

## **Salford NHS and Local Authority response to the Salford Adolescent Mind's Report recommendations.**

### **Key recommendations:**

We appreciate that accessing additional funding is not possible, which places more emphasis on procedural improvements.

- 1. Ensure clear communication on the criteria to access the various young people's mental health services, what the pathway looks like, and the likely waiting times. Information must be easily accessible, and increased use of social media and texting could facilitate this. The current rumours about waiting lists are deterring people who need services from accessing them.**

**Response:** CAMHS have developed guidance on their thresholds and criteria for accessing services. We have periodically shared this with Salford Thrive Partners, via the GP and School newsletters and we can share this more widely and regularly if this would be helpful. We will ensure that it is added to our Salford Thrive Directory and webpages and linked to from the Local Offer.

We are always trying to find ways to improve the information we provide around access to mental health services. The Thrive Directory of services provides an overview of all the services available in Salford and wider, what to do in an emergency and how to access / refer to services. The Directory is used by professionals, parents/carers and young people and is sign posted / linked from other webpages and websites such as the Local Offer, Council and NHS websites. We welcome any feedback on how we can improve the Directory and Thrive webpages and try to keep this as up to date as possible.

We will develop a communications strategy to promote the use of the tool and share again with schools and GPs.

There are now dedicated webpages for information on the Salford Neuro Developmental Approach and offer. We are keen to make sure this information is as accessible and helpful as it can be for everyone that needs it. We know that services all provide information in lots of different ways and in different places and this doesn't always suit everyone. We are trying to bring this all together in one place to make it easier for families and professionals to get the information they need on the neuro development offer in Salford. We already receive lots of feedback from parents, carers and professionals on how we can improve this information and we welcome this.

As well as providing written information, we are trying hard to speak to more children, families and professionals and to provide opportunities for people to ask questions and tell us what they need from services. This is something we are committed to doing more of each year. We are already trying to use social

media to share information with parents and carers through our SIASS team and are keen to use this approach with other services.

Salford NHS Locality team and Council regularly monitor and report on waiting times for accessing all children's mental health services. We know that waiting times for Neuro developmental assessments (for ADHD and Autism) are far too long. This is because services do not have enough staff capacity to meet the current level of demand for assessments across all Greater Manchester CAMHS services. For this reason, Salford is now working with NHS Greater Manchester Integrated Care Board and a working group and project plan has now been established to help address the current pressures, to improve waiting times for assessments for those that most need them and to improve a 'while you are waiting' offer across children's services.

We are beginning to really improve access to mental health advice and earlier help / support through our Thrive in Education (Mental Health Support Team) in schools and colleges, which is already providing 1-2-1 mental health support and group work, and support to education staff in 53 settings in Salford. With more funding in 2024 and 2025, we expect to be able to support even more schools and colleges in the coming years.

Our safeguarding partnership identified a number of actions as part of a listening hub which is where children and young people can contribute their thoughts to an issue.

- To raise awareness of mental health services for young people.
- To share feedback and updates of changes in services including improvements and constraints, to young people, families and professionals.
- To amplify young people's views across services and amongst professionals, in order to promote co-production of service improvements and development.

This information was shared informally at the Youth Council in March 2024 and has also been useful to share ad hoc in other relevant multi-agency forums. Advocacy Focus, Gaddum and 42nd Street have also provided valuable updates on service provision, and other members also shared resources to promote. This information will be collated by the end of April and all work on this project will be shared via the SSCP Listening Hub webpages.

We will promote our [Emotional Health Service Directory | Partners in Salford](#) and [Salford's Neurodevelopmental Assessment Pathway •Salford City Council](#) pages more widely to partners and families.

We will also attend parent carer forums to inform and co-produce future work.

## **2. Improve signposting both before and immediately after a referral, and carry out analysis of the role of the THRIVE directory – is it widely available in schools and other settings, and do people find it user-friendly?**

**Response:** We will work with service providers to consider how they can improve signposting before and after a referral.

