well-off households
Childhood mental health problems can have a significant economic effect on society. It is estimated that a child with a conduct disorder will, by the age of 28, have generated costs (such as to the health, education, benefits and criminal justice systems) ten times as high as a child without conduct problems.

5.4.1 Comorbidity

Some children experience more than one mental health problem. This can make assessment, diagnosis and treatment more complex. One in five children with a mental disorder were diagnosed with more than one of the main categories of mental disorder. The most common combinations were conduct/emotional disorder and conduct/hyperkinetic disorder.

5.4.2 Persistence

Mental health problems and disorders in childhood can have high levels of persistence: 25% of children with a diagnosable emotional disorder, and 43% with a diagnosable conduct disorder, still had the problem three years later according to a national study. Persistence rates in both cases were higher for children whose mothers had poor mental health.

Young people experiencing anxiety in childhood are 3.5 times more likely than others to suffer depression or anxiety disorders in adulthood.

A number of disorders are persistent and will continue into adult life unless properly treated.

5.5 At Risk Groups

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 local authorities 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).

In the following circumstances, children and young people can be more susceptible to suffer emotional and mental health difficulties:
Lone parent family
Constituted families (compared to those families with no step children)
Being from gypsy and traveller communities
Where neither parent works
With parents who have no qualifications
With families on low incomes
Having a parent in prison
Having a parent with a substance misuse/alcohol problem
Having a parent with mental health problem
Families living in social or privately rented sector (as opposed to owned accommodation)
In a household that receives disability benefit.

In addition, the findings from the JSNA suggests that 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.

It is estimated that there are approximately 5,633 children at risk of developing mental health conditions (from 2010-11 data).

5.5.1 Risk Factors/Level of Need

A wide range of factors affect emotional wellbeing and mental health:
Deprivation (e.g. poverty, low educational attainment). NB: Local survey research demonstrates a strong association between low household income and self-reported mental distress. Among those with a household income below £8,160, 43% show evidence of mental distress; more than twice the proportion (20%) among those with incomes over £36,301. It also found that those unable to afford basic expenditures such as household contents insurance, and those concerned about being able to meet basic financial

obligations in future report much higher levels of mental distress than their counterparts not experiencing the same levels of financial stress
Poor parental and social support (e.g. family breakdown, domestic violence, mental illness, parental substance abuse, parental abuse and neglect)
Adverse peer influences (e.g. bullying, cyber bullying, exposure to on-line exploitation etc)
Needs with social implications (e.g. learning difficulties, sexual orientation, autistic spectrum condition)
Maladaptive responses to adverse external factors as both risk factors and symptoms of mental disturbances (e.g. mood disorders, school disengagement, conduct problems, substance/alcohol misuse. In particular, the current influential social craze is Neknominate - an 'on-line' drinking game).

5.6 Areas for consideration

The JSNA reported a number of gaps in relation to current CAMHS provision. In addition, further areas have been identified since its production (which have all been incorporated in the action plan) and in order to address these, the following require consideration:
Improve after care 'handover' for complex cases to targeted and universal services
Ensure clearly defined pathways/transitions between tiers, including defined entry and exit criteria
Ensure timely intervention and accessibility to improve waiting times for initial assessments and subsequent treatments
Target services for vulnerable groups which includes development and interface with BME communities
Develop fuller engagement and participation of young people
Utilise service redesign to ensure that any reduction in future funding may not prove detrimental to service provision (across all sectors)
Improve education and training for the wider community to improve service links (including CAMHS), resulting in improved early intervention/prevention
Review/planning of appropriate staffing, services and resources to meet population needs at present and over the next ten years in light of predicted demand, ensuring services are commissioned according to national guidance with required skill mix (Royal College of Psychiatrists provide guidance on this), i.e. consider loss of the primary mental health development workers and 'parent child game' (specialist therapy aimed at primary age children and primary carers with attachment difficulties) and services for infant and toddler mental health
Review/planning of appropriate staffing, services and resources to meet the increasing needs of children and young people with an autistic spectrum condition (pre and post diagnosis)
Ensure services are delivered in line with the principles described in the Department of Health (2012) *'Liberating the NHS: No decision about me, without me'*
Ensure environments are welcoming, informative and age appropriate
Services to meet not just the needs of children and young people, but also their families/carers
Ensure inpatient provision is available locally.

5.6.1 Referrals into services from vulnerable groups

Evidence suggests that levels of 'resilience' in families and communities makes a difference to how susceptible individuals within that community or family experience mental health problems. This is a particular focus within the 'Early Help Strategy' (Oldham Council, 2014) which harnesses an approach of supporting individuals to become more independent and self-reliant, harnessing low level support as early as possible, but also in supporting those who are vulnerable and present multiple, complex challenges. Moving forward:
Maintain a focus and take positive action to meet the specific needs of vulnerable children and young people
Local communities need to recognise their contribution in supporting vulnerable and at risk families and children (where appropriate), and identify how they can act to support wider wellbeing
Services need to be better at working together to identify those who do need help, and to manage demand between services to ensure that the most in need have more rapid access to support at an earlier stage
Partners will need to ensure effective joint working with the provider of the Early Help Offer to ensure a seamless approach to supporting vulnerable children within the wider model for delivery.

5.6.2 Prevention of unnecessary referrals

Management of children and young people within tier 1 services

Awareness training required at tier 1 and in early years	
1.	The whole of the workforce who come into contact with children and young people, whether acting in a universal or specialist role, require further support in order to become better skilled in recognising and dealing with children and young people's mental health issues
2.	Develop skills and knowledge of this workforce to ensure they are informed by evidence-based practice and adapt to the changing needs of service users. In particular, utilising the skills and resources of specialist CAMHS to provide a comprehensive training programme for universal services and appropriate mental health programmes within schools.
3.	All settings to be promoting emotional wellbeing and mental health (i.e. schools, youth centres, children's centres and voluntary sector organisations)
4.	The most common reported training requests were for mental health awareness updates (including referral criteria) and signposting.

