

# NHS GM Children and Young Peoples Mental Health Programme Update



# To provide and update assurance on system direction and priorities:



Greater Manchester

## Current position

- ❖ CAMHS continues to experience high demand, particularly for neurodevelopmental pathways and complex presentations.
- ❖ Services are prioritising risk, safeguarding and crisis response, while working to stabilise routine pathways.
- ❖ The system is operating within national policy and funding parameters, alongside local transformation work.

## What's improving

- ❖ Increased access to mental health support across the system,
- ❖ Increasing emphasis on needs-led, proportionate support, rather than default escalation to specialist care.
- ❖ Better system coordination across CAMHS, crisis services and early help – together with agreed additional £ from ICB.
- ❖ Greater use of co-production with children, young people and families to inform service improvement and pathway design

## Key areas of focus

- ❖ Access and flow: work is ongoing to improve triage, clarity of pathways, and reduce unnecessary waits.
- ❖ Early intervention and prevention: strengthening links with MHSTs, early help, schools and community services.
- ❖ Workforce: recruitment and retention remain a challenge; mitigating actions are in place.
- ❖ Partnership working: continued alignment across NHS, local authorities, education and VCSE partners.

## Key risks and constraints

- ❖ Demand continues to outpace capacity in some pathways.
- ❖ Some challenges are structural and national (workforce supply, rising complexity).
- ❖ Transformation takes time and requires system-wide change, not just CAMHS.
- ❖ Reductions in funding in several boroughs from LA budgets – especially Public Health despite wider Early Help commitments

# Children and Young People Mental Health Programme



Greater Manchester

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- **Specialist Core Community Child Adolescent Mental Health Service (CAMHS) Specification Refresh-** Following the update of the CAMHS service specification, the GM ICB has a clear plan from 2026/27 to expand specialist CAMHS provision, with a strong focus on increasing access, strengthening specialist treatments and therapies, and reducing waiting times. This will be informed by a system-wide review of services against the updated specification. As of January 2026, specialist CAMHS services across Greater Manchester are using the new agreed triage and prioritisation approach for access to neurodevelopmental assessments. During an interim period, CAMHS will continue to carry out assessments for children and young people who meet the criteria but do not have a mental health need, while wider commissioning arrangements are reviewed. This ensures children and young people continue to receive appropriate support, while gaps in assessment provision across the system outside of CAMHS are identified and addressed. Flexibility within CAMHS services is essential during this transition to maintain safe and timely support.
- **New Neurodevelopmental (ND) Early Help Model of Care:** NHS GM have co-produced a new needs-led model of care, to create a more sustainable system of support for CYP and their families without requiring a formal diagnosis. A universal GM offer is being developed including a new website, sensory toolkit, chat messaging service, peer support and a neuro-profiling toolkit.
- **Neurodevelopmental (ND) Waiting Lists Initiative-** A new, agreed approach is being introduced across Greater Manchester to support fair and consistent decisions about access to NHS neurodevelopmental assessments. Children and young people will be prioritised for assessment based on level of need, using agreed clinical criteria, rather than solely on time waited. This approach has been implemented from January 2026 to support a person-centred and equitable system. In line with the above, existing waiting lists now also need to be triaged with the agreed clinical criteria using the same process. Non-recurrent funding to March 2027 has been identified to support this activity, proportionate to the size of existing waiting lists and population served.

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- **Mental Health Support Teams (MHSTs):** Significant expansion required from now until December 2029. GM is continuing to expand MHSTs to improve early access to support in education settings, with approximately 35 teams now operating in all ten localities and covering 433 settings, reaching 54% pupils across the city region. NHS England has approved three further teams from January 2026 and an additional 8 in the 26/27 financial year, supporting GM's trajectory toward 100% school and pupil coverage by December 2029. This equates to a total of 68 MHST teams (equivalent to 544 total MHST staff) across GM education settings. For 2026/27: National planning submission requires at least 77% pupil coverage.
- Historically, GM adopted a blended delivery model for MHSTs combining NHS and VCSE providers and including a range of interventions. Following a comprehensive GM Strategic Commissioning review and in response to updated national guidance, GM are required to transition to the standardised MHST delivery model as set out in the National MHST Operating Manual. Therefore, GM's commissioning intentions approved with ICB chief officers are to transition from the current blended MHST delivery model to compliant model. This involves re-specifying and focusing on the national MHST core model delivered by the three GM NHS Trust CAMHS services, decommissioning the blended model currently delivered by VCSE partners and developing /commissioning a separate VCSE Thrive-aligned community offer in 2026/27 to retain and harness VCSE expertise.
- **CYP Crisis-** A review of the GM CYP crisis services and new specification was undertaken in April 2025, setting out several recommendations for further improvements to CYP crisis pathways. These recommendations will inform 2026/2027 planning. At the same time a review was undertaken of NHS Trust CYP LDA Intensive Support Teams providing targeted support to vulnerable children and families together with agreed additional Key Worker support in partnership with Barnados
- **Looked After Children (LAC) / Cared For, Care Leavers (CFCL)-** All three CAMHS providers have developed strengthened offers, with two trusts fully staffed (MFT and GMMH) and the third mobilising and recruiting to posts (PCFT). This will complement planned developments aligned with gmca AND Local Authorities on the Project Skyline developments

