

# **Southampton City Children and Young People's Emotional and Mental Health Local Transformation Plan (LTP) 2015-2021**

October 2018 Refresh (updated 31 Oct)  
Draft Version: Awaiting final signoff at November 2018 Health & Wellbeing Board

## Foreword

Improved access to earlier and better help with mental health and emotional wellbeing and resilience consistently appears as a top priority for Southampton's children and young people. This is confirmed by parents, carers and all educational, health and social care professionals who work with children.

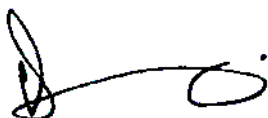
The mental health and emotional wellbeing of the City's children and young people is integral to them getting a good start in life. It affects their physical health, how well they achieve and progress in their learning, their relationships with family, friends and peers and their wider social development. Unresolved issues in relation to their emotional wellbeing and mental health can leave them vulnerable to making poor choices with respect to tobacco, alcohol and drugs. This can also lead to them being vulnerable to criminal and sexual exploitation and abuse.

Developments in digital technology have changed the way in which many young people interact with one another, and whilst this provides opportunities to be better connected with friends, it can also contribute to them feeling there is no place of refuge from bullying and abusive behaviour from others. This document is a refresh of the original Southampton Children and Young People's Mental Health and Wellbeing Local Transformation Plan (LTP) published in 2015; it reviews our progress to date, and identifies our next steps in working to improve the emotional and mental wellbeing of Southampton's children and young people.

Whilst a key focus of the plan is to demonstrate how we are using national investment in child and adolescent mental health service locally, to address national priorities, we also hope that the plan helps to identify these in a way that recognisably responds to the challenges and context of the City. This plan goes much further than simply accounting for how we are using Future in Mind funding. It aims to give a flavour of how we intend to work and commission more collaboratively.

We want to see better connection between the services commissioned by the Clinical Commissioning Group and those commissioned by other key service partners in schools, colleges and community settings. We want to understand how they will overlap with wellbeing and mental health services in social care settings for children affected by abuse, neglect, disability or learning difficulty; in acute settings such as hospitals and in specialist mental health services.

Finally it affirms our intention to work more closely with children and young people and their families to evaluate, inform and shape the future development of services and interventions that build mental health resilience, tackle stigma, and provide effective, timely access to support. Its effectiveness will only be as good as we are successful in engaging others in getting the overall offer right for Southampton. Please do get involved.



**Dr Mark Kelsey, Chair, NHS Southampton City  
Clinical Commissioning Group**



**Hilary Brooks  
Service Director - Children & Families**

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# 1. Introduction

- 1.1 This document is a refresh of the original Southampton Children and Young People's Mental Health and Wellbeing Local Transformation Plan (LTP) published in 2015; it reviews our progress so far and the next steps to improve the emotional and mental wellbeing of Southampton's children and young people.
- 1.2 It is now three years since we first developed our LTP. Over this period our plans for improving the emotional wellbeing and mental health of children and young people growing up in the City have evolved in relation to changing opportunities to develop and transform the capacity of universal services, prevention and early help services, targeted services and specialist services to support children and young people through the challenges they face. Our bid to become a national Headstart pilot was unsuccessful, and this has forced a significant rethink of the scale of affordable transformation, whilst still looking to maintain as much of the ambition and young person's voice as to our direction of travel as possible. This LTP refresh sets out how we will implement the recommendations of Future in Mind proposals to shape an over-arching service model which responds to Southampton's specific needs and vulnerabilities and makes best use of its strengths, and commission local services which complement this.
- 1.3 Children's mental health and emotional wellbeing continues to be a key strategic priority for the City. It is central to giving children and young people the best start in life, as well as being specifically included in the Southampton City Children and Young People's Strategy 2017 - 2022, Integrated Commissioning Unit Plan 2018/19 – 20/21 and the CCG Operational Plan 2017/18. We remain committed to delivering the following, enduring Future in Mind priorities:
  - a) Promoting resilience, prevention and early intervention: acting early to prevent harm, investing in early years and building resilience through to adulthood.
  - b) Improving access to effective support – a system without tiers: changing the way services are delivered to be built around the needs of children, young people and families.
  - c) Care for the most vulnerable: developing a flexible, integrated system without barriers.
  - d) Accountability and transparency: developing clear commissioning arrangements across partners with identified leads.
  - e) Developing the workforce: ensuring everyone who works with children, young people and their families is excellent in their practice and delivering evidence-based care.
- 1.4 Southampton's local strategic priorities to implement the Future in Mind priorities and improve the social, emotional and mental health of Southampton's children and young people are:
  1. Promoting resilience, building strong prevention and early intervention services
  2. Improving access – 'no wrong door'
  3. Care for the most vulnerable and reducing health inequalities
  4. Improving Services for children and young people with Eating Disorders
  5. Improving Crisis Care
  6. Improving the transition to adulthood
  7. CAMHS Workforce development

## 2. Vision and Strategic Context

### National vision

- 2.1 This LTP is informed by and consistent with the strategic vision set out in national policy and best practice, including Future in Mind 2015, the Five Year Forward View for Mental Health and the more recent National Child and Adolescent Mental Health Green Paper 2018, all of which describe an integrated whole system approach to driving improvements in children and young people's mental health outcomes by working in partnership across the NHS, public health, voluntary and community, local authority children's services, education and youth justice sectors. As is the aim nationally we want to make sure locally that young people have access to the services they need when they need them and where they need them and that these services are joined up. Our proposals will look to achieve proactive and productive professional relationships with local schools and colleges as well as other local services to support the wider workforce in accessing the training and support it needs to recognise and support young people in relation to mental health problems.

### Regional vision

- 2.2 The health services and systems that serve the health and wellbeing needs of children, young people and families in Southampton are part of wider networks and initiatives that bind together differently focussed health services that complement each other with a range of universal, preventative, targeted and specialist non health services that contribute to health and wellbeing. Many of these wider non health services have a particular impact upon mental health and emotional wellbeing as they are services and settings in which young people spend a lot of time with professionals, other young people and in which young people have to adapt socially as they grow, learn and develop. The relationships that exist between different service providers, both across different parts of the NHS and between health and non-health providers are important. In setting our local strategic vision for mental health and emotional wellbeing we have therefore sought to remain consistent with the wider strategic vision for integration in healthcare across the Wessex Clinical Networks covering Dorset and Hampshire, as well as to the more locally specific strategic aspirations set out for children, young people and families in Southampton through local strategies for them across local services.
- 2.3 There are too many poor outcomes, including mental health and wellbeing measures linked to socio-economic deprivation for the link between child poverty and poor outcomes to be coincidental. Recognising that child poverty is a key driver and determinant of poor mental health in children and young people, and in the mental health and wellbeing of their parents and carers, is a key first step to recognising the importance of remaining united across public services, especially when funding decisions are at their hardest. Only through working together can we give our most deprived and disadvantaged children, young people and families the best chance not only of maintaining good mental health and wellbeing despite poverty, but of working systemically to break the cycle of poverty that increases their exposure to difficult mental health and emotional well-being challenges in the first instance.
- 2.4 In line with what young people across Wessex have said, we expect our mental health and emotional wellbeing services (as we do for all health services) to:
- Be delivered by competent professionals who communicate well with children and young people
  - Involve children and young people in decisions regarding their care, so they can make informed choices
  - Be delivered in service settings and environments that are appropriate to the ages and needs of those accessing them
  - Be effective and efficient as young people are being supported in their transition from child to adult services

Specifically in relation to their mental health and emotional wellbeing services children and young people have also told us that they want:

- To have a voice in the development and delivery of mental health services, and
- To have the stigma surrounding mental health to be tackled as a block to people seeking help

### **Hampshire and Isle of Wight Sustainability Transformation Plan (STP)**

2.5 The Hampshire and Isle of Wight Health and Care System recognises the importance of good emotional wellbeing and mental health in children and young people (CYP), not only during childhood and adolescence, but also as predictors for positive mental health outcomes in adulthood. As such there are a number of strategic commitments/work streams across the STP which directly affects CYP mental health:

#### **Core Programme 6 - Mental Health Alliance**

The STP is committed to working towards parity of esteem for mental health services, reviewing and aligning mental health care pathways, out of area placements, and crisis care. Each LTP gives more local level detail for these priorities and how they affect CYP.

#### **Enabling Programme 9 - Workforce**

A comprehensive review of mental health workforce requirements is currently under way across the STP footprint, with a commitment to moving towards a flexible workforce shared across geographical and organisational boundaries, enabling care to be more responsive to CYP needs.

The Children's Programme undertakes to:

1. Implement New Models of Care, ensuring repatriation of CYP in Tier 4 beds back into locally based provision (thus releasing money into the local CYP mental health care system);
2. Strategically review ASC/ADHD provision across Hampshire to ensure consistency in pathways and information and support available to parents/carers of CYP undergoing assessment or diagnosed with these conditions.
3. Review and implement robust provision for people with Eating Disorders.

### **Local Context – Our vision for the mental health and emotional wellbeing of Southampton children and young people**

- 2.6 We want our children and young people to be happy, healthy, engaged in their own wellbeing, able to form friendships and other normal relationships with others, resilient when things go wrong and/or they suffer low mood or anxiety, confident in recognising when they need help, and knowing how to ask for it when this happens.
- 2.7 We want services that care about, and are sensitive to the mental health and emotional wellbeing of our children and young people, and to the social, economic, environmental and other local factors that affect this from time to time. We want professionals to be inclusive, compassionate about every child and young person in their care, skilled and confident in doing those things that can be done at their level and their service, and confident in knowing how and when to help a child or young person seek wider help when young people's needs go past their level of knowledge, skills and competence.
- 2.8 We also want to recognise that for adults who are parents or carers of children and young people with mental health needs, their own mental health and emotional wellbeing is one of the critical factors, both for the children that depend on them, and for their ability and capacity to support children and young people who are going through periods of difficult mental health and/or emotional wellbeing.

### **Our journey since “Mental Health Matters” Southampton**

- 2.9 In 2014 Southampton's Health and Wellbeing Board commissioned a full review of mental health services for all age groups, due to concerns being raised about current services and a wish to focus

on early intervention and prevention services. As part of the review a mental health matters workshop event took place in December 2014. This event was attended by individuals from NHS, private and voluntary providers, service users, carers and public health. The main feedback from this event was that people wanted the opportunity to be part of the review and have a 'blank page' approach.

- 2.10 In August 2015 engagement officially started with the publishing of Mental Health Matters which set out proposals for mental health services in the city and requested the views of all stakeholders to help us to shape it further. Great effort was taken to ensure full engagement with all stakeholders including CYP, parent/carers, schools and GP's and with hard to reach groups. This was then followed by formal consultation between December 2015 and April 2016.
- 2.11 This review has helped strengthen our transformation plan and provide a strategy that has been shaped by CYP and their families.
- 2.12 The information and views collected have helped to design and inform new models across mental health for all ages.

### Local Strategic Context

- 2.13 A summary of key strategic documents and how the LTP links to these priorities are summarised below.