We will test our thrive directory with parents and carers and schools and improve our communication strategy to support this.

We are currently piloting a new early help CAMHS Service called 'S-Thrive' which is co-located with our Early Help team in the Central Salford Family Hub in Broughton. This service provides 2 Thrive workers that help children and young people to navigate the system as well as offering early help brief interventions. We are finding that some children do not need a referral into core CAMHS or other specialist services because they are receiving this early help intervention. We would really like to expand this service to all Early Help Family Hubs over the next few years if we can secure the increased funding to do so.

We regularly update the Thrive Directory to make sure the information is correct and up to date and to add in any new service information. The Directory is currently held on the Partners in Salford Website and is available to anyone and any service, with links from other websites such as the Council's and the Local Offer. We do periodically remind services and schools about the directory, but we recognise that maybe we need to do this more often through the GP and schools' newsletters and via our Thrive Partnership. We would also encourage our partners to share the link to the Thrive Directory as widely as possible.

We annually review access / usage of the Thrive webpages and directory to check if it is being used and how often. From 1st Jan- 31st Dec 2023, there were 1760 views by 1017 users.

We will ask Schools to include a link to the directory on their websites, so it is clearly visible as support for children and their families.

**3. Increase promotion of existing peer support groups/buddy systems and explore the need for further groups. Both CYP and parents report that these are extremely beneficial – they highly value having someone else to talk to who is in a similar position and can empathise.**

**Response:** We agree that there are real benefits from providing access to groups and peer support, both for children and young people and for parents. Young people can access peer support through our LGBTQ+ Youth Group and peer support groups offered by 42<sup>nd</sup> street. The Salford Thrive in Education Team is also beginning to offer peer support / group work and we want to provide more opportunities for this in schools and colleges in the next school year when the team expands. We have now recruited a participation worker within CAMHS to support children's voice and engagement work through our mental health support teams.

We are also trying to strengthen the support networks for neurodivergent individuals through the Autism in Schools project and we would like to provide more opportunities for peer support in local communities and to improve access to leisure facilities.

We also have a number of offers for parents to seek support and provide peer support. We will include this in our communication strategy.

**4. Improve training for staff on hospital wards to support CYP who are/might be neurodivergent, in order to alleviate the pressures and travelling time to different hospital settings for CAMHS staff.**

**Response:** Following recently passed legislation, staff across the health and Social care workforce are now required to undertake 'Oliver McGowen training'. This training focuses on neurodivergent individuals and how to support them, including how to support them while they are in hospital. This rollout has taken place over the last few months so as knowledge increases, we do expect professionals to feel more confident.

There will always be a need to raise awareness across the workforce and we do acknowledge that this is just a starting point in improving the experiences of children and young people whilst they are in hospital. Once we have trained the health and social care workforce, we will be able to consider how to further raise awareness across the wider children's workforce and across more teams and services in Salford.

Salford does not have a hospital (Paediatric) ward for children and young people. This means that any children who require admission to hospital will be placed elsewhere in Greater Manchester such as Bolton, Manchester or Oldham. We will share the findings of this report with NHS GM ICB and our GM hospital providers to check whether their staff have accessed the required training in neurodiversity. We will also check with our commissioned mental health services and other children's services whether staff receive appropriate basic training on neurodiversity.

MFT CAMHS now provide crisis care services for children and young people in Salford, Manchester and Trafford, having taken on this role from Pennine Care Foundation Trust who previously delivered these services across Greater Manchester. This means that CAMHS teams / staff will be better able to support children and parents/carers within their local communities whether in their homes, other residential settings and in Salford community settings. This will help reduce travel times for both staff and families and hopefully will help children to stay at home /within the community rather than always needing to go to hospital to receive crisis support.