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- **Children's Eating Disorder Service (CEDS)**- The service specification has been updated in line with new NHS commissioning guidance, providing clearer pathways for Avoidant/Restrictive Food Intake Disorder (ARFID) and intensive community treatment, and supporting more consistent access to care. Progress continues to improve compliance with urgent and routine waiting time standards. Where waiting time breaches occur, these are often linked to non-service factors, such as parent or carer cancellations; given the small number of cases, a single delay can result in a reported breach. Waiting time breaches are monitored monthly to maintain oversight and to support recovery planning where required. Planned investment in 2026/27 will strengthen service capacity, enhance specialist pathways for ARFID and intensive community treatment, and support improved access and reduced pressure on waiting times.
- **Parent Infant Mental Health (PIMH) Services Model**- Specialist Parent Infant Mental Health teams are now present in each of the ten Greater Manchester localities, though they vary significantly in size and capacity. By aligning with Best Start for Life (BSFL) funding, PIMH services have been able to maintain, and in some areas expand its focus on early years, provide more responsive and universal support and keep the 1001 critical days as a central priority. Work is underway to review and consider redesign of the GM PIMH model, with a needs assessment in progress ahead of further action and workshops.
- **Specialist Perinatal Mental Health Services**- Due to historic commissioning arrangements, specialist perinatal mental health services have not previously been funded at the level required to meet national access ambitions. GM ICB has now approved additional recurrent funding, and the service is currently in mobilisation, to expand capacity, increase access and extend provision across Greater Manchester. This investment supports progress towards full alignment with the ambitions of the NHS Long Term Plan for perinatal mental health. A new staffing model has been agreed to maximise clinical capacity, align with best practice, and prioritise patient safety and quality of care.

# GM MH Performance Update- Children and Young People Mental Health High Level Metrics



Greater Manchester

Metric	Reporting period	Target/ Standard	Actual	Trend
CYP access to mental health services (1+ contacts)	Rolling 12 months (December25)	55,000	55,425	↑
CYP Eating Disorder – urgent	Rolling 3 months MHSDS Interim (December25)	95% <=1 weeks	78%	↑
CYP Eating Disorder waiting times – routine	Rolling 3 months (December25) MHSDS Interim	95% <=4 weeks	79%	→
Perinatal access	12 month rolling (December25)	2,995	2,665	→

**RAG**

**Green** – Target / standard achieved  
**Amber** – Within 6% of target or standard and or positive trend  
**Red** - Missed target /standard

# Perinatal is presented against plan

# CYP Waiting Times January 25 – December 25



**Referral to first appointment** average is 14.6 weeks. 73.9% of patients were seen within 7 weeks. Pennine continues to experience the longest waits, with an average of 31.2 weeks from referral to first appointment, and only 43.5% of patients being seen within 7 weeks. Over 42% of Pennine CYP are waiting over 20 weeks for a first appointment. Wait times are also above average at MFT, with 16.6 weeks being average wait time for a first appointment. GMMH is much lower at less than a 1 week average wait. Longest wait times are in Tameside with an average wait for first appointment of 51.5 weeks.

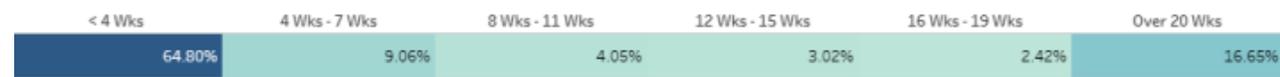
**First to second appointment** average is 19.8 weeks, with 72.6% of patients being seen within 15 weeks. Pennine is experiencing the longest waits, with an average of 46.3 weeks from first to second appointment, compared to 22 weeks at MFT and 3 weeks at GMMH. Tameside has the longest wait time of all localities at 62.2 weeks.

**Second to third appointment** average is 4.4 weeks. 87.6% of patients were seen within 7 weeks. Pennine is experiencing the longest waits, though this difference between other providers is not as large as with first and second, with an average of 9.7 weeks from first to second appointment. MFT and GMMH have third appointment wait times of 4.1 and 3.5 weeks respectively.

Waited Weeks Referral to First Appointment by CCG



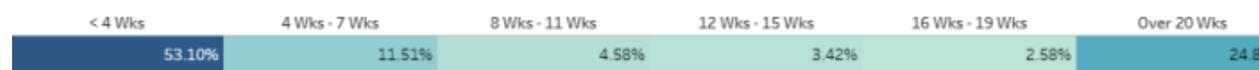
Referral to First Appointment by Week Band



RTT Weeks (2nd Direct Appointment) by CCG



RTT by Week Band



Waited Weeks Second to Third Appointment Wait by CCG



Second to Third Appointment by Week Band