Strategy	Priority/outcome
Southampton JSNA	<p>Theme 3: Parenting, Childhood and Adolescence.</p> <ol style="list-style-type: none"> <li>1. Provide children and young people with a good start in life through integrating health and care services in Southampton.</li> <li>2. The Health and Wellbeing Board should promote the development of a child poverty strategy for Southampton (as recommended by the Children's Commissioner).</li> <li>3. Reducing health and developmental inequalities must be a priority for those young children identified as vulnerable, ensuring the approach supports "proportionate universalism".</li> </ol>
Southampton Joint Health and Wellbeing Strategy 2017-2025	<p>Links to three of the key outcomes:</p> <p><b>People in Southampton live active, safe and independent lives and manage their own health and wellbeing</b></p> <ul style="list-style-type: none"> <li>• Encourage and promote healthy relationships and wellbeing of individuals of all ages, carers and families, particularly for those at risk of harm and the most vulnerable groups through increasing early help and support.</li> <li>• Prioritise and promote mental health and wellbeing as being equally important as physical health.</li> <li>• Increase access to appropriate mental health services as early as possible and when they are needed.</li> </ul> <p><b>Inequalities in health outcomes are reduced</b></p> <ul style="list-style-type: none"> <li>• Work with schools to improve healthy lifestyle choices and mental wellbeing and reduce the harm caused by adolescent risk taking.</li> </ul> <p><b>People in Southampton have improved health experiences as a result of high quality, integrated services</b></p> <ul style="list-style-type: none"> <li>• Prioritise investment in and embed a prevention and early intervention approach to health and wellbeing across the city.</li> </ul>
Southampton Children and Young People's	<p>Relevant priority areas:</p> <ul style="list-style-type: none"> <li>• Children in Southampton live happy, healthy lives, with good levels of physical and mental wellbeing.</li> </ul>

Strategy 2017-2020	<ul style="list-style-type: none"> <li>Children in Southampton's communities are resilient, engaged, prepared for the future and able to help themselves and each other to succeed.</li> </ul>
Hampshire & Isle of Wight STP priorities	An action to 'improve the quality, capacity and access to mental health services'.
Southampton City Clinical Commissioning Group (CCG) vision & objectives	Aims in the Mental health section to 'Review and redesign current acute pathways and community service provision and develop a network of services across the whole age range' and 'Develop services and support to access early intervention and prevention services for all ages – to include the development of community solutions and navigation roles'.
Southampton City CCG Transformation Plan for Children & Young People's Mental Health	In 2014 Southampton's Health and Wellbeing Board decided to do a full review of mental health services. A major theme identified was "more early help and targeted support for younger people including stronger links with schools and education to help them deal with mental health issues" and 'more focus on prevention, early intervention and recovery/resilience and on community-based solutions as a first option'. Relevant priority streams are: 'CYP and families' engagement in the future development of the transformation plan and mental health review, including hard to reach groups, work on anti-stigma and suicide prevention awareness training in schools' and 'Improve links between CAMHS, schools and primary care services with identified CAMHS link in all schools.'



## 3. The Needs of our Local Population

### 3.1 National Context

It is estimated that one in ten young people (aged 5-16 years) experience a mental health issue at any one time. For those aged 5-19 years suicide is the second most common cause of death, and a record number of children contacted ChildLine with suicidal thoughts and feelings of loneliness in 2016/17. In an average class of 30 pupils, six pupils may be self-harming and three pupils will have a diagnosable mental health condition<sup>1</sup>.

Half of all mental health conditions first occur by the age of 14, and three quarters by the time someone is 24<sup>2</sup>. Poor mental health in childhood is associated with a number of negative outcomes in later life, including poorer educational attainment and employment prospects, and is strongly associated with behaviours that pose a risk to health, such as smoking, drug and alcohol abuse and risky sexual behaviour. Children from deprived backgrounds are significantly more likely to experience mental health difficulties than those from more affluent backgrounds.

### 3.2 Who is at risk and why:

- Southampton has numerous risk factors but fewer protective factors for mental health.
- Risk factors include; more male CYP than female, a high proportion of pupils from BME backgrounds, a high proportion of families in poverty and households with dependent children that are homeless, high rate of Looked After Children, high prevalence of special education needs including learning and physical disabilities and relatively high rates of Youth Offending Service new entrants, child protection and substance misuse.
- Emerging areas with a recognised impact on mental health include the use of technology and social media, gender identity, the built environment, and low birth weight.

### 3.3 Population Estimates

53,961 children and young people aged under 18 years old are registered with a Southampton City GP Practice as at 1 April 2018, this is 9% higher compared to an estimated 49,517<sup>3</sup> resident within Southampton City.

### 3.4 Population Forecasts

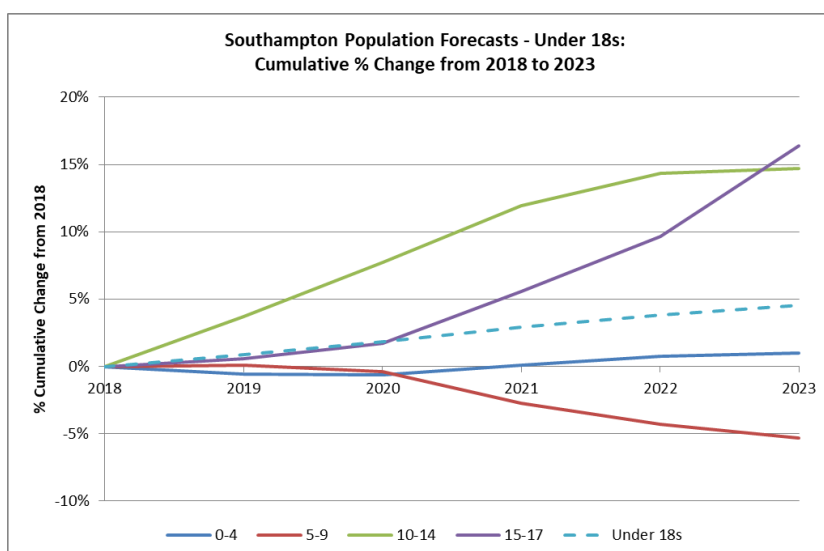
The population projections estimate the resident population will increase by 4.5% to 51,897 (+2,251) by 2023, with the highest increases within the 15 – 17 year old (+16.4%, +1,071) and 10 – 14 year old age ranges (+14.7%, +1,827). This will have a significant impact on demand for CAMHS Specialist service as 59% of CAMHS referrals are aged 10 – 17 years old.

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<sup>1</sup> YoungMinds. YoungMinds Annual Report 2015-16, 2016. [Online]. Available: <https://youngminds.org.uk/media/1233/youngminds-annual-report-15-16-final.pdf> (last accessed 16/02/18. [Accessed 06/06/2018].

<sup>2</sup> House of Commons Education and Health and Social Care Committees. The Government's Green Paper on mental health: failing a generation, 2018. [Online]. Available: <https://publications.parliament.uk/pa/cm201719/cmselect/cmhealth/642/642.pdf>. [Accessed 21/06/2018].

<sup>3</sup> Hampshire County Environment Department's 2017 based Small Area Population Forecasts for 2018



### 3.5 Deprivation

Southampton is ranked 54th (previously 72<sup>nd</sup>) most deprived authority in England (out of 326 authorities) in 2015 based on average rank of LSOAs. This means we are among the fifth (16 per cent) most deprived authorities in England. The City demonstrates significant variance in terms of deprivation and some wards are amongst the most deprived in England. 28% of areas are in the most deprived quintile (20%) in England and 36% are in the second most deprived quintile. Being as it is situated in South East England, it is likely that deprivation in Southampton communities is further affected by additional considerations:

- Absolute deprivation effects in relation to non-economic factors are likely to be masked by the City's population benefitting from a healthier regional economy than many of Southampton's comparator cities.
- Relative deprivation effects in terms of the level of relative economic prosperity of communities neighbouring poor communities in Southampton is more likely to be marked than in many of Southampton's comparator cities. As house and rental prices in Southampton are also low in areas of deprivation in comparison to neighbouring areas within and beyond the city it is also likely that Southampton areas of deprivation accrue families who cannot afford to live in wealthier areas, whereas those individuals and families supported in breaking free from deprivation may aspire to move into wealthier areas.

### 3.6 Summary of Level of Need

Southampton generally has a high level of emotional and mental health issues compared to both England and its comparator cities. The table below highlights how Southampton compares to England and our closest statistical neighbours for a few key indicators.

#### i Summary of Needs

Indicator	Southampton	Statistical Neighbours	England
IDACI - Average rank	50th most deprived out of 326 (15.3% most deprived)		
IMD- Average Score	54th most deprived out of 326 (16.6% most deprived)		
Estimated prevalence of mental health disorders in children and young people: % population aged 5-16	9.8% (2,960)	9.6% (Soton ranked 4th highest - out of 11)	9.2%
% of school pupils with social, emotional and mental health needs (School age)	3.75% (1,164)	3.23% (2nd highest)	2.3%
Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS)	46	47.2 (ranked worst)	47.6
Percentage reporting low life satisfaction	17.2%	14.8% (ranked worst)	13.7%
Looked After Children rate per 10,000	108	76.3 (2nd highest)	62

CPP Plan rate per 10,000	55.3	55 (6th)	43.3
CiN Plan rate per 10,000	458.3	405.2 (4th highest)	330.4

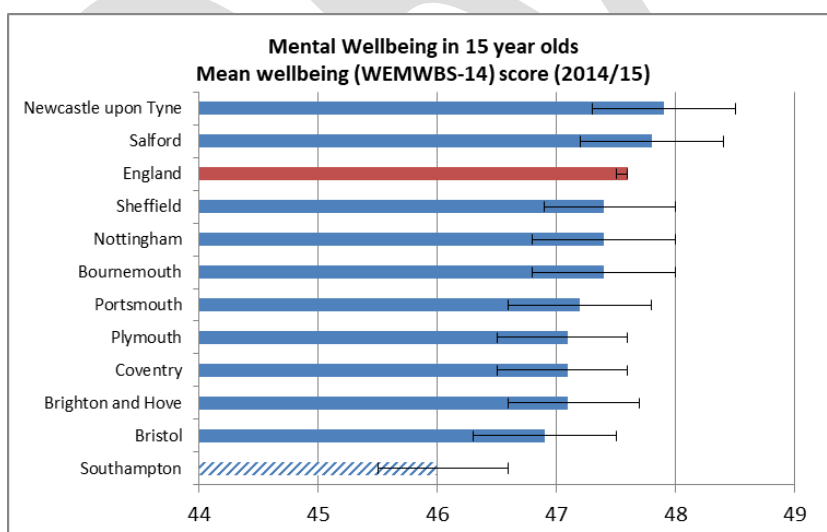
Some of the key trends are:

**ii Prevalence of Mental Health Disorders<sup>4</sup>:** Estimated prevalence of mental health disorders in Southampton City is 9.8% for children and young people aged 5 – 16 years old compared to an England average of 9.2% (relatively 6.5% higher) – based on the under 18 year old population this is nearly 5,300 children and young people in Southampton.

**iii Looked After Children:** Southampton City historically has high rates of Looked After Children and has been ranked worst for 6 out of the last 7 years.

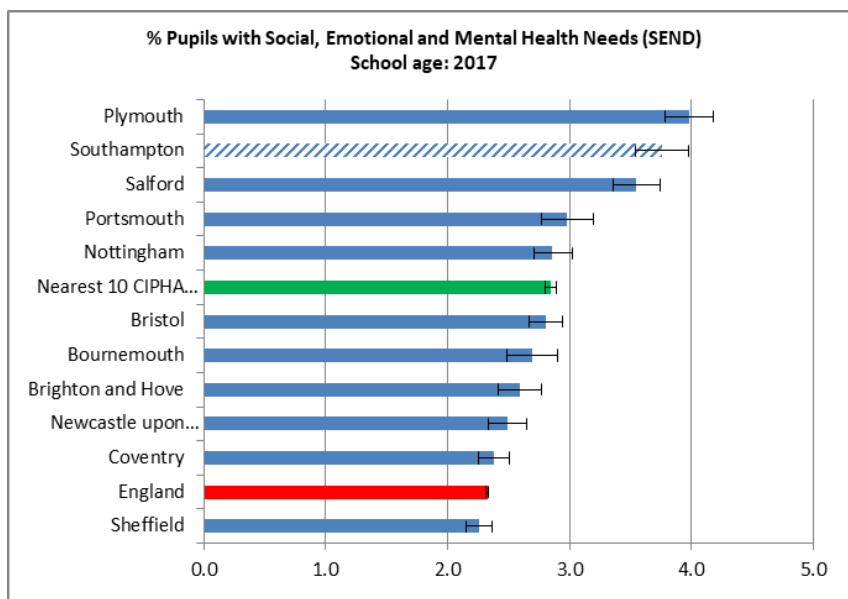
- The rate in 2017 was 108 per 10,000, this is an improvement compared to the previous year but we are still ranked 2<sup>nd</sup> worst out of our statistical neighbours (29% relatively higher) and 74% higher than England.
- Currently there are 524 Looked After Children (May 2018 – local figures), this is 2% lower than the same month the previous year. There have been 171 new LAC episodes in the most recent 12 months, which is 50 more than the same period the previous year so a 41% increase.
- Data on the prevalence of mental health problems within LAC in Southampton was not available but the 'LAC Needs Assessment, SCC, 2016-2017' found that mental health dominated the discussions from all professionals, with particular concerns around attachment and the behavioural impacts of poor mental health and the potential for placement breakdown.
- Nationally, LAC are four times more likely to have poorer mental health compared to children that have not entered social care based on this prevalence of 48% there are 252 LAC within Southampton with mental health problems.