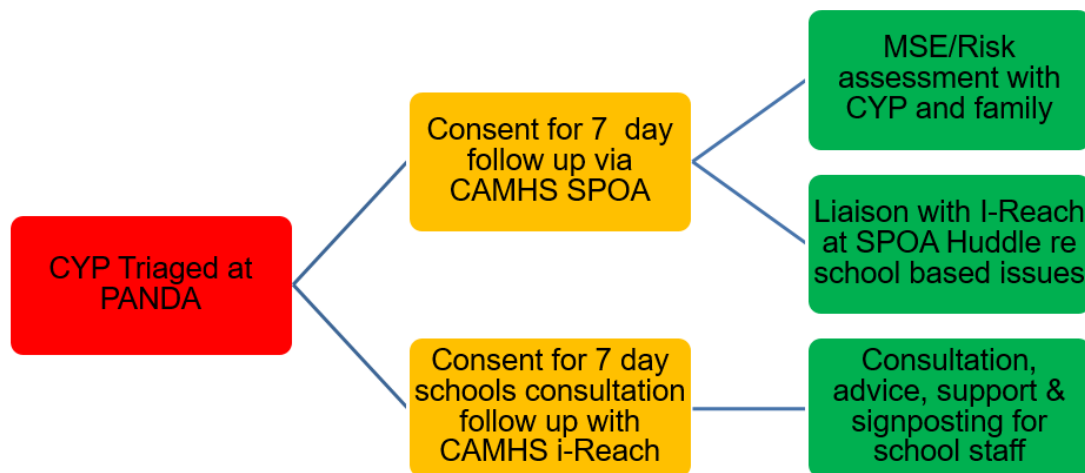
**5. Implement immediate support and counselling provision for any parent whose CYP has attempted suicide. Unpaid carers need to be given the support mechanisms to care for themselves and their family safely.**

**Response:** We will review what immediate support is currently offered to parents / carers when their children have attempted suicide. We would expect that this support already includes risk assessment and safety planning, advice and support to families as well as children, and support for the professionals involved in supporting the child, such as school staff. CAMHS and 42<sup>nd</sup> street Duty teams do provide advice to parents and carers about their children's mental health

needs and how to keep them safe, but they do not provide counselling services for adults. Adult Mental health services include talking therapies (counselling) for adults which is provided by Six Degrees and parents can ask their GP about a referral to this service.

The pathway for 7 day follow up with schools by CAMHS of children and young people under 16 who attend PANDA Unit (A&E in Salford) and are assessed/supported by the Mental Health Liaison Team. This pathway was introduced by the Salford Thrive in Education (Mental Health Support) team to follow up with education leaders/senior mental health leads to understand the reasons for attending A&E , especially when schools refer children to A&E . The Service offers support to education staff with improving awareness and understanding of local pathways, where settings can go to seek mental health advice if they are worried about a child (via MHST staff and CAMHS duty), and how they can better support them within their education setting'