5.6.3 Improvement in primary mental health service provision

The recommendations from the JSNA suggest assessment and intervention at tier 2 through primary care mental health and other tier 1 interventions (education, primary care, social services and other agencies) with more emphasis on health promotion. A model that focuses on primary care approaches to reduce the demand on specialist support, with better awareness of the referral criteria as well as collaborating with schools is required. Also, a full review of all referral pathways is being undertaken in conjunction with all partners.

5.6.4 Services commissioned separately

All commissioners to ensure that service specifications and contracts are reviewed for maximum 'join up' of activity between providers. The CCG, in collaboration with Pennine Care NHS Foundation Trust, is currently undertaking a review of mental health service provision. . This was agreed as part of the contract negotiation period for 2014-15 and forms part of the on-going performance and contract monitoring.

5.6.5 Services and transitional arrangements for young people

The JSNA makes a number of recommendations in this area	
1.	Transition services should be jointly reviewed and appropriately commissioned on the best available evidence and guidelines (as it was felt to be under-resourced). This is particularly important as poor transition can lead to disruption in continuity of care and disengagement of services, which is then likely to lead to poor clinical outcomes and high secondary care usage
2.	Targeted quality and appropriate service provided to vulnerable groups (LAC, BME, young people experiencing abuse)
3.	Transition protocol is revised regularly following stakeholder involvement
4.	Follow-up and monitoring required after discharge from CAMHS, with appropriate support for a 'step down' discharge
5.	Appropriate services and support identified for those individuals who do not meet the criteria for adult mental health services.

6.0 DEVELOPMENTS TO DATE

6.1 Progress to Date

- Production of comprehensive Joint Strategic Needs Assessment (JSNA) undertaken to gain a deeper understanding of levels of need and provision in the borough
- Emotional Wellbeing and Mental Health Partnership re-established and Task and Finish Groups in operation to deliver the comprehensive action plan
- Action plan developed for short, medium and longer term programmes [see separate document].

6.1.1 Youth Council

Youth Council members have been involved in this strategy, which has assisted in its development and also on reviewing the impact of services on children and young people's psychological health. The Youth Council are 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. This is evidenced within Appendix 4 from their feedback on how they have received support and services when they have needed help with their emotional health.

One of the Youth Council's main priorities for 2012-16 is the "I Love Me" campaign. As part of this, the Youth Council have commissioned additional projects to support emotional wellbeing and mental health such as training for professionals, workshops for young people, a theatre piece to be delivered in schools looking at self-harm and also a peer led residential programme for young people.

6.1.2 Scrutiny Review – Mental Health and Young People

As part of its work with the Overview and Scrutiny Board, Oldham Youth Council suggested a scrutiny review of the services in Oldham which provide support and treatment for young people experiencing mental health issues. *'Report of the Youth Councillors and the Overview and Scrutiny Board (2013)'* explored the services available for mental health, identified any accessibility issues and included a set of recommendations for effectively engaging with children and young people and the future promotion of services.

6.1.3 360º Stakeholder Review

The main specialist provider of CAMHS (Pennine Care NHS Foundation Trust) conducted a 360º stakeholder review during 2012-13 to gather views to help shape the strategic direction CAMHS services would take over the next 3–5 years. It was a successful project which produced valuable information in relation to quality of the services, as well as providing the platform to inform the future direction.

Five CAMHS services were involved: Bury; Heywood, Middleton and Rochdale; Oldham; Tameside and Glossop; and Stockport. The use of questionnaires distributed to young people, parent/carers, CAMHS staff, GPs, referrers, and commissioners was employed.

Feedback, reassuringly, from patients and families yielded extremely positive results. Key areas such as parents and carers reported feeling listened to, that staff were easy to talk to, were treated well, that their views and worries were taken seriously. They felt that CAMHS

staff knew how to help them and that they were involved in their care plan and that the help they received was good.

GP and non-GP referrers, as well as partner agencies reported positively. Expressing feeling confident that they know how to refer to local CAMHS and that they are informed in a timely manner when patients are discharged.

An area identified for improvement at this time was the provision of a written plan of care for patients and parents/carers.

Further themes of the analysis include a need for greater partnership working to enhance knowledge of other services and to improve the referral process to support stakeholders. The need to respond to referrals in a timely manner and greater communication when referrals are not accepted, to the referrer, was identified as a need. A general lack of awareness of what other services are available for young people was identified, with GPs being the largest group who identified this need.

Referrers and commissioners were able to identify what they felt were CAMHS priorities. Deliberate self-harm (DSH) was the headline, in addition to a plethora of other concerns stated as leading priorities. Therefore, utilising these outcomes may prove beneficial to hold dedicated focus groups to explore the priorities and rationale in greater detail to ensure CAMHS is shaped appropriately.

6.1.4 Children and Young People's (CYP) Improving Access to Psychological Therapies (IAPT) Project

CYP IAPT is a service transformation programme delivered by NHS England that aims to improve existing CAMHS working in the community. The programme works to transform services provided by the NHS and partners from local authority and third sector that together form local area partnerships. The programme began in 2011 and has a target to work with services that cover 60% of the 0-19 population by March 2015.

6.1.5 Additional CCG Investment

The CCG during 2014-15 has provided additional non-recurrent investment into services to support children and young people's emotional wellbeing and mental health. In addition, it will be seeking to invest additional recurrent funding from 2015-16 into specialist tier 3 service provision.

6.2 Priorities for 2014 onwards

Five broad themes have been identified in taking forward this strategy. These include:

- Commissioning: budgets/resources
- Improving access to treatment: access and pathways / managing referrals
- Improving service quality and outcomes
- Prevention (resilience - public mental health) / early identification and intervention
- Workforce development.

7.0 STRATEGIC MODEL FOR FUTURE DELIVERY

7.1 Service Model

If we as commissioners and partners are successful in the aims of the strategy and action plan, then ultimately we will have a service for young people in Oldham which will:

Timely	Be delivered without long (internal or external) waits for interventions appropriate to the age and needs of the child or young person
Effective	Have sufficient numbers of staff with the right skills to be able to offer evidence-based interventions that meet the needs of children, young people and families
Efficient	With a delivery model that best focuses the capacity of the service to the demands of the population
Regulated	Using an integrated approach whereby total patients' needs are co-ordinated, interventions are connected, the pathway of care is seamless and the contributions of professionals, services and organisations are regulated for quality, performance and adherence to optimal customer quality standards; properly structured care, delivered by professionals who care and are motivated to work to the highest standards.