**iv Mental Wellbeing:** The What About Youth Survey (2014/15) highlighted that Southampton's 15 year olds mean wellbeing score (46.0) was significantly lower compared to the England average (47.6) and lowest out of our 10 closest neighbours and the % reporting positive life satisfaction (57.2%) was lower than England (63.8%) and 2<sup>nd</sup> lowest out of our neighbours.



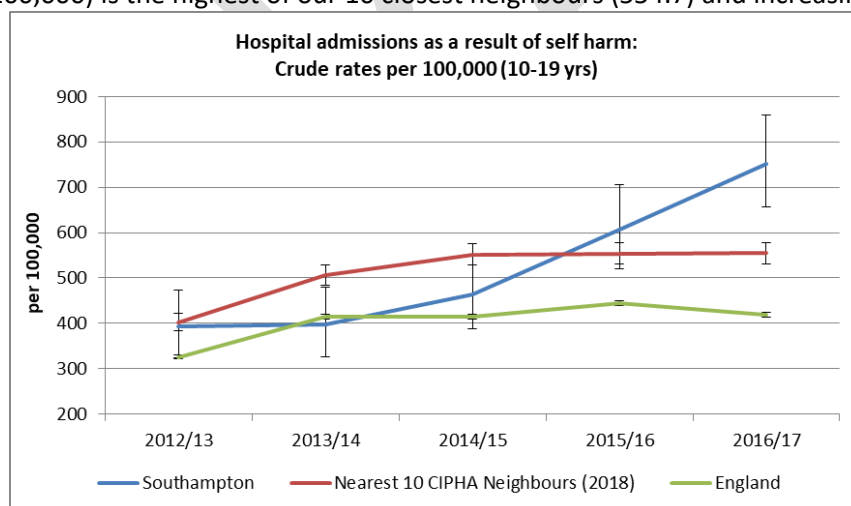
<sup>4</sup> Prevalence data is based on the ONS survey 'Mental health of children and young people', which was undertaken in 2004, therefore the data should be treated with caution as it is 14 years old but it is due to be refreshed this year. A new national prevalence survey has been commissioned by the Department and will report in 2018 and the scope has expanded to include ages 2 to 19 years

**v % Pupils with Social, Emotional and Mental Health (SEND Primary Need):** In the January 2017 school census, Southampton had 1,164 pupils with a primary type of need as social, emotional and mental health (3.8%). The proportion in Southampton is significantly higher compared to both England and our statistical neighbours' average.



Southampton's high number of out of city independent special school placements is also largely attributable to SEMH, with 52% of the 62 children in such placements having a primary need of SEMH, identifying that there is a need to improve the city's response to meeting SEMH locally.

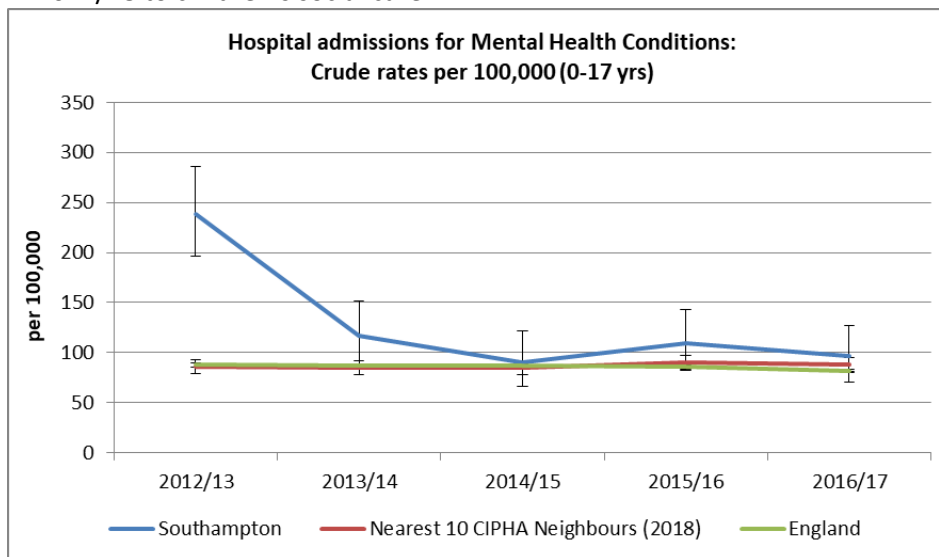
**vi Self-harm hospital admissions:** There were 217 Southampton hospital admissions for self-harm, this is an increase of 48 (+28%) compared to the previous year. Southampton rate (752.1 per 100,000) is the highest of our 10 closest neighbours (554.7) and increasing.



**vii Hospital admissions for mental health conditions:** 48 children and young people were admitted for mental health conditions, this decrease of 6 (-11%) compared to the previous year. The Southampton rate (96.2 per 100,000) has been relatively stable for the past three years and is similar to our closest neighbours (87.9).

**viii Exclusions:** 385, 1.9% (of which 220 were repeat) primary school children and 908, 8.95% (of which 382 were repeat) secondary children had a fixed term exclusion in 2016/17 and of these 53% of primary school and 28% of secondary school children had a social, emotional and mental health SEND need.

**ix MASH/Front Door:** Mental health was flagged as a factor for 404 out of 2511 (16.1%) of referrals in 2017/18 to children's social care.



**x Being abused or witness domestic abuse:** Abuse may be of a sexual, psychological or emotional in nature, while neglect is the persistent failure to meet a child's basic physical and/or psychological needs, such as failure to provide adequate food, shelter or clothing, protect a child from physical or emotional harm or ensure appropriate medical treatment. There is strong evidence to suggest that abuse and or neglect has a detrimental effect on mental health and wellbeing.

In 2017 the rate per 10,000 children aged under 18 years 'in need' due to abuse or neglect in Southampton was 335.5 compared to the England average of 172.9. Southampton has high levels of domestic violence and abuse, with 77% of Child Protection Plan cases involving domestic violence and abuse

### 3.7 What stakeholders and the needs assessment have told us

#### i Parents

A survey was circulated to inform the health needs assessment in the school setting through some schools' parent mail systems and SCC's Peoples Panel. 294 parents with a child(ren) at 77 schools responded. The main findings were:

- Most parents were confident in providing support for their child's MH but were less confident in identifying when they need support.
- 13% of parents felt schools had a negative impact on MH and this was mainly in secondary rather than primary schools
- Only 28% felt there was sufficient support in schools
- 21% would not know where to get help from their child's school
- Teachers cannot be relied on for MH support but should be trained in early recognition of when a child would benefit from help and how to signpost them appropriately
- More prevention and early help is needed within schools
- There is poor communication between GPs and schools with some CYP being bounced between them
- Frustrations around numerous reorganisations, high staff turnover in schools and funding cuts

#### ii Schools

24 out of the 73 schools completed the health needs assessment in the school setting survey (14 out of 55 primary schools, seven out of twelve secondary schools/colleges, and three out of six special schools). The main findings were:

- Generally schools wanted more support regarding MH and wellbeing and felt under pressure in this area including comments such as “we now have GPs signposting parents to schools for counselling – with the expectation that it is provided”.
- Of the 24 schools only 15 had a MH lead but this did include all of the special schools. This is similar to national figures, the government green paper found that ‘nearly half of schools and colleges already have specific MH leads’. The most common formal training a lead had was in Emotional First Aid however many leads had only minimal or no specific MH training. Most schools wanted further on-site training for staff.
- The promotion and support for MH and wellbeing was very variable across schools including the support for staff, with comments including that it would be “useful to standardise the expectations from all schools across the City and share resources” and the need for a “quality assured PSHE offer that can be used to personalise the PSHE delivered in schools”.
- Schools showed confusion around which services they were receiving. For example, Primary MH workers were reported as present in six schools, however only three of those schools actually had the service commissioned in them. Similarly, Emotional Health and Wellbeing (EHWB) workers were reported in 12 schools, but only 8 of those actually received the service. Positively, nine schools said they had a peer support system in place.
- Nearly all schools did feel they addressed MH and wellbeing to a degree in their curriculum but of note, 8 schools did not have dedicated PSHE lessons timetabled. Although a range of external providers are available, most schools used school staff to deliver the teaching.
- Aspects of the curriculum which none of the schools reported including but were requested by CYP and are recommended in the grey literature were online safety including social media, addiction, bullying, relationships and sex education including consent, diet, exercise, mood and promoting good sleep. Many schools (11) stated that they do not feel prepared for compulsory RSE and gender identity was raised as an area of need.
- Most schools stated that they already engaged with parents, usually with information providing, face-to-face sessions of interventions with CYP that included them.
- 11 schools did not know about the schools MH forums run by Solent NHS Trust CAMHS or the PSHE network. Those who were members found it quite to very useful.
- A good case study of CYP's involvement was a pupil from one school who led assemblies and created support posters around the school on MH issues as a result of her father having CBT and the impact on her and her siblings.

### **iii Children and Young People**

Two focus groups informed the health needs assessment in the school setting with a total of 15 CYP (aged 12-24 years) found:

- Accessibility was more important than having highly trained individuals. There is a demand for more low-level support which is open-ended and available at all times.
- External individuals and/or a peer support system are preferential to teachers as CYP feel they are less biased, confidential and have more time.
- Staff should be trained to spot pupils who show signs of MH problems early.
- Numerous concerns amongst the CYP about confidentiality and about not being seen to be visiting or using services suggest perception of stigma.
- PSHE should be extended so it is covered every year in school and includes topics CYP feel are important to everyday life such as MH and wellbeing, life skills, staying safe online and crime and law.

### **iv Other Stakeholders**

A Social, Emotional and Mental Health Partnership Forum has been established in the city to bring together stakeholders from across the health, education, social care, public and community and voluntary sectors to identify need and plan and evaluate services together. An engagement event with this Forum held in July 2018 highlighted a number of key themes which have informed our LTP refresh:

What we do Well	What we need to Improve on
<ul style="list-style-type: none"> <li>• <b>Investment in Mental Health</b> – CCG has fully committed allocated funding</li> <li>• <b>Recognition of need and desire for improvement</b></li> <li>• <b>Good quality evidence based interventions</b></li> <li>• <b>Multiagency meetings working around complex cases</b> with joint planning (when these happen they work well)</li> <li>• <b>Range of diverse services and good partnership working</b> - Good blue print for partnership working – innovative</li> <li>• <b>CAMHS Psychiatric liaison nurse in emergency department</b> - good outcomes</li> <li>• <b>Schools</b> - do recognise the need for them to own their role.</li> <li>• <b>Relationship between No Limits (voluntary sector organisation) &amp; CAMHS</b> - No Limits offer Holistic help for 11-24yrs</li> <li>• <b>Establishment of School / CAMHS Mental Health Forums</b> – although attendance at these can be variable</li> <li>• <b>Investment in provision to meet the mental health needs of children and young people with learning disabilities</b> - very vulnerable group.</li> <li>• <b>Training</b> - Really good training packages for increasing confidence of non-MH professionals - although availability is limited to investment</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Capacity and recruitment</b> - Upskilling the workforce around MH/EW awareness (wider) / recruitment to vacant post</li> <li>• <b>Confusion where to refer</b> - challenging to navigate the range of services available for low level mental health disorders, mapping services understanding what is out there, referral criteria</li> <li>• <b>Long Waiting Lists</b> – significant wait for CAMHS</li> <li>• <b>Silo mentality between some services</b> – potential for a single point of access</li> <li>• <b>Ensure a more consistent offer within schools</b> – high need for prevention &amp; low level support, especially primary schools.</li> <li>• <b>Transition</b> points at various ages/stages</li> <li>• <b>Building/supporting parental capacity</b> around MH / emotional wellbeing / Behaviour</li> <li>• <b>Hearing the YP voice</b> – improve co-production</li> <li>• <b>Training</b> – improve consistency of offer</li> <li>• <b>Preventative agenda</b> – PSHE should include topics CYP feel are important to everyday life such as mental health and wellbeing, life skills, staying safe online, and crime and law.</li> <li>• <b>Universal Support</b> - concerns that not enough early and low level support is available.</li> <li>• <b>Identification</b> – School and universal staff should be trained to identify pupils who show signs of mental health difficulties early, but for targeted support external individuals and/or peer support are preferred.</li> </ul>

#### v Service provision

- In Southampton, core CAMHS (including community Eating Disorder Services) is provided by Solent NHS Trust working in close partnership with schools, children's services, hospital services, Adult MH Services and the Community and Voluntary Sector. This also includes the BRS (Building Resilience Service), a multiagency specialist CAMHS service for children and young people with severe and complex emotional and behavioural difficulties which Solent provides jointly with Southampton City Council children's services. CAMHS have established 3 mental health school forums (one for special schools, one for primary schools and one for secondary schools) to provide a direct link for schools to come along and find out more about the services and support available and discuss children's mental health issues or any particular concerns they may have about a child. CAMHS also run a mental health training programme for school staff.
- A range of voluntary sector organisations are also active within the city delivering a variety of services and projects to support the MH of children and young people, particularly focussed on early intervention (e.g. No Limits, Yellow Door, Solent Mind, Princes Trust, Saints Foundation).