## 7 Day Schools Consultation Follow Up from PANDA

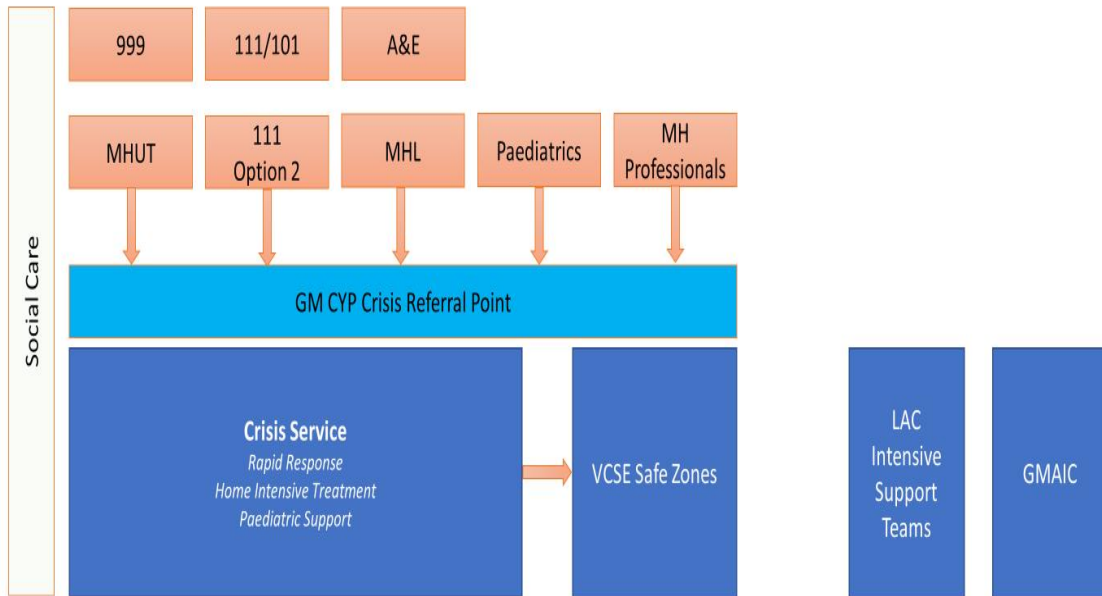


There will be other pathways and service that could come into play including GM Crisis Services (now delivered by MFT CAMHS) including Rapid Response Team or Home Intensive Support Team, Paediatric admission, or Tier 4. Salford would also co-ordinate a 'MALM' which is a multi-agency meeting between key professionals, usually including mental health services and social care, to agree a plan and/or individual package of care to support the child and family. Depending on the circumstances there may also be a role for our Educational Psychology Service to co-ordinate a critical incident approach to support the wider community / education setting and working in partnership with CAMHS / other Mental health

services in School and other Crisis Care Services. This would be tailored to the individual circumstances.



## System overview – updated plans from 1<sup>st</sup> April 2024



**NB: Merging of RRT, HIT and paediatric support pathways into a single crisis service is agreed in principle, pending staff consultation**

The National roll out of the NHS 111 Option 2 has just gone live in Greater Manchester and this will provide improved access to support and advice on mental health and crisis pathways for everyone including parents if they are concerned about their child's mental health. This is intended to improve access to the right support at the right time for families and help parents to get 'urgent' mental health support for their children when it is needed. NHS 111 Option 2 will be the new referral route for children's crisis care services, including the new Greater Manchester 'Safe Zones' service which starts from 1<sup>st</sup> July 2024 and will provide a VCSE crisis care service and a community-based alternative to A&E between 8am and 8pm. We also hope to commission a nighttime Safe Zone Service by next year so there will be 24/7 access to advice and support outside of hospitals and in youth friendly settings.

In addition to this in Salford we have established a self-harm task and finish group so will raise this as an issue for consideration. We have also produced some



guidance at a Greater Manchester level to support parents and young people around self-harm and will include this in our communications strategy.

**6. Conduct further analysis on neurodivergence amongst girls in school, and review SEL provision (social and emotional learning). Two of our families spoke of teenage girls being able to mask neurodivergent traits in school and concerns not being taken seriously.**

**Response:** We do agree that this is an area we need to understand in more detail. We are seeing an increasing number of females referred for assessment. We are assured by this as it is indicating that the needs of girls/young women are beginning to be identified more consistently. However, we do need to continue to develop and improve how we ensure that girls and young women as well as boys/young men can be their true self in their everyday lives.

From May, we are beginning introductory awareness sessions that will be available across the workforce focused on understanding and supporting cognitively able individuals. This will provide information on what to consider and what to look for, and how the needs of females can differ from those of males. We also know that children and young people thrive when they are allowed to 'be themselves'. A range of teams and services are currently developing their knowledge of 'the Graduated Approach' and 'Reasonable Adjustments' so that girls and young women do not feel the need to mask neurodivergence but are accepted for who they are.

We have recently recruited a Neuro Development lead practitioner in our Thrive in Education mental health support team to help further improve the understanding of neurodiversity of children in education settings and to support school and college staff in how to recognise needs and to support them and their families.

