

# Learning Session:

Using the power of 10: The GM approach to transforming care for children.

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# Background

**A review into Children's Social Care, commissioned by Government called for 'a radical reset of our children's social care system' and pointed to several key issues:**

- Weak Oversight
- High Cost & Profiteering
- Poor Planning
- Lack of Coordination

**The report recommended a new regional model to transform care and address the key issues: Regional Care Cooperatives.**

- Summer 2023, DfE launched competition for two sites to host regional RCC
  - Manchester was awarded £1.5m + £5m in capital
  - South-East was awarded £1.95m revenue + £5m in capital
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# Starting our Journey

- Development of Shared Care Standards (2018)
  - Grant Thornton Review (2020)
  - Building the Case for Change: Getting it right for children looked after who are looked after and are living in complex situations with multiple needs (2025)
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# What did young people tell us was most important?

What they want decision makers to know;

- Having a 'move forward' way of thinking is needed- getting the preventative stuff right
  - Really understanding the needs of care experienced people
  - Funding should be allocated based on need- it takes too long to get the funding which causes delay to getting the right support.
  - It feels like we have to jump through hoops- we need to think 'YP before funding'
  - There's a postcode lottery for care experienced young people.
  - Support people are human too and they don't have magic wands.
  - Some young people are having a positive experience...let's learn from that.
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# What did young people tell us was most important?

What's the most important thing the people in charge should focus on?

- The young people and their needs.
  - Having better awareness of multiple needs and how these intersect.
  - More support for practical skills for the future
  - Better conversation and communication
  - Sharing all the information and not just most important bits
  - Decreasing thresholds for support and increasing staffing
  - Reducing drift and delay
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# Skyline

- Project Skyline will initially deliver 10 Ofsted registered properties across GM supporting Emotional, Behavioral Difficulty (EBD) and Mental Health (MH) provisions.
- Skyline Homes to include enhanced mental health offer, funded by the ICB (Pending Approval), which will enable young people to access meaningful intervention, avoiding escalation to tier 4 provision. Clinical specification designed in collaboration with clinical psychologists and commissioners. Currently working through the ICB Governance.
- £5m Capital Project + £2.5m DfE Funding as part of Capital RCC Bid.

Cohort	Description	Home Number and Size
1	Complex Care Mental Health Support Homes	4 x 2 Bed Homes
2	Residential Homes supporting younger children with a view to transitioning them back to foster care	2 x 3 Bed Homes
3	Residential Homes supporting older teenagers	2 x 3 Bed Homes
	Residential Homes supporting children / young people at risk of sexual exploitation (CSE)	1 x 2 Bed Home
	Residential Homes supporting children / young people at risk of criminal exploitation (CCE)	1 x 2 Bed Home
<b>Total</b>		<b>10 Homes &amp; 24 Beds</b>

- A working group, chaired by Sara Barnes in her capacity as an independent consultant, and Dr Sandeep Ranote, was created to begin the development of the Skyline Health Offer inline with the existing provision within Greater Manchester
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# Wider Mental Health Offer

It is recognised that the children and young people who are cared for in the Skyline Homes are highly likely to be displaying evidence of significant psychological disturbance and behaviour which puts them at risk of placement breakdown, poor engagement with services and risk of admission to a specialist mental health inpatient unit.

- The holistic health and care offer needs to provide;
    - Systemic psychological formulation
    - Therapeutically driven interventions (adopting a trauma informed approach)
    - Relationally responsive approach
    - A consistent multidisciplinary, multiagency offer that listens the voice of the child or young person
    - Focused on the child's needs rather than service provision
    - Supports care staff and family during the time the young person lives in the home and during transitions.
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# Working Groups: Clinical Scoping