- Solent NHS Trust has formal subcontracting arrangements with several Voluntary Sector organisations (particularly No Limits) for delivery of early help support in schools and community settings. No Limits also provide counselling services in schools and community settings commissioned jointly by the CCG and City Council, Health and Wellbeing School and College Drop ins funded by the Council and Early Help and Wellbeing practitioners subcontracted by Solent as part of the city's 0-19 integrated Early Help and Public Health Nursing offer. We believe that this partnership arrangement developed by Solent NHS Trust and No Limits has enabled the reach of our core CAMHS provision to be extended, strengthened its relationship with young people (No Limits being the biggest voluntary sector provider of young people's advice and support in the city with a recognised brand and accessible service base) and is a unique and creative feature of our CAMHS offer within the city.
- UHSFT is the main provider of acute hospital services in Southampton, including Southampton Children's Hospital which is one of the largest teaching trusts in the country and a major centre for specialist paediatric services in the south of England, providing acute specialist care across Hampshire and Isle of Wight. The Trust employs children's psychologists and psychiatrists' services who provide support to specialties working with children in emergency, outpatient and inpatient settings and also manages Bursledon House which is a highly specialised inpatient paediatric/psychiatric unit, providing assessment and treatment of serious chronic illness.
- Southern Health Foundation Trust is the main provider of Adult MH and LD services in Southampton and also provides Leigh House a specialist inpatient service for young people aged 12-18 years who are experiencing a range of mental health problems, including depression, psychotic disorders and anorexia nervosa. Southern Health also provide Bluebird House which is a specialist, secure mental health inpatient unit for young people 12-18 years and the Early Intervention for Psychosis Service for people aged 14 - 35 years.
- Appendix A provides a summary of children and young people's MH services in the city and Appendix C highlights this as a diagram.

### 3.8 Further Information on Local Needs

3.8.1 Further information on the emotional and mental health needs of our local population of children and young people and the services in place to support them can be found in our initial Local Transformation Plan (LTP) for children's mental health and well-being developed in 2015, our HeadStart Strategy and a recent Children and Young People's Wellbeing and Mental Health Needs Assessment in the School Setting, carried out in 2018.

Mental Health Matters

<http://www.southamptoncityccg.nhs.uk/mental-health-matters-consultation>  
[Mental Health Matters Consultation Report](#)

Local Transformation Plans

2015 <http://www.southamptoncityccg.nhs.uk/download.cfm?doc=docm93jjjm4n1328>

2016 <https://www.southampton.gov.uk/modernGov/documents/s31504/Appendix%203.pdf>

2017 <http://www.southamptoncityccg.nhs.uk/download.cfm?doc=docm93jjjm4n1395>

HeadStart Strategy

<https://www.southampton.gov.uk/modernGov/documents/s29188/MRD.pdf>

Joint Strategic Needs Assessment

<http://www.publichealth.southampton.gov.uk/healthintelligence/jsna/>

Children and Young People's Wellbeing and Mental Health Needs Assessment in the School Setting

<http://www.publichealth.southampton.gov.uk/images/cyps-wellbeing-and-mental-hna-final.pdf>



3.8.2 Further national data is also available within the Children and Young People's Mental Health Fingertips data tool published by Public Health England, enabling comparison over time and benchmarking against comparator areas.

<https://fingertips.phe.org.uk/profile-group/child-health/profile/cypmh>

3.8.3 A SEND strategic review a review of provision for children and young people in Southampton with special educational needs and disability was carried out in 2017/18

[https://search3.openobjects.com/mediamanager/southampton/directory/files/southampton\\_send\\_strategic\\_review\\_june\\_2017\\_-\\_march\\_2018.pdf](https://search3.openobjects.com/mediamanager/southampton/directory/files/southampton_send_strategic_review_june_2017_-_march_2018.pdf)

DRAFT

## 4. Performance and Service Activity

4.1 This section provides an overview of performance in a number of key areas.

### The Five Year Forward View (FYFV) for Mental Health and Eating Disorders Targets

4.2 The FYFV includes a number of recommendations to meet by 2020/21. The table below summarises our progress towards achieving these recommendations/targets

Progress to Date	17/18 Actual	2018/19 onwards
<b>1. Eating Disorders: an evidence-based community eating disorder service for children and young people will be in place in all areas, ensuring that 95% of children in need receive treatment within one week for urgent cases, and four weeks for routine cases.</b>		
<ul style="list-style-type: none"><li>In Southampton, Eating Disorder services are integrated into local CAMHS delivered by Solent NHS Trust and significant additional investment has been made to ensure they are delivering against the NICE standards.</li><li>Although the service achieved the national access standards in Q1 18/19, there have been issues in relation to accurate recording of whether the case is routine or urgent on the referral form and has seen a high level of DNAs. Solent has therefore worked with young people to develop the referral form, including a 'flag' for eating disorders to ensure this is identified as early as possible. The service is also proactively following up "Was not brought" (WNB)/DNAs.</li></ul>	<b>Urgent</b> 29% (as at Q1 18/19 we have achieved 100%)	<ul style="list-style-type: none"><li>Continue to monitor performance against the national standards</li><li>Work with wider STP-footprint to scope how the comprehensive package in-line with NICE Standards can be delivered to all e.g. multi-family therapy, CBT-E not viable within small geographic area</li><li>To engage with key stakeholders to promote service / referral pathways and ensure eating disorder is identified on referral to ensure timely access</li><li>To work with Solent to address DNAs.</li></ul>
	<b>Routine</b> 86% (as at Q1 18/19 we have achieved 100%)	
<b>2. Access: At least 35% of children and young people with a diagnosable mental health condition will be receiving treatment from an NHS-funded service (30% for 17/18 and 32% for 18/19)</b>		
<ul style="list-style-type: none"><li>Southampton's performance against the 35% target is currently 31% based on locally collected data; however, our national reported performance is 26%, owing to not all local services uploading to the national Mental Health dataset and not all data being captured on the upload.</li><li>Solent NHS Trust send data to NHS England as part of the Mental Health Minimum Dataset (MHSDS), having identified and implemented configuration changes on System1 to fully capture data into MHSDS and trained CAMHS staff to improve data entry.</li><li>No Limits who provide counselling and BRS are unable to upload data to MHSDS. We are working with NHSE</li></ul>	<b>26% MHSDS</b>	<ul style="list-style-type: none"><li>Continue to receive local reporting and compare with MHSDS</li><li>Work with Solent NHS Trust to improve the quality of reporting to the MHSDS reporting</li><li>Agree and support implementation of a process for non-NHS providers (No Limits) to upload data to the MHSDS with support from NHS England</li></ul>
	<b>31% manual upload to NHS Digital</b>	

Progress to Date	17/18 Actual	2018/19 onwards
and our Providers to resolve this.		
<b>3. In-patient stays for children and young people will only take place where clinically appropriate, will have the minimum possible LOS, and will be as close to home as possible to avoid inappropriate out of area placements.</b>		
<ul style="list-style-type: none"> <li>In 2017/18, Southampton had 13 Tier 4 CAMHS admissions. This compares to 17 in the previous 12 months.</li> <li>The average length of stay for Southampton Tier 4 admissions in 17/18 was 101 days, compared to 139 in the previous 12 months.</li> <li>8 out of the 13 admissions in 17/18 (62%) have been placed less than 15 miles from home, 4 (31%) placed 50 – 100 miles from home and 1 (8%) more than 100 miles.</li> </ul>	No local target	<ul style="list-style-type: none"> <li>Every effort is taken to avoid inappropriate out of area placements and Southampton CAMHS have worked in partnership with Sussex Partnership Trust as part of a Hampshire and IOW wide Crisis Project to better manage access to inpatient admission for those children and young people who really need it and prevent admission where avoidable through working with the child, their families and professionals around them wherever possible to manage their needs in the local community.</li> <li>As part of the local crisis support network, Solent NHS Trust provides the out of hours psychiatry rota for West Hants, SE Hants, Southampton &amp; Portsmouth CCGs ensuring that there is expert support available to children presenting with a mental health crisis out of hours.</li> <li>In addition, the STP/CCG has invested over the last 18 months in a CAMHS Psychiatric Liaison Nurse based in A&amp;E. This has resulted in the percentage of Main ED attendances being admitted during core hours from 74% to 32%.</li> <li></li> </ul>
<b>4. All areas will provide crisis resolution and home treatment teams (CRHTTs) that are resourced to operate in line with recognised best practice (all ages)</b>		
<ul style="list-style-type: none"> <li>Work is currently underway to review the crisis pathway and support required in the community for crisis resolution and ongoing management to avoid hospital admission wherever possible. This forms part of Southampton's priorities for development and plans for future investment.</li> </ul>	No local target	<ul style="list-style-type: none"> <li>Review the crisis pathway locally and invest in crisis resolution and home treatment services.</li> <li>Link with STP Crisis Care workstream</li> </ul>
<b>5. At least 1,700 more therapists and supervisors will need to be employed to meet the additional demand, in addition to actions to improve retention of existing staff. This is the target across the whole</b>		

Progress to Date	17/18 Actual	2018/19 onwards
<b>of England.</b>		
<ul style="list-style-type: none"> <li>The CCG continues to work with Solent NHS Trust, its main provider of local CAMHS, to improve recruitment and retention of staff.</li> <li>The service has recently employed 4 IAPT trained Psychological Wellbeing Practitioners</li> </ul>	No local target	<ul style="list-style-type: none"> <li>Continue to work with Solent NHS Trust to improve recruitment and retention to key posts and engagement in the IAPT programme.</li> <li>Continue to sign up and contribute the STP-wide Workforce Development plan</li> </ul>
<b>6. 60% will receive treatment for Early Intervention in Psychosis within two weeks of referral. This target includes adults (53% in 18/19)</b>		
<ul style="list-style-type: none"> <li>The existing EIP team has been supplemented with CAMHS clinicians to become evidence compliant. This is an increase in consultant psychiatrist time (3 sessions). In addition there has been MDT sessional input and pathway development to include CAMHS consultant psychiatrist sessions, mental health nurse and Systemic Family Therapy sessions.</li> <li>Currently 74% young people receive treatment within two weeks of referral which is better than the national target.</li> <li></li> </ul>	74% (all ages)	<ul style="list-style-type: none"> <li>Continue to monitor performance against national targets</li> </ul>

#### Summary of 2017/18 data

4.3. Annual summary of 2017/18 activity for services directly commissioned in relation to emotional wellbeing and mental health highlights more than 3,000 referrals have been received.

	EHWP <sup>5</sup> (0-19 Integrated Team)	Community Counselling	CAMHS
Number of referrals into service	1,076	676	1,384
Number of CYP accepted into service during year	1,062	330	922
Waiting List	-	79	209
Average wait from referral to assessment (in working days)	-	1.7	11.7 (wks)
Average wait from assessment to first appointment in weeks	-	8.0	
Number of active cases as at 31st March 2018	-	-	1,769
Total number of face to face contacts	2,552	3,410	12,106
Number with 2 or more contacts in past 12 mths	523 <sup>†</sup>	291	1,136

<sup>†</sup> this excludes CYP who have been seen 2 or more times within CAMHS

<sup>5</sup> EHWP – Emotional Health & wellbeing Practitioners

### Health & Wellbeing School & College Drop-ins – No Limits

- 4.4 As part of the city's Early Help offer, Southampton City Council Public Health commission No Limits to provide Health & Wellbeing School & College drop-ins within secondary schools and colleges. The service is currently provided in 9 schools (out of 12) and 3 (out of 3) colleges. It has recently been out to tender and the new service is to commence on 1 September 2018. This will increase coverage to 10 (out of 12) schools and the aim is to roll out to all schools including St Georges Catholic and St Anne's Catholic schools during 2018/19.
- 4.5 A summary of the number of young people who have accessed the school & college based drop-ins during 2017/18 school year can be found in the tables below.