7.1.1 Strategic direction

1.	Good clinical and managerial leadership should be in place to provide the operational and strategic direction for the team. This will include clear links with the Early Help Offer, the MASSH and understanding of the relevant assessments and single point of entry.
2.	At a multi-agency level there must be commitment to delivering integrated services both in terms of strategic direction and appropriate resourcing (this will require not only effort on the part of CAMHS, but also by multi-agency partners, and commissioners should play a central role in ensuring this occurs)
3.	Care pathways that enable the delivery of effective, accessible, holistic evidence-based care. Consequently, there will be a requirement to build and strengthen existing provision to ensure safe and sustainable services
4.	Involve young people in planning services
5.	Workforce development: Identifying and enhancing the skills, knowledge and behaviours needed by practitioners to deliver services effectively. This may involve training, education, or development opportunities such as mentoring, coaching, or shadowing.

7.1.2 Access

1.	Clear care pathways with agreed referral processes and signposting, including appropriate transitions to adult services and between tiers
2.	Staff within universal and targeted services should be able to discuss potential referrals, and receive advice and support through supervision/consultation
3.	Close working links between targeted and specialist services (including education and local authority children's services, as well as voluntary sector services) to facilitate easy, smooth transfer between the different service tiers, as well as joint-working
4.	Strategies to reach out to groups historically less likely to access services, which are tailored to the particular needs of local populations
5.	24hr services/on-call provision
6.	Agreement on emergency provision including assessment facilities.

7.1.3 Provision

The JSNA reported a number of gaps in relation to current CAMHS provision. In addition, further areas have been identified since its production. The following lists the potential range of services to be considered. Whilst this is not an exhaustive list, it provides detail of further low level intervention to support this model:

1.	Services to support children with learning disabilities
2.	Acute hospital liaison services for children with serious and chronic physical illness
3.	ADHD/ASD and pre and post diagnostic (including community service provision)
4.	Service for early years (0-5 years), including infant/toddler and parental mental health
5.	Eating disorders
6.	Substance misuse
7.	Dual diagnosis – mental health and substance mis-use for young people
8.	Community adolescent forensic services (access to regional specialist service)
9.	Acute crisis care and more intensive treatment over a longer period (e.g. young people who are housebound, with severe eating disorders, or who repeatedly self-harm)
10.	Services for 16-18 year olds
11.	Transition service
12.	Deliberate self-harm (DSH) and urgent/emergency pathways
13.	Early intervention team
14.	Early interventions service for young people (14 years and over)
15.	Early intervention in psychosis
16.	IAPT
17.	Social prescribing
18.	Primary care mental health support

7.2 Tiered Model for Delivery

The next section has a particular focus on the model of delivery (in line with the tiered model at Appendix 5) and it is essential that the whole of the workforce that comes into contact with children, young people and their families make every contact count. The items mentioned below have been included in the comprehensive action plan which will deliver better outcomes for children and young people within the different tiers, with a clear governance and accountability to ensure their delivery.

Future challenges

1. Identifying clear care pathways between tiers/transition
2. Defining entry/exit criteria and improving 'handover'
3. Ensuring timely intervention and accessibility
4. Encouraging and assisting in provision of child mental health education, as part of the core training of health, social care, education and other professionals who work with children and young people
5. Ensuring that children, parent/carers and professionals have access to good information resources to promote children's emotional wellbeing through a variety of media (which should be part of the service directory)
6. Continuing to invest in universal services that address early-on, low-level emotional wellbeing and mental health needs and maximise the contributions of the voluntary and community sector
7. Ensuring the wider children's workforce understands how to promote emotional wellbeing, and to respond to mental health needs
8. Ensuring service providers have a shared charter for children and young people
9. Building resilience and confidence in children, young people and their families
10. Service providers working better at identifying those children, young people and their families in need.
11. Effective relationships established with the provider of the Early Help Offer in order to support early prevention and intervention.

7.2.1 Tier 1 - Universal

Universal services are provided by non-specialist services, i.e. health visitors, GPs, school nurses etc. The capacity and capability of staff at this service level should be developed so that they feel confident, trained and authorised in taking actions to recognise and deal with children's emotional and mental health wellbeing, as opposed to referring them directly to specialist CAMHS.

To support this, and to increase the effectiveness of mental health services, the Department of Health have developed '*MindEd*', which is an online service to provide guidance and training on child mental health for teachers, police, health professionals and other people working with children. In addition, recent guidance from the Department of Health (2014) '*Mental Health and Behaviour in Schools'* outlines what schools can do and how to support a child or young person whose behaviour may be related to an unmet mental health need.

Emphasis should be on prevention/early intervention, with a wider holistic approach for young people addressing risky behaviour (i.e. links to substance mis-use), providing a package of support for the young person rather than a focus on a specific issue. In addition, staff should be focussed upon promoting emotional wellbeing; mental health promotion involves any action to enhance the mental well-being of individuals, families, organisations and communities, recognising that

everyone has mental health needs, whether or not they have a diagnosis of mental illness. Mental health promotion programmes that target the whole community will also include and benefit people with mental health problems (Mental Health Foundation (2007) '*The Fundamental Facts*').

Future challenges

1. Awareness training required at tier 1
2. Better mapping of tier 1 activity, which should contribute to better mental health promotion, recognition of psychological difficulty and early intervention
3. Ensure that families from pregnancy to five years take-up the Healthy Child Programme (HCP) - this offers every family a programme of screening tests, immunisations, developmental reviews, and information and guidance to support parenting and healthy choices
4. Achieving a comprehensive, whole school approach to children's social and emotional wellbeing.