**Core membership of this working group is made up of representatives from the following :**

- The 3 NHS mental health providers ( clinical and operational representatives)
- The GM CAMHS Lead Provider Collaborative ( commissioning and clinical representatives)
- GMCA sufficiency Programme ( children)
- GM Mental Health PMO
- GM wide Acute Trusts
- GMEC SCN
- Manchester Resilience Hub
- NHS Greater Manchester ICB

In addition, the GM CAMHS LPC have been liaising with other LPC's to learn from similar clinical models from other areas of the country

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# Existing Mental Health Offer

## 1. Core Community CAMHS

## 2. Crisis Services

- Rapid Response Pathway offers up to 72 hours of intensive crisis support in the community. With a response time of 4 hours from referral, young people are supported to create immediate safety plans to reduce distress and avoid the need for attendance at A&E/expedite discharge from an acute setting.
- Home Treatment Pathway offers 4-6 weeks of support for the child or young person in the community in order to avoid an admission to mental health inpatients or to help with the transition home following discharge from an acute admission.
- Paediatric Support Pathway provides mental health assessments to young people who have been admitted to Paediatric wards, freeing up capacity in community CAMHS and ensuring children and young people can return home as soon as possible.

## 3. Resilience Hub Trusted Relationships Service

## 4. Transformation of CYP Inpatient Models of Care

## 5. Offer for GM Cared For Children and Young People and Care Leavers (New)

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# The Gap

**‘Enhanced Systems Support’** service would offer a comprehensive, coordinated and multi-agency consultation and formulation service, delivered at the point of care.

An offer that provides specialist therapeutic, trauma-informed, assertive and dynamic intervention for professionals and caregiver systems who support children and young people presenting with complex psychological distress and vulnerabilities that require a relational and therapeutic approach to understand and address their needs.

The service should include;

- Delivery of training to staff and care givers
  - Supervision of practice and the introduction of clinical theories (whilst networks are held accountable for the clinical formulation)
  - Connection to existing health and mental health services to ensure continuity of care
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# Co-design Health Offer

PHASE 1

- Develop a summary statement of the health offer to be included in the procurement service specification

PHASE 2

- Co-design the principles underpinning a clinical support offer to the residential homes through a working group

PHASE 3

- **Co-design the service delivery model for the clinical support offer; expanding on existing provision (CYP Crisis Services, Core CAMHS LAC Offer, FCAMHS, TR, Inpatients)**

PHASE 4

- Develop a Business Case for the Clinical Support offer

PHASE 5

- Implement/pilot the service delivery model
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# Phase 3: Co-design service delivery model for Mental and Physical Health offer

Making Cared for Status a protected characteristic in all health and care services and include prioritisation of support.

## **Workforce:**

- Psychologically safe place to work
- Creative and thorough recruitment including young people's participation
- Affordable workforce model enabled by robust supervision and skills development

## **Governance:**

- Child and family voice and advocacy
- Clear shared Vision and Values with the provider and health team(s)
- Proactive and transparent communication channels with clear escalation

## **Financial Modelling:**

- Host Service
- Proposed workforce model is gold standard

## **Operational Model:**

- Flexible service over 7 days and extended hours
- Mental health staff visible and available in the care home
- Clinical input from point of referral

## **System Engagement**

GM wide system workshop 28<sup>th</sup> April

# Summary Statement: Provider Commitment

- Clinical input into referral management, admission and transition
  - A comprehensive assessment and formulation process
  - Therapeutic training around developmental trauma and adverse childhood experiences
  - Formulation based therapeutic training in relation to each young person's specific needs
  - Psychological Consultation and Reflective Practice offering a safe space for care home staff to understand the needs of children in their care and to reflect on the emotional impact of their role
  - Collaborative development of strategies to support staff to work therapeutically
  - Direct or indirect intervention with young people
  - Collaborative dynamic risk assessment and management
  - Multi agency liaison with key partners
  - Collaborative care planning, review and where required escalation of risks
  - Collaborative outcome monitoring and data capture
  - Connectivity with partners to ensure pathways are in place for young people to access other health services if required
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