#### i Activity

There have been a total of 16,608 Tier 1 contacts and 1,303 have had 1:1 contacts by this service

	Schools	Colleges	Total
Total number of Tier 1 contacts	11,884	4,724	16,608
Number of individual young people with 1:1 contacts	748	555	1,303
Total number of 1:1 contacts	2,287	983	3,270

#### ii Demographic Information of Young People seen for 1:1 contacts

A higher proportion of females are seen for 1:1 contacts compared to males within schools but it is an equal proportion within colleges. The data demonstrates that the service is engaging with young people from BAME communities.

	Schools	Colleges	Total
<b>Gender</b>			
Male	224 (30%)	267 (48%)	491 (38%)
Female	503 (67%)	266 (48%)	769 (59%)
Transgender	7 (1%)	1 (0%)	8 (1%)
No Info	14 (2%)	21 (4%)	35 (3%)
<b>Ethnicity</b>			
White	610 (82%)	451 (81%)	1,061 (81%)
Asian	26 (3%)	36 (6%)	62 (5%)
Black	13 (2%)	20 (4%)	33 (3%)
Mixed Race	26 (3%)	20 (4%)	46 (4%)
Traveller	4 (1%)	3 (1%)	7 (1%)
Other	7 (1%)	8 (1%)	15 (1%)
No Info	62 (8%)	17 (3%)	79 (6%)

#### iii Identified Vulnerabilities

No Limits record the vulnerability status of individual young people who access their service. A brief summary of some of the vulnerabilities recorded associated with emotional wellbeing and mental issues are:

- 91 (7%) Difficultly managing behaviour
- 64 (5%) Learning difficulties
- 140 (11%) At risk or experiencing self-harm
- 53 (4%) At risk of suicide
- 237 (18%) Mental health issues
- 32 (2%) Drug problems

- 21 (2%) Experiencing risky sexual behaviour
- 50 (4%) A young carer

#### iv Information, advice and guidance

No Limits record the type of information, advice and/or guidance provided to young people during their 1:1 contacts. A brief summary of some of the most common themes for the categories emotional wellbeing and relationships is highlighted below.

##### Emotional wellbeing

- Self-esteem, confidence: 812 (62%) young people
- Stress: 628 (48%)
- Anxiety: 548 (42%)
- Other person's emotional wellbeing: 347 (27%)
- Self-destructive behaviour: 274 (21%)
- Anger: 254 (19%)

##### Relationships

- Friendships: 1,089 (84%) young people
- Family: 842 (65%)
- Relationships, love: 797 (61%)
- Sex: 585 (45%)
- Achieving positive relationships friends: 459 (35%)
- Achieving positive relationships family: 425 (33%)

#### v Case Study



CS1 - Drop-ins.docx

### Emotional Health & Wellbeing Practitioners<sup>6</sup> (5-19 Public Health Nursing service) – No Limits

4.6 The 0-19 Integrated Prevention & Early Help service includes emotional health & wellbeing practitioners (EHWB) who work within secondary schools. The EHWB received a total of 1,076 referrals during 2017/18.

#### i Activity Information

	2017/18
Number of referrals	1,076
Number of Visits	2,552

#### ii Case Study



CS2 - EHWB.docx

### Community Counselling – No Limits

4.7 No Limits are also commissioned by the CCG and Council to provide a counselling service to children and young people in schools and community settings. This has historically been commissioned for 11-17 year olds. From 1 September, the service has been commissioned for 11-25 year olds and it is

<sup>6</sup> **Item(s) to note:** Further reporting from Emotional Health & Wellbeing is limited at present. Solent are currently making system changes to improve this with data capture starting for new referrals from 1<sup>st</sup> September 2018.

planned to extend from Autumn/Winter 2018 to include under 11 year olds. Activity data for under 18 year olds is shown below:

#### i Activity Information

The number of children and young people accepted into the services has decreased by 50 (14%), this has been due to a number of staff vacancies during 2017/18 but there has been an increase in the number seen within 4 or more sessions.

	2015/16	2016/17	2017/18
Number of CYP accepted into service during year	357	351	301
Waiting List (at end of year)	100	43	79
Average wait from referral to assessment (in working days)	8	13	12
Average wait from assessment to assignment in weeks	8.1	6.9	8
Total number of counselling sessions with CYP	2,275	3,609	3,410
Number of CYP seen (4 or more sessions)	172	137	196
Number with 2 or more contacts in past 12 mths (based on 2 <sup>nd</sup> contact in 17/18)	-	-	291

#### ii Demographic Information of Young People seen

A higher proportion of females are seen within the counselling service compared to males. Nearly 1 in 10 young people who have had counselling are from a BAME background, this is relatively low compared to 16% of Southampton school pupils from a BAME background in 2016/17 and will therefore be an area of focus going forward.

Gender	
Male	41%
Female	59%
Transgender	0%
No Info	1%
Ethnicity	
White	89%
Asian	3%
Black	2%
Mixed Race	5%
Traveller	0%
Other	0%

#### iii Case Study



Counselling Case  
Study\_1806 online v1



Counselling Case  
Study\_1806 v2.docx

#### CAMHS

- 4.8 This section provides a summary of activity within the core CAMHS service. Waiting times have increased; however the complexity of referrals is increasing and there has been a focus on reducing waiting times for children waiting for intervention within service.

### **i CAMHS Referrals**

There were 1,384 referrals in 2017/18, of which 1,001 were accepted by the CAMHS service. This is a 10% (-152) decrease compared to 2017/18. The reasons for the decrease is previously autism assessment referrals would have been recorded as a CAMHS or CPMS referral, but they are recorded separately from 2017/18, it is estimated approx. 300 autism referrals would have been recorded as CAMHS in 2017/18 also since the implementation of SPA there has been an increase in calls to SPA for advice and information, this may also support a decrease in actual referral numbers (as not recorded as a referral).

Referrals signposted/not accepted by CAMHS relate to those which do not meet the criteria for CAMHS, in the main low level emotional and behavioural problems. The services will generally signpost these to local voluntary and community groups and activities available. With the additional investment that the CCG has made into early intervention within the CAMHS team, this figure is expected to reduce over time.

	<b>16/17</b>	<b>17/18</b>
Received	1,536	1,384
Accepted	1,108	1,001
Signposted	428	383
% Accepted	72%	72%

### **ii CAMHS Waiting Times**

The average waiting time has increased from 7.3 to 11.7 weeks and those waiting longer than 18 weeks has increased by 21 percentage points. 26% more CYP were seen in 2017/18 and the % seen within 18 weeks rate from 61% in Q1 to 85% in Q4.

	<b>16/17</b>	<b>17/18</b>
<4 weeks	280 (40%)	253 (28%)
4-11 weeks	246 (35%)	171 (19%)
11-18 weeks	133 (19%)	227 (25%)
>18 weeks	44 (6%)	240 (27%)
Total	703	891
Avg Waiting Time (wks)	7.34	11.71
Longest Waiting Time (wks)	68	80

### **iv Waiting Time between 1<sup>st</sup> and 2<sup>nd</sup> appointment<sup>7</sup>**

The number of CYP being seen for a 2<sup>nd</sup> appointment has increased by 15% (+86) and nearly 2 in 3 are seen for their 2<sup>nd</sup> appointment within 6 weeks compared to just over 1 in 2 in 2016/17. We monitor this in addition to the referral to treatment waiting time to ensure that once in the service children are also getting access to the support they need in a timely way.

	<b>16/17</b>	<b>17/18</b>
≤6 weeks	310	436
No. of 2 <sup>nd</sup> appointments	577	663
% within 6 weeks	54%	66%
Average Wait (weeks)	7.6	7.4

### **v Numbers of Contacts**

899 children and young people received a first attendances with CAMHS, this has increased by 23% (+168) compared to the previous year. The number of follow up attendances has increased by 4% (+415)

<sup>7</sup> Note: It is not always clinically appropriate to have the second contact within the 6 weeks reported on here.



	16/17	17/18
First Attendance	731	899
Follow Up Attendances	10,792	11,207
Total Contacts	11,253	12,106

#### vi Numbers in Treatment

As at Mar-18, there were 1,769 children and young people currently open to CAMHS, this is a 13% increase (+197) compared to Mar-17

	Mar-16	Mar-17	Mar-18
Open Referrals	1,499	1,611	1,798
Unique Patients	1,466	1,572	1,769

#### vi Demographic Information of Referrals<sup>8</sup>

**Ethnicity** –8% of those seen within CAMHS are from a BAME Background, this is relatively 50% less compared to 16% of Southampton school pupils from a BAME background in 2016/17. This is an area of focus moving forward.

**Gender** - A higher proportion of males have been seen within CAMHS, this is the opposite trend compared to H&WB school & college drop-ins and counselling.

**Age** – Nearly 4 in 4 (78%) of contacts are children and young people aged 10 – 17 years old. This population age group is projected to increase by >15% over the next 5 years, this highlights the future significant pressure on CAMHS due to demographic trends.

Ethnicity	No.	Age	No.	Gender	No.
White	832 (92%)	<5	3 (2%)	Female	572 (44%)
Asian or Asian British	13 (1%)	5-9	22 (29%)	Indeterminate	1 (0%)
Black or Black British	6 (1%)	10-14	45 (37%)	Male	722 (56%)
Mixed	40 (4%)	15-17	79 (31%)	<b>Total</b>	<b>1,295</b>
Other Ethnic Groups	10 (1%)	>17	78 (1%)		
Total Known	1295	<b>Total</b>	<b>1,295</b>		
Not known	8				
Not stated	386				
<b>Total</b>	<b>1,295</b>				

#### vii Deprivation

The number of children and young people seen within CAMHS by national deprivation quintile provides evidence that the service is engaging with those from the more deprived areas. 72% of CYP seen reside within the 2 most deprived quintiles compared to 68% of the 5 – 17 year old Southampton population.

IMD – National Quintile	No Of Unique Patients	5-17 yr old population	Rate per 1,000 Population
Most Deprived Quintile	506 (41%)	11,519 (34%)	43.9
2 <sup>nd</sup>	384 (31%)	11,374 (34%)	33.8
3 <sup>rd</sup>	190 (15%)	5,274 (16%)	36.0
4 <sup>th</sup>	111 (9%)	3,957 (12%)	28.1
Least Deprived Quintile	36 (3%)	1,573 (5%)	22.9
<b>Southampton City</b>	<b>1,227</b>	<b>33,697</b>	<b>36.4</b>

<sup>8</sup> Based on number of unique patients

Out of Area	67		
Unrated	1		
<b>Grand Total</b>	<b>1,295</b>		

#### National Access Target – 2 or more contacts within 12 months (National Target)

- 4.9 The 2018/19 target is for 32% (1,560) children and young people to have 2 or more contacts within 12 months by end of the year.

Local data highlights that we have achieved 30% this target based on NHS Funded service up to June 2018 – just below the 32% target. This increases to 41% with the emotional health and wellbeing practitioners' activity (Public Health funded) who are a core component of our citywide emotional wellbeing and mental health offer.

Service	2 or more contacts within 12 months
<b>NHS Funded</b>	
CAMHS	1,170 (24%)
Counselling (No Limits)	291 (6%)
<b>Sub Total</b>	<b>1,461 (30%)</b>
<b>Public Health Funded</b>	
Emotional Wellbeing Practitioners† (0-19 Prevention & Early Help Team)	512 (11%)
<b>Sub Total</b>	<b>512 (11%)</b>
<b>Grand Total</b>	<b>1,973 (41%)</b>

† this figure excludes any CYP who have been seen 2 or more times within CAMHS

#### Autism Assessment Service

- 4.10 Southampton City CCG commissions NHS Solent to deliver an Autism Assessment Service. This is provided via a carousel model with a wide range of practitioners participating in this. Colleagues from the carousel regularly join to triage Autism Spectrum Disorder referrals to CAMHS and plans are in place to further develop the partnership with the Children Paediatric Medical Service (CPMS) referral process in 2018/19. The CCG invested £36k non-recurrently to train more practitioners to add to the carousel. This has increased the number of clinics from 1.5 days to 2.5 days from Oct-18 and will contribute towards reducing the waiting list as >50% more children and young people are assessed and improving assessment times.