7.3 Tier 2 - Targeted

Access to Tiers 2 and 3 need to be supported by referral criteria which is explicit. Consideration must be given to the location and accessibility of services and waiting times kept to a minimum. Targeted services should include:

- A thorough assessment process with alternative care pathways for children whose needs cannot be met by specialist CAMHS
- Links with the MASSH and All Age Assessment process
- A range of uni-disciplinary evidence based treatment options
- Developed care pathways to access specialist multi-disciplinary assessments and treatments.

7.3.1 Early intervention for vulnerable children and young people

Common Assessment Framework (CAF) to be utilised to identify those children and young people 'at risk'. Parenting support to be available for those that need it and targeted help for families at risk, with the early identification of needs and effective access to support.

Future challenges

1. Review of shared care pathways to support clear signposting to direct to alternative services (including 'step-up, step-down' provision)
2. Vulnerable groups receiving appropriate support and access to information and advice
3. Timely and co-ordinated response when a child has a range of needs
4. Mainstream practitioners able to access the help they need from experts
5. Review effective targeted services for children and young people (see list of vulnerable groups at section 5.5).
6. Services geared up to support the SEND agenda.

7.4 Tier 3 - Specialist

A multi-disciplinary team that aspires to offer a range of responses of proven efficacy for all mental health problems and disorders, providing assessment, intervention and support to meet the emotional and mental health needs of children and young people who have moderate to severe needs.

Future challenges

1. Embed individual and disorder specific evidence-based care pathways within the tiered structure
2. A full range of professionals is required – Child Clinical Psychologists, Child and Adolescent Psychiatrists, Social Workers and Therapists
3. More day care and group facilities need to be available to enable more young people who do not need 24 hour a day inpatient care to benefit from specialist services whilst remaining in the care of their families.

7.5 Tier 4 – Acute

High-quality mental health provision is vital in Tier 3 and 4 Services which are:

- Accessible services offered in locations and in ways that children and young people want
- Personalised, age-appropriate and joined-up services, where services integrate around children and young people's needs
- Services should be based on the best available evidence, using individual and service-level measures of effective outcomes
- Teaching, training, liaison and consultation with staff in universal services are embedded in the delivery of specialist services.

Future challenges

1. Commissioning structures need to ensure that there is a range of local services (assertive outreach teams, community and day resources) so that young people are not inappropriately admitted to in-patient facilities
2. When a young person does require an inpatient provision, every effort must be made to ensure that the provision can be sought quickly with the care as close to the young person's home as possible
3. Inpatient provision locally is available for patients across England. This has, on occasions, proved challenging as facilities have been fully utilised (outwith Oldham) and has, therefore, necessitated provision being sourced elsewhere. This has, in some instances, resulted in care being provided at more expensive placements and some distance away from the young person's home
4. Ensuring adequate beds are available so that no young person under the age of 18 is admitted to adult mental health beds, unless it is the considered choice or preference of the young person.

8.0 COMMISSIONING APPROACH

This section sets out the approach in delivering the services to support children and young people in improving emotional and mental health. It highlights the resources that are available through the early years and beyond and identifies the future challenges.

8.1 Utilising Resources Effectively

Maximise existing resources (outwith specific spend on mental health service provision), which include:

- Pupil premium to fund services in schools to support children with mental health or behavioural difficulties (pupil premium is additional funding given to schools to raise the attainment of disadvantaged pupils and close the gap between them and their peers)
- Increase in health visitors to support parents to bond well with their children and identify families at risk who require extra support (achieving the health visitor programme will help secure effective, sustainable services to support families to give all children the best start and to promote health and wellbeing in local communities)
- Family Nurse Partnership (FNP) has the potential to transform the life chances of the most disadvantaged children, young people and families by offering more targeted support for the most disadvantaged young families
- Children and Young People's IAPT project – unlike adult IAPT programmes, this project does not create separate new services but seeks to transform existing CAMHS through a package of support for service transformation, training in evidence-based therapies and to introduce regular sessional monitoring
- Local authority investment into early intervention and prevention services
- Additional non-recurrent CCG investment into early intervention and awareness raising services
- Additional recurrent CCG investment into the re-specification of Tier 3 CAMHS
- Multi-Agency Solutions and Safeguarding Hub (MASSH) - single point of contact in respect of safeguarding concerns for children, young people and vulnerable adults in Oldham. Teams are based together which enables speedy and appropriate information sharing to enable better informed decision making, and more appropriate interventions
- Family focus – aimed at the most complex families, which requires working in an integrated way focusing on using multi-agency information effectively to make an informed decision about the most appropriate intervention for a family, to work to effect change in chaotic families.
- The 'Early Help Offer' (EHO) is being developed to reduce dependency and improve outcomes. Oldham's EHO is a partnership wide strategy, it is a blueprint for a new way of working that all agencies, partners and citizens will be expected to actively support and adopt. From April 2015, there will be a significant service in place to deliver on the strategy and the early help model. The development of EHO is at the core of Oldham's Children's Trust and Health and Wellbeing priorities supporting the aspiration to give every Oldham child '*the best start in life'*.

Future challenges

1. As part of the approach, there will be a cohesive review of all targeted funding to ensure services remain sustainable
2. Ensure any reduction in budgets does not have a detrimental effect. To improve emotional wellbeing and mental health in children and young people requires a multi-agency approach to commissioning. Changes in one agency or one part of the system can affect demand and delivery in another. This interdependency can create risks if not properly considered but also brings with it the possibility of agencies working together to better meet the needs of the populations they serve, and achieve wider system efficiencies
3. Achieving service redesign/innovation whilst remaining within existing resources
4. Identify and streamline additional resources within health, social services and education which can be used to fund emotional wellbeing and mental health at universal, targeted and specialist levels - ensuring resources are used most effectively across promotion, prevention and treatment
5. Commissioners to ensure that service specifications and contracts achieve 'join up' of activity between providers, resulting in integration of children and young people's services across specialties and between the acute and community sectors
6. Improving performance management systems with service providers
7. Identification of long-term funding
8. All settings to be promoting emotional wellbeing and mental health (i.e. schools, youth centres, children's centres and voluntary sector organisations)
9. Whole workforce to become better skilled in recognising and dealing with children and young people's mental health issues (skills and resources of specialist CAMHS to provide a comprehensive training programme for universal services)
10. Effective transitions to adult services, ensuring children and young people are effectively prepared and have the information they need
11. Services are equipped to intervene and be responsive to the needs of children and young people
12. Continuing to listen to what children and young people are telling us about their emotional wellbeing and mental health and respond accordingly
13. Focus on support groups and therapy session
14. Funding review of evidence-based parental training programmes. The evidence regarding the impact of an effective and positive parenting style in preventing or ameliorating poor mental health in childhood is compelling. For example, these programmes cost between £629 and £3,839 per family, which compares with the long-term costs of conduct disorder of £70,000 per individual [NICE Guidance, 2011]
15. Agreed set of evidence-based outcomes used to monitor and review delivery by service providers.