**7. Implement some kind of traffic light system for referrals into CAMHS (if it isn't used already as part of the triaging process). The system should take account of, for example:**

- a. **people who have been referred in (who may sometimes be more reluctant to engage with the process and less needy),**
- b. **those CYP who are estranged from their families/have little family support (who may require a quicker intervention, maybe can't provide the expected family history, and may have more DNAs than usual -one young person turned up at the wrong location for our interview, but we adapted the process.)**
- c. **those CYP whose family have other members with SEN (and may find accompanying CYP to appointments difficult).**

**Response:** This is a complex area. We want to be fair to all individuals to ensure that each young person has access to timely help and support. A traffic light system can be useful where a child or young person may be at risk or in crisis. There is a concern however, that in prioritising some children and young people that others can present with increasing needs whilst they are waiting. A balanced and fair approach is needed, and this is something we continuously review.

There is already a prioritisation and risk assessment tool used for those referrals which are made to CAMHS for assessment in order to ensure that those with co-occurring mental health needs and / or increased risks of mental health needs are prioritised within the service. However, the introduction of any new prioritisation tool would require agreement from all partners and would need to consider the potential implications for other children and families that may also need support.

The referral process does ask about family history, social circumstances and any previous referrals to indicate what approach may be needed. This information is used to make a decision about whether a service is required and where best to sign post for support. We know that for some children it can be particularly challenging assessing needs when there is little family history or when children are not in contact with family or there is limited family support. In such cases, services and professionals try to work together in the best way they can to gather information, assess needs and offer support.

We will continue to work together as partners to develop and improve our approach to supporting neuro diversity in Salford and to ensure the experiences of children and families helps to shape how we improve. The feedback in this report is most helpful to us in helping us focus our plans on what we still need to do.

**8. Consider the development of four key projects when the CAMHS participation group is relaunched, and they are working more closely with parent carer groups, around the following themes: 1) When a family has been on the waiting list for 2 years and they are then told their CYP is not neurodivergent, what is the best way to relay that message, and what support would that family need moving forward after a 2 year gap? 2) A day in the life of my family – Awake all night settling the CYP to sleep, mediating arguments with siblings who have SEN, then late for school and appointments etc – what does my family need to gain the most benefit from the service when we eventually attend the appointment? 3) A role play situation exploring how families would feel when they hear “Oh we’re all a little bit autistic”, “there’s nowt wrong with her”, or “It’s a bit out of our remit”, and recording how these conversations could have been better worded for use in staff training 4) Further work to be done looking at settings and how user-friendly they are, as although this was looked at previously, there have had to be some changes since the pandemic and some CYP say that the setting is having a negative impact on their experience.**

**Response:** We will ask CAMHS to consider and respond to these recommendations for their participation group. We will also ask our wider Salford Neuro Development partnership as some of the needs highlighted would



potentially be better addressed collaboratively with other services and professionals who may have expertise in supporting children and families with these issues. The [Salford Neuro Development Approach](#) involves a wider team and support offer than CAMHS alone, including Early Help / Family and Parent support, 0-19 service, Educational Psychology Service, Speech and Language, Community Paediatrics Service, Learning Support Service and of course schools/education settings. It is important that we use the feedback from the families involved in the Healthwatch deep dive to improve our collective approach to supporting children and families with SEND and / or are neurodivergent.

We will take this feedback to inform our Salford ND Action Plan. We will also include in our strategy for training for the wider workforce.

We will also seek a response from CAMHS on what a parent/family can expect whilst they are waiting, what parent support is available both from CAMHS and wider services.

**9. Conduct further analysis in cases where families were signposted from CAMHS to other support and ended up back at CAMHS – what are the reasons for this, and how can the decision making around this be improved?**

**Response:** We will ask our Neuro Development Hub which is where we receive referrals and triage to see which service can best meet needs to consider how this analysis can best be undertaken. A joint approach will be necessary to review cases where families are sign posted from one service to another and to gain feedback on the experiences of children and families working with multiple professionals and services and of being referred between these. This will help us to understand how we can improve our pathways and communications between services and professionals and to ensure we offer the right support at the right time. We are completely committed to achieving a multi-agency and multi professional approach to supporting families as we recognise that no one service can deliver this on their own.