	2017/18				2018/19
	Q1	Q2	Q3	Q4	Q1
% (& no. assessed) of autism assessment within timescales (3 mths)	30% (53 CYP)	41% (58 CYP)	57% (75 CYP)	50% (86 CYP)	49% (82 CYP)

#### Tier 4 Admissions

- 4.11 To enable us to monitor the impact of local transformation we have worked with specialist commissioning to gather benchmarking data on inpatient activity which we will be able to compare to in future years. The table below shows there has been a small decrease in the number of Tier 4 bed admissions in 2017/18 compared to the previous 12 months.

	2016/17		2017/18	
	All admission to Tier 4 CAMHS	Eating Disorder Admissions	All admission to Tier 4 CAMHS	Eating Disorder Admissions
Number of admissions	17	2	13	1
Number of individuals	13	2	12	1
Average length of stay	139	150	101	169
Longest stay	512	213	315	169

8 out of the 13 (62%) have been placed less than 15 miles from home, 4 (31%) placed 50 – 100 miles from home and 1 (8%) more than 100 miles. 10 out of 13 of the placements relate to CAMHS Acute admissions.

DRAFT

## 5. Transformation Plan Investment and progress so far

- 5.1 The transformation funding budget allocation and recurrent investment plans since 2015/16 can be seen in the table below:

	15/16	16/17	17/18	18/19	19/20
<b>CAMHS Transformation &amp; ED Allocation</b>	£462k	£651k	£741k	£811k	£897k
<b>CCG Investment Plan (recurrent)</b>	£523k	£748k	£748k	£893k	£893k

- 5.2 The local priority work streams from 2015/16 to 2017/18 and the status of the investment identified is outlined in the table below. Green highlights that investment has taken place and services are in situ and, amber that services are still under development.

Work stream	Budget Allocation	Recurrent Investment	Details	Status
1	£50,000	£50,000	<b>Navigators</b> - to support children, young People and their families to access the services most appropriate to their needs.	To invest in SPA function for 18/19 Family Navigation functions in Southampton have recently been awarded national pilot funding of £85k to explore scope for increasing the use of social prescribing
2	£65,000	£65,000	<b>Community solutions</b> - including a worker, peers support and grants/training	A range of one-off grants during 17/18 to test different approaches and build the market. To now be included recurrently within Play & Youth provision procurement during late 2018 with a specific focus on activities that promote positive mental health and wellbeing
3	£50,000	£50,000	<b>EIP</b> – CAMHS clinicians within the EIP team to become evidence compliant and to ensure that CYP are being seen within EIP teams and not remaining in CAMHS.	Funding invested within EIP service
4	£140,000	£147,156	<b>CYP ED Service</b> –Dedicated Eating Disorder funding has been used to recruit additional staff to form a multi-disciplinary CYP ED pathway.	Funding invested within ED Service
5	£202,678	£202,678	<b>Early Intervention</b> – creation of Early Intervention team within CAMHS.	Early Intervention team operational
6	£59,034	£59,034	<b>Crisis Care Services</b> – Crisis care lead recruited and overseeing changes within crisis services as part of the wider STP crisis care concordat.	Crisis Lead recruited within CAMHS service

Work stream	Budget Allocation	Recurrent Investment	Details	Status
7	£40,000	£40,000	<b>Counselling Provision</b> – Extension of counselling provision including development of digital streams and collaborative work with schools	£40k allocated to service during 17/18 to reduce waiting list Tender complete and new service to commence 1 Sep-18
8	£36,800	£36,800	<b>Learning Disabilities</b> – Increased psychology and nurse input into learning disabilities team	Nurse and clinical psychologist in post
9	£60,000	£60,000	<b>Commissioning</b> - supplement to commissioning resources to enable smooth implementation of transformation plans and continued commissioning capacity	Service Development Officer in post
10	£17,500	£17,500	<b>Southampton Mental Health Alliance</b> – Contribution to ageless alliance to bring together service users, carers and providers	To develop / strengthen service user networks in place
11	£20,000	£20,000	<b>Peer Support</b> – Group work with embedded peer support development	Tender for new Peer Support service during 18/19
12	£51,969		<b>Community Group Work</b> – Continuation of pilots to test market needs and inform future needs.	See status 2
	£792,981	£748,168	Total	

5.3 A progress update for each of the priority workstreams is summarised below

Workstream 1: Navigators (CAMHS)	
Budget Allocation: £50k	Actual Spend: £0k
<p><b>Progress Update:</b></p> <ul style="list-style-type: none"> <li>Family Navigation functions in Southampton have recently been awarded national pilot funding of £85k to explore scope for increasing the use of social prescribing. In view of the potential for social prescribing in relation to positive mental health impact in adults we will explore scope for social prescribing in support of CAMHS transformation alongside wider development of this approach.</li> <li>It has been agreed to refocus the LTP investment following the additional investment awarded via the national pilot towards further development and increase capacity within the CAMHS SPA</li> <li>Note: Family Navigators are also a key role within the Integrated 0-19 Prevention and Early Help service funded for Public Health (Local Authority) and provide a link to Primary Care to this 0-19 service.</li> </ul> <p><b>What are the next steps:</b></p> <ul style="list-style-type: none"> <li>To broaden the function of the SPA increasing the voluntary sector input, including mapping of the wider emotional and MH offer available across the Voluntary and Community sector, ensuring that this is published on Southampton Information Directory (SID) and signposting people to these broader resources where applicable.</li> </ul>	
Workstream 2 & 12: Community Solutions	
Budget Allocation: £117k	Actual Spend: £347k non-recurrent. An increase in budget due to previous underspend in mobilisation of some LTP workstreams

**Progress Update:**

- During 2017/18, Southampton City Council awarded a number of CAMHS grants with the aim of the grant scheme to encourage new and innovative ways to improve children and young people's mental health.
- This funding was only available for one year; therefore projects were time-limited or working towards financial sustainability.
- The CAMHS grants focus was on, but not limited to, addressing the following gaps identified from focus groups and questionnaires with children, young people and professionals as part of the Mental Health Matters consultation.
  - Emotional and Mental Health Support to Under 11s (5 grants awarded)
  - Emotional and Mental Health Support for young people facing Gender identity issues (2 grants)
  - Support for children and young people experiencing Loss and bereavement (2 grants)
  - Bullying (4 grants)
  - Behavioural support for autism and Asperger (4 grants)
- An additional 5 grants were awarded covering general mental health
- There was a wide range of grants awarded including awareness raising, access to Zumos Pupil Wellbeing project, training, nature therapy, brief interventions to therapeutic interventions

**What are the next steps:**

- Building on learning from the grants, £35k will be invested within the Play and Youth Development procurement to increase overall capacity for this service and to strengthen the emotional health and mental health offer. This procurement will consist of 2 lots.
  - Lot 1: Community setting based Play Services for 0-12 year olds. Facilitating play opportunities for children and young people (mainly 0-12) to enjoy a range of positive, safe, high quality, inclusive play experiences that are accessible near to where they live, build friendships and strengthen family interaction.
  - Lot 2: Community based Youth Services for 10-19 year olds. Facilitating youth activity opportunities for children and young people (mainly 10-18) to access community based youth activities in their local community that create positive opportunities for engagement, enjoyment and making a positive contribution.

**Workstream 3: Early Intervention in Psychosis**

Budget Allocation: £50k

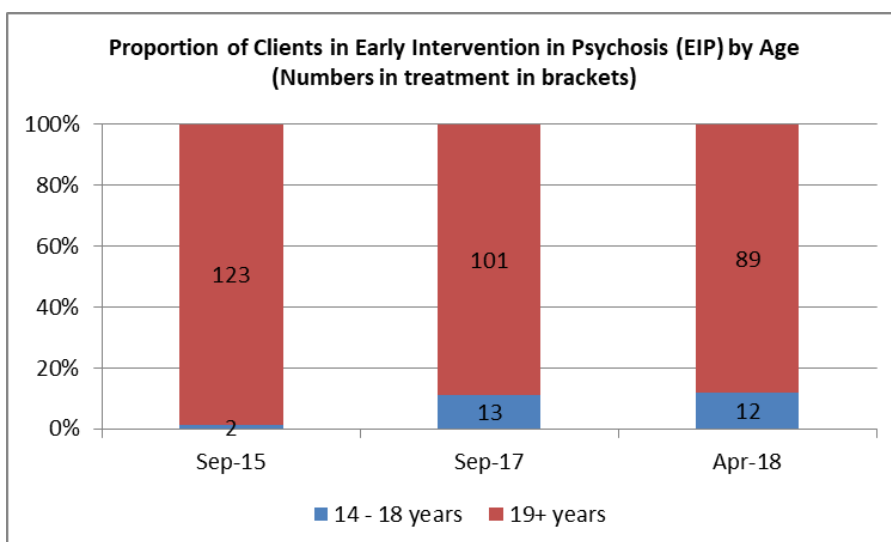
Actual Spend: £50k

**Progress Update**

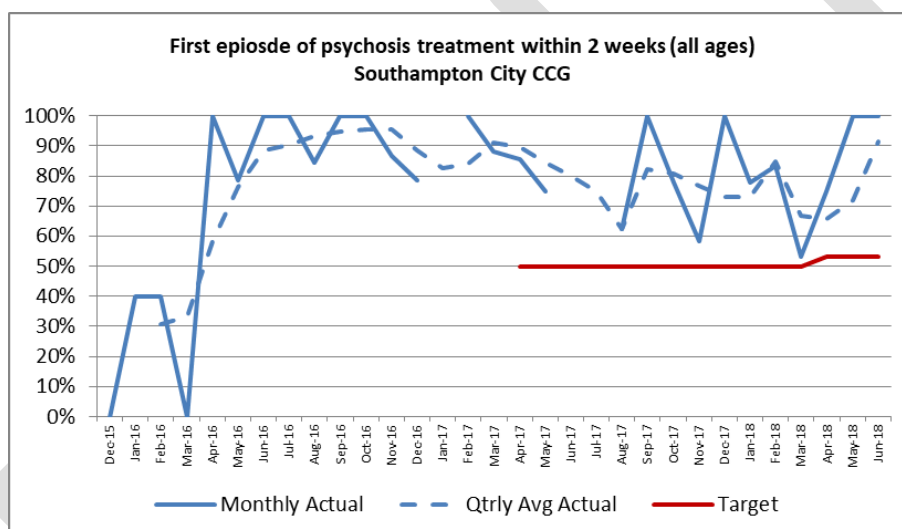
- To meet the new guidance on waiting time standards for Early intervention to Psychosis (EIP) we needed to meet two conditions to achieve the standard
  1. A maximum wait of two weeks from referral to start of treatment (50% 17/18, 52% 18/19)
  2. Treatment delivered in accordance with NICE guidelines and quality standards for psychosis and schizophrenia in children and young people
- The 2015 LTP also identified a need to increase the number of young people within EIP as CAMHS were holding these cases within service and to ensure that the EIP team is able to offer NICE recommended therapies for children and young people.
- £50k was invested from the transformation funding. This funding has enabled CAMHS consultant psychiatrist sessions, CAMHS mental health nurse and Systemic Family Therapy sessions to be offered and provide MDT sessional input and pathway development from CAMHS.