8.2 Early Years (0-5 years)

To give children the best possible start in life, assist parents/carers to establish a secure attachment with their baby/young child which will reduce the chances of poor outcomes in later childhood and adult life. There is effective service delivery in Oldham for this age group, particularly in some of the wards where deprivation and need is high.

Research has shown that many mental health conditions are preventable if the correct care is given early on in life, particularly in the first three years. £10 spent on providing a sure footing for a child's mental health and wellbeing has been shown to save up to £70 in the costs of care and support in adolescence and adulthood [Mental Health Foundation, 2014].

Early intervention should focus upon:

- Targeting families at greater risk of having children who may develop emotional, social and behavioural problems
- Providing information and offering the opportunity for guidance and support in the family home from early pregnancy up to the time when the child starts school
- Mentoring and supporting the development of a strong bond/attachment between parent and infant in effective parenting
- Supporting strong couple relationships to provide a stable family environment for young children
- Helping fathers to develop as valuable, supportive parents.

Delivery of effective antenatal and postnatal services, health services, children's centres, child care and early years providers for 0-5 year olds to ensure that children learn and develop well and are kept healthy and safe. The Early Years Foundation Stage (EYFS) framework promotes teaching and learning to ensure children's 'school readiness' and gives children the broad range of knowledge and skills that provide the right foundation for good future progress.

The redesign work currently being undertaken surrounding services for the 0-4 age group is in line with the Greater Manchester integrated model for early years, with early childhood services jointly commissioned and provided in an integrated manner.

Existing services to be promoting breast feeding, infant massage and other approaches to strengthen parent-child bonding.

Future challenges

1. Awareness training required in early years
2. Supporting implementation of the new Health Visiting and Family Nurse Programme is pivotal in supporting this age group and achieving the desired outcomes
3. Ensure there are no inequities across the borough in the level of support provided
4. Achieving sustained uptake by eligible families to Oldham Council's programme to free early education for disadvantaged 2 year olds is a challenge due to cultural issues
5. Increasing breastfeeding initiation (as this currently stands at 34.6% of mothers are still breastfeeding at 6-8 weeks, compared to national average of 64.7%)
6. Ensuring the workforce have the ability to recognise the importance of early attachment and its promotion
7. Providing a targeted approach to improve uptake of antenatal and post-natal groups for those hard to reach parents.

8.3 Healthy Child Programme (from 5-19 years old)

The Healthy Child Programme (2009) sets out the good practice framework for prevention and early intervention services for children and young people. It recommends how health, education

and other partners working together across a range of settings can significantly enhance a child's or young person's life chances.

In particular, it highlights that early intervention is crucial when young people first experience mental distress, and by building their resilience and confidence, and providing them and their families with appropriate support, should improve their emotional wellbeing and mental health. In addition, those working closely with children and young people need to listen well, observe carefully, understand when things are going wrong and be able to deal with this sensitively, drawing on expert support when they reach the limit of their personal competence. Health professionals who deal with children should be familiar with the ways in which distress in or about school can present as physical illness. Equally, those working in school settings should consider the underlying causes of a child's distress and whether additional support is needed.

To improve mental health outcomes for children and young people via interventions delivered through schools using effective early intervention models that:

- Invest in whole-school training: involving everyone from 'lunchtime supervisors to heads/principles'
- Build on what is already happening in schools
- Support school staffs' own emotional and mental health needs which should in turn lead to better support for children and young people
- Supporting implementation of the new School Nurse Programme which is pivotal in supporting this age group and achieving the desired outcomes. The ambition for the school nursing service will be one that is visible, accessible and deliver universal public health, ensuring that there is early help and extra support available to children and young people at the times when they need it. A service where health visitors and school nurses work together to ensure an effective transition for children between the respective services.

Future challenges

1. Co-ordinated, consistent approach across schools with equitable provision across Oldham to support children and young people in their emotional wellbeing and mental health
2. Maximising the school nursing team contribution and identifying the school's population based needs
3. Delivery of Healthy Child Programme with health settings meeting the '*You're Welcome'* (DH, 2011*)* quality criteria.

8.3.1 Self-care Support

Self-care can be defined as any action a child or young person (or their parents) takes to promote their mental health, to prevent mental ill health, or to maintain or enhance their mental health and emotional well-being following recovery from mental ill health. Self-care support is thus any service, intervention or technology directly or indirectly provided that aims to enhance the ability of children and young people (or their parents) to self-care in relation to their emotional wellbeing and mental health.

In essence, there needs to be a focus on service provision moving forward that focuses not only on self-care support for specific mental health conditions in children and young people, but additionally on self-care support that might promote mental health, prevent mental ill health or help maintain mental health following recovery. This model of care is a common approach to helping

with long-term physical health conditions supporting individuals to look after their own health which enhances resilience.

There is potential to change and enhance service provision in this area and its capacity to build upon and complement existing work on children and young people's mental health. There is scope for professionals to work with individuals in order to facilitate self-care as an immediate, short-term or long-term goal, especially when a spirit of partnership and patient centredness permeates the practices of those professionals.