**What difference has it made?**

- Increased the number and proportion of children and young people being seen within the EIP service from <2% of all service users in September 2015 to 12% in April 2018



- The current pathway is delivering evidence-based therapies in line with national guidance to provide support when required for people of all ages and we are achieving the access standard of delivering the NICE recommended packages of care within 2 weeks of referral for more than 50% of those diagnosed



#### What are the next steps?

- To continue monitoring achievement of the EIP standards

#### Workstream 4: Children & Young Peoples Eating Disorder Service

Budget Allocation: £140k

Actual Spend: £147k

#### Progress Update:

- The children and young people's eating disorder access and waiting time standard was released in July 2015 and set the direction to improve access and waiting times and the evidenced based treatments offered.
- The aim was to commission a NICE compliant Community Eating Disorder (ED) team that achieves the 95% national target of children and young people receiving treatment by <4 wks for routine and <1 week for urgent cases
- The Community Eating Disorder service is a sub-team within core CAMHS in Southampton. The service provides assessment and evidence based treatment for children and young people and their families or carers with eating disorders. We have increased staffing capacity of the ED service by investing £147k.
- Work continues in improving the consistency and quality of eating disorders services and we are continuing to work in partnership with the STP/Clinical Network to explore options for future Eating

Disorder model based on NICE compliance

**What difference has it made?**

- Increased capacity of the Eating Disorders team

**What are the next steps?**

- Work continues in improving the consistency and quality of eating disorders services and there are a number of areas for further development during the next year

For further details see Chapter 8

**Workstream 5: CAMHS Early Intervention Team**

Budget Allocation: £203k

Actual Spend: £203k

**Progress Update:**

- Investment from the transformation money has enabled an early intervention team to be created within Southampton's CAMHS service focussing on those who would previously not have met the CAMHS criteria
- The team consists of 7.6wte staff of which 5.8wte is funded via the CAMHS Transformation money
  - 0.8wte Clinical Lead
  - 1.0wte Senior Early Intervention Practitioner
  - 3.0wte Early Intervention Practitioners (one in each of the 3 localities)
  - 1.0wte Emotional Wellbeing Practitioner (IAPT trained)
  - 2.8wte Voluntary Sector Primary Mental Health Workers (one in each of the 3 localities)
- The team provides a designated 'link professional' in each of the three locality areas
- The focus is on early intervention and prevention and promoting positive emotional health wellbeing and resilience to enable families and individuals to manage their mental illness, mental health and improve confidence

**What difference has it made?**

- Improved links with schools as the team co-ordinate and facilitate half termly Mental Health in Schools Forums (Primary, Secondary and Special School Forums). The agenda is developed in partnership with schools. Bespoke training has been delivered for schools at the request of those attending these forums.
- PMHW work within schools and mainly see young people during/at the end of the school day within the school setting
- Increased support and interventions for YP with emotional wellbeing and low to medium mental health needs who would previously have moved between services as they do not meet the core CAMHS threshold
- Attendance of schools at Mental Health Awareness Training

**What are the next steps?**

- To continue to embed the team and promote to schools to further widen representation at School Forums
- Build stronger links within CAMHS SPA to reach families through the referral process.

**Case Studies**



CS3 - PMHW.docx



CS4 - EI Team.docx



CS5 - EI Group.docx

**Workstream 6: Crisis Care Services**

Budget Allocation: £59k

Actual Spend: £59k

**Progress Update:**



- 1 x B7 Registered Mental Health Nurse has been appointed within Solent CAMHS as the Crisis Care Lead within the community
- The role co-ordinates service response for young people who go into crisis and require enhanced provision and is the link with UHS acute service
- The role co ordinates 7 day follow ups for young people discharged from UHS
- The role provides an oversight into the ED pathway from a nursing perspective and ensures nursing intervention plans are in place
- Contributes to the duty system and ensures there are urgent assessment slots

#### **What difference has it made?**

- Improved co-ordination within CAMHS around crisis care

#### **What are the next steps?**

- Work with partners to develop the crisis care offer with the additional £110k CAMHS funding allocated from 2018/19 particularly in relation to crisis resolution and intensive outreach support.

### **Workstream 7: Counselling Provision**

Budget Allocation: £40k

Actual Spend: £40k

#### **Progress Update:**

- £40k invested during 2016/17 to reduce the counselling waiting list
- Tender exercise held during 2017/18 for a new counselling service and due to commence on 1 September 2018. This will increase provision from 11-18 years old to 25 years old
- The model was co-produced with children and young people through a range of workshops, questionnaire responses and smaller focus groups. Youth Forum Champions and No Limits Engagement group provided significant input to this process.
- The young people identified a range of outcomes that were grouped together to create a list of measurable outcomes which the service could be measured against and an Outcome pyramid was developed for the service specification to visually demonstrate how the service outcomes co-produced with young people would support the city's aims and objectives
- The new model is made up of three elements;
  - Community provision – to be provided as part of core service offer and includes online counselling
  - School and college provision – with an additional option for schools to purchase school/college based sessions via the Framework
  - Co-ordination function including governance, quality, step-up and step-down pathway support, data and marketing function – offered to all schools/colleges including those who purchase their own counselling provision directly from another counsellor/provider

#### **What difference has it made?**

- The service has recently been tendered as a framework and age range has extended to an 11-25 year old service. This commenced on 1 September 2018
- 1 secondary and 2 special schools have already agreed to purchase school based sessions

#### **What are the next steps?**

- Mobilisation of new service including working with schools and colleges to sign up to the co-ordination function to improve consistency of offer across the city and school based counselling sessions from the new Provider
- Extend counselling provision to primary school children in Autumn 2018

### **Workstream 8: Learning Disabilities**

Budget Allocation: £36.8k

Actual Spend: £36.8k

#### **Progress Update:**

- JIGSAW, the Southampton's integrated health and social care team for children with disability has

received transformation investment to improve the offer to those with substantial and complex disabilities. This includes

- 3 sessions of CAMHS consultant time to support clinical supervision for the wider SEND team and also to deliver assessments, interventions and acting as a bridge for specialist/complex pathways such as autism and CYP with LD and complex mental health problems.
- Learning Disabilities nurse that works 0.5wte in the JIGSAW team and 0.5wte within CAMHS team.

#### What difference has it made?

- In Jigsaw, the presence of both the LD clinical psychologist and LD nurse, and the consultation provided by the psychiatrist, has enabled MDT case discussions regarding the mental health needs of young people with LD. By having these discussions, referrals have been made for young people to access specialist LD intervention in CAMHS (with the psychologist or nurse), and/or for review of medications with the psychiatrist, where appropriate
- Having an LD specific psychology intervention waiting list has reduced waiting times for this cohort than they would otherwise be waiting for psychology intervention within the generic CAMHS team.
- The LD Psychologist also provides direct interventions for young people and parents/carers. They are also developing the Positive Behaviour Intervention Programme (previously Intensive Intervention Programme) for challenging behaviours, where a functional analysis (assessment) and Positive Behaviour support (intervention) approach is adopted.
- The LD Nurse together with a CAMHS Nurse Therapist has delivered an adapted NVR group parental training to meet the needs of children/young people with LD/ASD. The initial LD/ASD NVR group ran from May to July 2018, and the Sheffield Learning Disabilities Outcome Measures indicate an increase in parental confidence and understanding of the child's behaviour, and needs. In addition verbal parental feedback received during a follow up session in September indicated an overall reduction in challenging behaviours.

#### Case Studies



CS7 - LD  
Investment.docx

#### Workstream 9: Commissioning

Budget Allocation: £60k

Actual Spend: £40k

##### Progress Update:

- Appointment of Service Development Officer in 2017 to support CAMHS local transformation

#### What difference has it made?

- The post has provided additional emotional health & mental health commissioning capacity to enable smooth implementation of transformation plans
- Co-production toolkit developed by postholder, this used the development of the new counselling service as a case study

#### Workstream 10: Southampton Mental Health Alliance / Service User Network

Budget Allocation: £17.5k

Actual Spend: £0k

##### Progress Update:

- Original proposal was to contribute CAMHS Transformation funding for the development of an ageless alliance to bring together service users, carers and providers
- It was agreed to not pursue with this tender as Southampton City has a range of service user network groups already in place and there is a need to make better use of the current resources instead of the creation of an additional service user network

#### What are the next steps?

- To develop links with current service user networks to improve the voice of the child, young

person, parent and carers into emotional and mental health commissioning

### Workstream 11: Peer Support

Budget Allocation: £20k

Actual Spend: £20k

#### Progress Update:

- The current service is the Teen Safe House project is a support group for young people aged 13 to 19 suffering from confidence or anxiety issues. This can be anything from feeling different, invisible, misunderstood, hearing voices, depressed, struggling to cope, lonely, wanting to self-harm, stressed, anxious. It has been in place since 2002 funded via SCC grants but will be funded by CCG in future
- It provides a 'safe place' for the children and young people accessing it to belong and engage and encourages an environment which is conducive to peer led support.
- The Service aims to deliver activities which support the personal development of the children and young people accessing the service and aims to build self-confidence and self-esteem, develop the use of positive coping mechanisms, reduce anxiety and depression and reduce self-harm and other negative coping mechanisms.
- Teen Safe House runs weekly sessions from 5:30-7:30pm.
- Teen Safe House contract is due to end on 31st March 2019 and is will go out to procurement

#### What are the next steps?

- Procurement for new peer support service with additional CAMHS Transformation investment of £31k will take place during 2018/19 with a new peer support service in place in 2019/20

5.4 The priority work streams identified for this year (2018/19 and 2019/20) are shown below:

Work stream	Budget Allocation	Recurrent Investment	Details
<b>Priorities with recurrent investment from Previous Year</b>			
1	£50k	£50k	<b>EIP</b> – Continuation of CAMHS clinicians within the EIP team to remain evidence compliant and to ensure that CYP are being seen within EIP teams and not remaining in CAMHS. To sustain MDT sessional input and pathway development to include CAMHS consultant psychiatrist sessions, mental health nurse and Systemic Family Therapy sessions. Existing members of staff being used and an increase in consultant psychiatrist time (3 sessions) has been recruited to.
2	£140k	£147.2k	<b>CYP Eating Disorder Service</b> –Continued development of service. Dedicated Eating Disorder funding has been used to recruit additional staff to form a multi-disciplinary CYP ED pathway. Commissioners are working jointly to achieve this outcome and are also closely linked to the NHS England representatives and leads for this area.
3	£267k	£267k	<b>Early Intervention</b> – Continuation of service. Three early intervention workers (two Band 5 & one Band 6) and 3 primary care mental health worker role have been recruited. Termly Early Years, a Primary School, a Secondary School and a Special School Forums commenced during 17/18. In 2018/19, an IAPT trained Emotional Wellbeing Practitioner has been appointed to work within this team
4	£59k	£59k	<b>Crisis Care Services</b> – Continuation of service. Nursing input has been increased to link with Main ED. Crisis care lead recruited and overseeing changes within crisis services as part of the wider STP crisis care concordat.

5	£40k	£40k	<b>Counselling Provision</b> – Extension of counselling provision including development of digital streams and collaborative work with schools
6	£36.8k	£36.8k	<b>Learning Disabilities</b> –Continuation of Service. Increased psychology and nurse input into learning disabilities team
7	£40k	£40k	<b>Commissioning</b> - continuation of additional commissioning capacity to enable smooth implementation of transformation plans and ongoing monitoring – service development officer recruited 2017.
8	£31k	£31k	<b>Peer Support</b> – Group work with embedded peer support development
<b>New Priorities with Recurrent Investment</b>			
9	£50k	£50k	<b>Development of SPA</b> - to support children, young People and their families to access the services most appropriate to their needs. This will help navigate the system and develop a directory of services to assist referrers
10	£110k	£110k	<b>Further development of crisis care support</b> – to improve the CAMHS offer within the community for children and young people in crisis, particularly in relation to crisis resolution and intensive outreach support.
11	£30k	£30k	<b>Community Solutions/grants</b> – to include emotional and mental health support as a function within the play and youth procurement. This will facilitate play and youth opportunities, pool resource and share expertise as a sector to collectively increase the attraction of funds into community development work in the city
12	£25k	£25k	<b>Counselling</b> – extension of counselling service to primary school children
13	£20k	£20k	<b>Therapeutic interventions</b> - to CYP experiencing Domestic Abuse and Gender Dysphoria
	<b>£885.3k</b>	<b>£892.5k</b>	<b>Total</b>
	£810.5k	18/19 Transformation budget. Investment also includes 19/20 transformation allocation which is an additional £86k. This is a total investment of £896.5k	

5.5 In addition to the CAMHS Transformation budget there has been the following additional investment:

- £31k from NHS England Health & Justice. This investment has increased the mental health nursing for the Youth Offending Service (YOS) by 1.0wte Band 5.
- £130k from winter pressures funding this includes a children's MH nurse at UHS ED. Early triage can prevent unnecessary paediatric admissions as may be able to safely signpost with a risk management plan following a comprehensive risk assessment and mental state examination.

5.6 Our refreshed LTP and investment plan have been based on a number of key priorities which have been identified at a city wide level. These are:

1. Promoting resilience, building strong prevention and early intervention services
2. Improving access – 'no wrong door'
3. Care for the most vulnerable and reducing health inequalities
4. Improving Services for children and young people with Eating Disorders
5. Improving Crisis Care
6. Improving the transition to adulthood
7. CAMHS Workforce development

The next 7 chapters (chapter 6 - chapter 12) discuss each of these and appendix B is a LTP road map that provides a high level of summary of the key actions within each of these priorities.