Future challenges

1. Self-care support in children and young people's mental health requires a partnership between service providers, the children and young people and those who provide care for them
2. Children, young people and their families want on-going support from, and contact with, services
3. The means by which professionals can support children and young people and their families to self-care is not generally considered in the education and training of those working in child and adolescent mental health services
4. Effective services need not necessarily be delivered by mental health trained staff or by NHS organisations (it being the child-centred skills and attributes of the individuals and organisations that are important)
5. Choice and flexibility (in how, when and where support is provided) are important aspects of self-care support in children and young people's mental health
6. Practitioners working in children and young people's mental health rarely consider readiness to engage with a service or commence an intervention
7. Outcomes other than those relating to mental health symptoms need to be considered
8. Services and staff to be welcoming, helpful and non-judgemental.

[Health Services and Delivery Research, 2014]

8.3.2 Social Prescribing

Social prescribing is a mechanism for linking individuals with non-medical sources of support within the community. These might include opportunities for arts and creativity, physical activity, learning new skills, volunteering.

Social prescribing for mental health provides a framework for developing alternative responses to mental distress and a wider recognition of the influence of social, economic and cultural factors on mental health outcomes.

Future challenges

1. Whilst social prescribing has been available for adults, consideration required in relation to interventions for children and young people for participation, personal development and problem solving
2. Wider use of peer mentoring and support through universal services for children and young people to increase their skills, confidence and resilience.

8.4. Vulnerable Groups

8.4.1 Delivering Equality and Diversity

In Oldham, 38.1% 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. Furthermore, rates of mental health conditions tend to be higher among people from ethnic minority groups as they are more likely to experience risk factors associated with poor mental health, such as deprivation, discrimination and poor educational attainment.

This cohort of individuals is less likely to seek help from agencies, particularly those connected with mental health. In addition, there are over 113 languages spoken in Oldham schools (2011), which can create challenges in accessing translation and interpretation services where needed.

Children, young people and their families from all national, ethnic and religious backgrounds should be able to access emotional wellbeing and mental health services that are sensitive to their needs and ensure staff are equipped with the knowledge to work effectively and able to respond to needs in a culturally appropriate way.

8.4.2 Young Carers

These children and young people often have poor social and emotional development from early to middle childhood and as a result of problematic attachments, have low self-esteem and confidence and poor emotional health. Emotional health issues for young carers include stress and anger management, loss and bereavement and young women can be at serious risk of self-harm. Schools are best placed to identify young carers: school nurses and pastoral staff need to be linked in for any support that may be required.

8.4.3 Domestic Violence/Sexual Abuse

There is an on-going need to work with young people through a family therapy approach, particularly if young people have the challenge of divided loyalties between parents if their abuse has been caused by a parent.

8.4.4 Antenatal and Postnatal Mental Health

Identifying and undertaking pre-birth work with parents whose own attachment experience has been poor would be an effective prevention and early intervention approach. GPs and midwives would need to be more fully engaged in identifying parents and signposting them on to an appropriate service for additional support. Parents themselves need support with their own emotional health and attachment issues before they are able to offer more effective support to their own children.

8.4.5 Youth justice/youth offending team

Young offenders are those children and young people who are aged 17 or under and have committed an offence. Mental health plays a critical part as both cause and effect of youth offending. Young people in the youth justice system are known to have three times the prevalence of mental health problems than the general population. This includes children with a full range of mental health problems and conditions with rates of psychosis, self-harm and suicide well above national prevalence rates.

8.4.6 Self-harm/suicide

There is a high rate of young people under 18 who are admitted to hospital as a result of self-harm. In addition, the JSNA highlighted the difficulties in some children and young people receiving support who self-harmed. To address this situation, early intervention and targeted approaches for

high risk groups through suicide prevention strategy is required. This should include a partnership approach to raise awareness of self-harm and ensure appropriate training for front-line staff in education, social work, police and other relevant agencies. In addition, self-help groups have been found valuable, in general, and in relation to self-harm, as well as online network groups. More over:

- Restricting access to suicide hotspots
- Restricting the sale of certain drugs
- Raise awareness amongst general public and health professionals
- Improve media reporting
- Reduce the risk in vulnerable groups
- Promote resilience which reduces mental illness.

8.4.7 Homelessness and Sleeping Rough

Homeless adolescents and street youth are likely to present with depression and attempted suicide, alcohol and drug misuse, and are vulnerable to sexually transmitted diseases, including acquired immune deficiency syndrome (AIDS) *(Vonstanis, P., 2002)*. Two major studies found significant histories of residential care, family breakdown, poor educational attainment and instability of accommodation. These were associated with sexually risky behaviours, substance misuse and comorbid psychiatric disorders, particularly depression. ChiMat (2014) estimates 10 young people with mental health problems who are sleeping rough locally.

Future challenges

1. People from vulnerable groups should be encouraged to access services, and those services should be able to meet their needs
2. Ensure services are better at working together to identify those who do need help, and to manage demand between services to ensure that the most in need have more rapid access to support at an earlier stage. The introduction of the Early Help Offer should support this.
3. Staff require diversity training in order to be culturally competent and aware
4. The predicted increase from individuals from an ethnic minority group is likely to have an impact upon demand for interpreters and culturally responsive services. As such, interpreters should be available to assist in service delivery and information about local services should be made available in a number of languages
5. Expertise to be sought from within the community, i.e. local voluntary sector organisations
6. The participation of children, young people and families from an ethnic minority in service development should be ensured through stakeholder groups
7. Services should be able to respond to the increasing need coming from children, young people and families of economic migrants from the EU
8. Maintaining a focus and taking positive action to meet the specific needs of vulnerable children and young people
9. Empower local communities in recognising their contribution in supporting vulnerable and at risk families and children (where appropriate), and identify how they can act to support wider wellbeing
10. Self-harm/suicide prevention: reducing the number of hospital admissions for unintentional and deliberate injuries in children.

9.0 ACTION PLAN

A comprehensive three year action plan has been produced to support this strategy which is divided into short, medium and longer term priorities and is in line with the broad themes identified in taking the strategy forward. This action plan is central to delivering the required change necessary to improve the emotional wellbeing and mental health of children, young people and their families. It has been compiled from a number of documents, but predominantly through the production of this strategy, the recommendations contained within the joint strategic needs assessment (JSNA) and the findings identified from the Overview and Scrutiny Review. Progress and delivery of the plan will be monitored by the Emotional Wellbeing and Mental Health Partnership.

10.0 REFERENCES

Child and Maternal Health Intelligence Network: www.chimat.org.uk/ [accessed 28.07.14]

Department for Education (2012) *'Early Years Foundation Stage'*

Department for Education (2012) *'Support and aspiration: a new approach to special educational needs and disability - progress and next steps'*

Department for Education (2013) *'Children and Families Bill'*

Department for Education (2013) *'Increasing options and improving provision for children with special educational needs (SEN)'*

Department for Education (2013) *'Working together to safeguard children'*

Department for Education/Department of Health (2014) '*Special educational needs and disability (SEND) code of practice: 0 to 25 years'*

Department of Health (2009) *'Healthy Child Programme from 5-19 years old'*

Department of Health (2010) *'Equality Act'*

Department of Health (2010) *'Getting it Right for Children and Young People: overcoming cultural barriers in the NHS so as to meet their needs'*

Department of Health (2010) *'Healthy Lives, Healthy People: Our strategy for Public health in England'*

Department of Health (2011) *'You're Welcome: Quality criteria for young people friendly health services'*

Department of Health (2012) '*Liberating the NHS: No decision about me, without me'*

Department of Health (2013) *'Improving Children and Young People's Health Outcomes'*

Department of Health (2013) '*Treating patients and service users with respect, dignity and compassion'*

Department of Health (2014) '*Making mental health services more effective and accessible'*

Department of Health (2014) '*Mental Health and Behaviour in Schools'*

Department of Health (2014) '*Closing the Gap: Priorities for essential change in mental health'*

Government Office for Science (2008) '*The Foresight Report: Mental Capital and Well-Being: making the most of ourselves in the 21 century.* HM Government (2004) *'Children's Act'*

Health Committee – Third Report (2014) '*Children's and adolescents' mental health and CAMHS'*

Health Services and Delivery Research (2014) '*Developing a model of mental health self-care support for children and young people through an integrated evaluation of available types of provision involving systematic review, meta-analysis and case study'*

Joint Commissioning Panel for Mental Health (2013) '*Guidance for commissioners of child and adolescent mental health services*'

Mental Health Foundation: www.mentalhealth.org.uk [accessed 28.07.14]

MindEd: www.minded.org.uk/ [accessed 28.0714]

National Advisory Council (2010*) 'Making Children's Mental Health Everyone's Responsibility'.*

NHS England (2013) '*Call to Action: Commissioning for Prevention'*.

NHS England (2013) '*Children and Young People's (CYP) Improving Access to Psychological Therapies (IAPT)'* [accessed 28.07.14]
www.cypiapt.org/children-and-young-peoples-project.php?accesscheck=%2Findex.php

NHS England (2013) *'Everyone counts: Planning for Patients 2014/15 to 2018/19'*

NHS Oldham, '*Health and Wellbeing Strategy (2013-16)'*

NHS Oldham Clinical Commissioning Group (2014) *'Strategic Clinical Commissioning Plan 2014-19'*

Oldham Council (2012) '*Joint Strategic Needs Assessment (JSNA) Child and Adolescent Mental Health Services (CAMHS)*'

Oldham Council (2012) '*Oldham Public Health Annual Report 2012-13'*

Oldham Council (2013) '*Scrutiny Review – Mental Health and Young People (2013) 'Report of the Youth Councillors and the Overview and Scrutiny Board'*

11.0 APPENDICES

Appendix 1 – Oldham Emotional Wellbeing and Mental Health Partnership

Membership List

Name	Role
Oldham Council	
Saul Ainsworth	Head of Service (Safeguarding)
Clare Bamforth	Commissioning : Children's Services
Jodie Barber	Senior Youth Work Manager
Jill Beaumont	Assistant Executive Director Public Service Reform
Mike Bridges	Public Health Specialist
Ed Francis	Head of Integrated Commissioning
Gill Hoar	Head of School Place Planning and Access
Debbie Holland	Extended Services Manager
Karen Lloyd	WFD and AMHP
Gary McBrien	Head of ACNS
Angela Newman	Head of Inclusion and Vulnerable Groups (Learning and Attainment)
Glynis Williams	**(Joint chair)** Head of Safeguarding Children and Adults
Helen Wyton	Head of Psychology Service
NHS Oldham CCG	
Gill Barnard	**(Joint Chair)** Commissioning Business Partner (Programme lead for Children & Young People)
Harpal Hunjan	Clinical Director for Children / GP
Keith Jeffery	Clinical Director Mental Health / GP
Julia Taylor	Commissioning Manager
Pennine Care NHS Foundation Trust (Community Services)	
Kay Thomas	School Nursing
Janet Wray	Nurse Consultant
Pennine Care NHS Foundation Trust (Mental Health Services)	
Sara Barnes	Improving Access to Psychological Therapies (IAPT) Manager
Debra Bradley	Consultant Child and Adolescent Psychiatrist
Vicky Brown	Children and Adolescent Mental Health Services (CAMHS) Operational Manager
Anna Kushlick	Consultant Child Psychiatrist
Other Stakeholders	
Vicky Broadbent	Training Director, Tameside, Oldham and Glossop MIND
Jan Clitheroe	Service Manager, Xenzone (KOOTH)
Sue Crowson	Head, Horton Mill Primary school
Emma Hart	Oldham Sixth Form College
Sally Lawton	Director of Student Services, Oldham College
Jenny Robinson	Therapeutic Services Director, Tameside, Oldham and Glossop MIND
Arlene Rowe	Messenger, Barnardo's
Sue Smith	Pennine Acute Hospitals NHS Trust
Helen Taylor	Chief Executive Officer, Mahdlo
Lynda Thompson	Head, Kingsland School
Lois Wignall	Children's Services Manager, Barnardo's

Vision

The Oldham Emotional Wellbeing and Mental Health Partnership aims to:

- Promote emotional and mental health and increase resilience in all children and young people.
- Ensure the involvement of children, young people and their families in shaping and developing services and outcomes.
- Ensure earlier identification of children and young people exhibiting emotional difficulties so they can access appropriate early intervention services.
- Target services to meet priority needs of children and young people.
- Ensure staff have an appropriate range of skills and competencies to identify and support the needs of children and young people and that they have a clear understanding of their roles and responsibilities, and those of others.
- Ensure that services will deliver support that is easy to access, readily available and evidence based where appropriate, closer to home.
- Ensure that the Oldham 'pound' is spent wisely.

Terms of Reference

- The group works to an agreed cross agency vision and ensures the development, review and implementation of the developing Oldham Emotional Wellbeing and Mental Health strategy.
- In line with agreed accountability, the Emotional Wellbeing and Mental Health Partnership will report to the Integrated Commissioning Partnership and the Children's Integrated Commissioning Group.
- Members of the group are accountable as individuals to their respective organisations and sit on the group with authority to act as the accountable and responsible representative of their individual organisations. As part of their role, they are responsible to ensure that respective organisations and networks are informed of the work of the Emotional Wellbeing and Mental Health Partnership.
- The group has accountability to the Health and Well Being Board and the Children's Trust.
- Where possible, each member has a named deputy.
- Meetings will be held every quarter and the venue will be shared across Local authority and the Clinical Commissioning Group.
- Meetings will be quorate where at least 8 members are present, with representation from each of the following organisations required – Clinical Commissioning Group, Local Authority, Pennine Care Foundation Trust, stakeholders.
- The work of the group is open and transparent.

Appendix 2 - Looked After Children (LAC)

Number of Looked After Children as at 24.10.14

Age Groups (inclusive)	Number of LAC
0 - 11 months	28
12 months - 2 yrs	42
3 - 5 yrs	55
6 - 8 yrs	62
9 - 11 yrs	51
12 - 14 yrs	70
15 - 17 yrs	74
TOTAL	**382**

Appendix 3 – Breakdown of self-harm

The table below provides a summary of the number of referrals to Oldham CAMHS of children and young people <18 years who present to the service with a form of deliberate self-harm (DSH)

Category	Period 2012-13	Period 2013-14
Intentional self-poisoning	32	56
DSH: cutting	48	137
Intentional DSH: not cutting or overdose	18	64
Total	**98**	**257**

The table below provides a snapshot of the number of Oldham's children and young people who were treated as an emergency/overdose and classified as an admission

	Period: May 2014
Admittances	18
Ward Reviews	26
Total	**44**
7 Day F/U's (following discharge)	27

Appendix 4 - Feedback from young people on emotional wellbeing session on 9 April 2014: Youth Council and Children in Care Council

Glynis Williams, Head of Safeguarding (Council) and Julia Taylor, Commissioning Manager, CCG (Health)

Purpose of the session: *To get feedback from the young people on how they have received support and services when they have needed help with their emotional health*

The session was very helpful for Julia and I to understand more about what services work for young people and where to make improvements. The main points included:

- Some young people did not know all of the services that were available to them. They suggested that services where young people can access help need to promote themselves better (including Reflections).
- We also need to make sure that we equip the professionals working closest with children and young people to recognise signs when things are going wrong so that they know when these children and young people need help.
- Schools need to understand what services are out there better, so this means suitable training for teachers, youth workers, families, school nurses etc.
- Schools focus too much on educating kids on alcohol and drugs dangers rather than looking at emotional wellbeing.
- Some young people (particularly those in care) when they show signs of problems are automatically referred to CAMHS, which isn't always the answer initially! Other support services need to be explored first. To this end, the young people felt we needed more KOOTH type services (on-line counselling) to be provided.
- When the wheels really do fall off, CAMHS (Reflections) has really supported some of the young people very well, but other individuals felt this wasn't the case.
- There were delays in children and young people being seen (or waiting to be seen).
- Some of the young people once seen had not received follow-up.
- There was little (or no) provision for young people when they turned 16 years of age.

Some of the suggestions made by the young people to improve their emotional wellbeing included:

- Having somebody to talk to (informal relationships), which they thought might include family or friends, so that they do not feel alone.
- Able to build relationships and feel comfortable, knowing that what is discussed will remain confidential
- Having a role model or mentor
- Receiving follow-up after their treatment has ended
- Receiving information that is easy for them to understand

Next Steps:

- To incorporate this feedback into the strategy and ensure it influences our decision making about how we commission services.
- To review progress against the scrutiny review – Mental Health and Young People and incorporate into the strategy.
- Feedback to young people at a later date on progress against the strategy.

Appendix 5 – Tiered Service Model

Emotional wellbeing and mental health services are provided in Oldham through a tiered service model (in line with national guidance):

Model	Focus		Mechanism of delivery
Tier 1	Mild, early stage problems. Early intervention and promotion/prevention within universal services	Tier 1 services are provided by professionals whose main role and training is not in mental health, i.e. early year's services and primary care	General practitioners, health visitors, school nurses, paediatricians, social workers, teachers, youth workers, juvenile justice workers, voluntary organisations
Tier 2	Moderately severe problems delivered from professionals trained in mental health.	A combination of some specialist services/community-based services	Targeted services such as youth offending teams, primary mental health workers, and school & youth counselling (including social care and education)
Tier 3	Severe and complex problems requiring multi-disciplinary team working	Specialist multidisciplinary mental health services provided by practitioners	Tier 3 Services Oldham CAMHS Team: Provide assessment, intervention and support to meet the emotional and mental health needs of children and young people who have moderate to severe needs, including: • Assessment • Management • Specialist intervention for specific disorders • Intensive support • Emergency response
Tier 4	**Highly specialised inpatient services** Services are for those with severe mental health problems – life threatening - that require admission for emergency or very intensive/specialist treatments.	Tier 4 services must not only deal with the diagnosis of the mental health disorder, but also with children and young people who will often have two or more co-morbid conditions	Adolescent Complex Care Service is predominantly commissioned from Pennine Care NHS Foundation Trust (located within Fairfield General Hospital, Bury). The Hope and Horizon Units are inpatient facilities where young people can receive expert care and treatment in a safe, therapeutic environment. They provide treatment to young people aged 13 to 18 from anywhere in the UK.