## 6. Local Priority One: Promoting resilience, building strong prevention and early intervention services

Our aim is to act early to prevent harm, by investing in the early years, supporting families and those who care for children and building resilience through to adulthood. Strategies should be developed in partnership with children and young people to support self-care. This will reduce the burden on mental and physical ill health over the whole life course (Future in Mind, 2015).

- 6.1 Southampton is a city committed to prevention and early intervention, our Primary Prevention and Early Help Joint Commissioning Strategy states that Southampton's vision is to be:

"An Early Intervention City with multiagency service provision that works to ensure children's needs are met at the earliest stage. Where possible, and children's welfare is assured, these needs will be met within their family and community resources."

The 2017 - 2020 Prevention and Early Help Action Plan for Children and Young People aged 0-19 years sets out at a high level goals and actions that partners have agreed to undertake in order to fulfil the prevention and early help ambitions.



Prevention and Early Help - Action Plan - u

- 6.2 Over the past 12 months we have continued our focus on developing our prevention and early help offer to children and young people.
- 6.3 A Children and Young People's Wellbeing and Mental Health in the School Setting Needs Assessment was carried out in August 2018. The needs assessment was based on stakeholder engagement with pupils and parents, providers and schools. A summary of feedback from stakeholders is included below:
- There is a lack of universal support for mental health and wellbeing and low-level support is very variable across schools.
  - There are gaps in support for primary schools and special schools.
  - Most schools engage parents but few co-produce with CYP, or offer support to staff.
  - Few schools have a formal monitoring system to measure CYP's wellbeing. This would enable targeting of CYP likely to benefit from wellbeing or mental health support, as well as evaluate interventions.
  - It is challenging for schools, parents and CYP to coordinate and navigate the numerous services and there are concerns that not enough early and low level support is available.
  - School staff should be trained to identify pupils who show signs of mental health difficulties early, but for targeted support (more intensive support for those pupils with medium to higher needs) external individuals and/or peer support are preferred.
  - PSHE should include topics CYP feel are important to everyday life such as mental health and wellbeing, life skills, staying safe online and crime and law.

The report contains a range of recommendations to improve children and young people's mental health and well-being. The report can be viewed at the following link – see 3.8.1

- 6.4 Southampton City launched its Restorative City Charter on Friday 24 November 2017 with over one hundred delegates in attendance. Launched during Restorative Justice Week, the Charter set out Southampton's commitment to follow Restorative practices in working towards being a more child friendly City. This will mean working in partnership to become a child-friendly city where problems are resolved and relationships are built through empathy and understanding. Around 20 schools have delivered Restorative Practices to a degree of success and a number of key services around the

Council are adopting Restorative Practices as a way of being, which will promote risk adverse decision making.

- 6.5 The Healthy Early Years Award (HEYA)<sup>9</sup> is a quality assured award scheme for Early Years settings in Southampton to help to improve the health and wellbeing for under 5s. Southampton's HEYA was originally developed in 2009 and in 2017 was redesigned and piloted, to make it more accessible and practical to achieve with three progressive levels: bronze, silver and gold. These 3 levels of good practice are outlined below:

Bronze: Two awards - Healthy Eating and/or Physical Activity. Both need to be achieved to move to Silver:  
Silver: Three awards - Healthy Eating, Healthy Mouth and Physical Activity.  
Gold: Any of the above themes (must achieve all silver awards)

- 6.6 The Healthy High 5 Award<sup>10</sup> was launched in Southampton schools in 2018. This is an award scheme for schools with five achievable elements (stars) designed to have a positive impact on the health and wellbeing of all school pupils. All five stars work together to create a positive impact on all school age pupils and all need to be met for a school to gain the award. There is a digital logo that the school can use when 'working towards' the award and when the school has 'achieved the award'. The school will be awarded a certificate to display when the award has been achieved.

The 5 stars are:

Primary Schools	Secondary Schools
1. Physical activity	1. Physical activity
2. Access to Water	2. <b>Mindfulness minute</b>
3. Healthy lunch, breakfast & after school clubs	3. Water BEATS fizzy and energy drinks
4. <b>Mindfulness minute</b>	4. Shorter queues for healthier lunch options
5. <b>Nurturing nature</b>	5. Love your lungs

Seven primary schools have achieved the award and 12 primary schools, one secondary school and two special schools have signed up and will be working towards achieving the award from the autumn term. This will be rolled out to further schools during 2018/19.

- 6.7 Schools directly commission a range of service to support emotional wellbeing and mental health this includes
- Inclusion/pastoral staff - gives help and support to students as well as providing information, advice and guidance. The offer varies across schools but may include anger management and counselling, motivational groups, and behavioural support
  - Emotional Literacy Support Assistants (ELSA) who focus on teaching emotional literacy skills and thereby developing such resilience skills as the ability to reflect on difficult events. Cover topics including social skills, friendships, and anger management. Nearly all schools purchase ELSAs
  - School counsellors
  - Mental health nurses
- 6.8 Southampton Youth Forum has identified mental health as one of the three main priorities to focus on for the past 2 years. Solent CAMHS are providing support to them in helping them to develop a road show they hope to run in schools, talking with young people about topics related to emotional well-being. Solent CAMHS are also working with the Youth Forum in collaboration with Bitterne Park School and another school to be identified to run an event for World Mental Health Day in October 2018. This will incorporate workshops and stalls from provider services to raise awareness and begin conversations on mental health and emotional wellbeing with pupils in the school.

<sup>9</sup> <http://sid.southampton.gov.uk/kb5/southampton/directory/family.page?familychannel=9-16-2>

<sup>10</sup> <http://sid.southampton.gov.uk/kb5/southampton/directory/family.page?familychannel=9-16-3>



6.9 Personal, Social, Health and Economic (PSHE) and Relationships and Sex Education (RSE) is already expected in every school and will formally become part of the national curriculum from September 2020. Whilst the shape and content of each school's PSHE and RSE curriculum is a school level responsibility there is a clear leadership opportunity for Public Health professionals to support local schools in their identification of key local health and wellbeing needs (such as mental health and emotional wellbeing) and in the evaluation of quality resources to support effective, age appropriate lessons and curriculum content that equips local children and young people for the particular challenges of growing up in Southampton. Local children's services commissioners are working with PSHE and RSE teaching leads in schools to develop a Southampton PSHE / RSE programme of study that can be tailored by any local school to meet the needs of the local community that they serve in an holistic way. The Southampton PSHE Programme of Study is being constructed around four pillars of learning:

- **Healthy body** – the learning, information and behaviours to ensure good physical health (diet, physical activity, smoking, alcohol, substances, rest and sleep)
- **Healthy mind** - the learning, information and behaviours to ensure good mental health (mental and emotional wellbeing, resilience, self-esteem body image, bullying, mental health stigma and asking for help etc.)
- **Healthy relationships** - the learning, information and behaviours to ensure positive relationships (building friendships, consent and respect in maintaining friendships, abuse in friendships and relationships, recognising and resisting bullying, coercive and abusive behaviours as well as more broadly considering sexual and intimate personal relationships and related reproductive and sexual health factors.)
- **Healthy futures** - the learning, information and behaviours to ensure young people understand the skills, strengths and wider considerations they will need to maximise their chances of economic and wider social wellbeing (digital and financial literacy, debt, banking, gambling, staying safe online, working in teams, co-operation, planning future training and career goals etc.)

Clearly there is overlap between the four areas of the curriculum, and each part, if taught well will lead to positive aspirations and resilience in relation to the others.

The Southampton PSHE Network is run for teaching and pastoral support leads involved in the delivery of PSHE in schools and colleges in the city. It shares resources and has been working with commissioners and other organisations that can support schools in the teaching and delivery of PSHE/ RSE.

6.10 No Limits (Southampton's youth information advice and counselling provider) provide a range of services for children and young people aged 11 years and over within Southampton to support emotional and mental health. This includes

1. **No Limits Advice Centre** - an open access 'one stop shop' based in the centre of Southampton. The advice centre provides a holistic offer, supporting young people in a range of issues affecting emotional health and well-being e.g. bullying, stress, anxiety or any other issues such as relationships, housing, money, substance misuse etc....
2. **School & College Health & Wellbeing Drop-ins** – weekly drop-ins provided within 9 schools and 3 colleges and additional 1:1 sessions.
3. **Counselling** – trained counsellors provide weekly sessions (up to six weeks) to young people to talk about anything worrying them
4. **Therapeutic groups** – groups run include anger management, coping with anxiety, managing self-harm and loss & bereavement
5. **Teen Safe House** - a support group for young people aged 13 to 19 suffering from confidence or anxiety issues.
6. **Emotional Health and Wellbeing (EHWB) Workers (part of Integrated 0-19 service)** - work in every secondary school in Southampton, for a whole day, on the same day every week. This is by appointment at school and they provide up to five 1:1 sessions and a safe space for drop-in sessions. Sessions can focus on Anger Management, Anxiety, Self-esteem/Resilience, Emotion Management/low mood, Bereavement, supporting those vulnerable to CSE, Risk Awareness &

Harm Reduction, Young Carers, Appropriate boundaries, Friendship/Bullying, Skills for life and supporting Peer Mentoring and more depending on the priorities of the school.

- 6.11 A 0-19 year old Integrated Early Help and Prevention has been in place since April 2018. This service combines Health Visiting and School Nursing, Family Nurse Partnership, Sure Start children's centres, Families Matter (Troubled Families) and Early Help and is delivered by Solent NHS Trust in partnership with City Council children's services. Every school and college in Southampton, including special schools, have a named public health nurse and emotional health and wellbeing practitioner. All GP practices have been allocated a family navigator. The Family Navigators accept referrals from GPs to provide brief interventions and refer onto relevant agencies and emotional health & wellbeing practitioners working within schools provide brief interventions and group sessions in schools.
- 6.12 There are 14 Sure Start Children's Centres across the city; these are a core component of the 0 -19 year old Integrated Early Help and Prevention. They focus on the early days of pregnancy, through the pre-school years, and introduction to primary schools, to help give your child the best start in life. The multiagency team provides a range of activities that contribute towards promoting emotional and mental health including
- Learning through play in our "come and play" and "family points" (health, help and play) sessions
  - Health advice from midwives, health visitors, other health professionals, family points and child health clinics within the Children's Centres
  - Family support
  - Information and guidance on breast feeding, health and nutrition
  - Support for families with children with additional needs
  - Speech and language support
  - Advice and support for parents including dads groups and young parents
  - Training courses: We offer various training courses throughout the city including parenting classes, ESOL, money management, healthy cooking plus much more
  - Information for parents on childcare, volunteering, training and job opportunities
  - Quick and easy access to wider services
- 6.13 In addition and supporting the aforementioned services, an Early Intervention team has been created within Southampton's CAMHS service with investment from the transformation money. This team consists of:
- 0.8wte Clinical Lead
  - 1.0wte Senior Early Intervention practitioner
  - 3wte Early Intervention practitioner (1 in each of the 3 localities)
  - 2.8wte Voluntary Sector Primary Mental Health workers
  - 1.0wte Emotional Wellbeing Practitioner (IAPT Trained)

#### The service

- Provides a designated 'link professional' in each of the three cluster areas (West, Central and East) with Lead Clinician support; who will facilitate a direct contact point for consultation, advice and supervision to school and college based staff and ensure all relevant school staff have access to up to date contact details.
- Works with designated CAMHS link professional in each school and college to provide support and advice as needed.
- Co-ordinates and facilitates half termly Mental Health in Schools Forum (Primary, Secondary and Special School Forums).
- Provides peer supervision for school staff working with young people with mental health problems through an evidenced based model.
- Scopes the training needs of schools and colleges and develops sessional content through consultation with school staff.



- Supports children and young people who do not meet the clinical threshold for core CAMHS service but are experiencing mild to moderate mental health issues or emotional distress, including but not limited to anxiety and depression.
- Delivers evidence based psychological interventions and family based therapeutic approaches to children and young people who present with complexity and/or mild to moderate emotional wellbeing and mental health problems alongside their parents/carers where appropriate.

6.14 The CAMHS Early Intervention Team have re-established school forums. They run separate Primary, Secondary and Special School forums. The forum aims to:

- Identify issues and changes being seen within schools
- Share best practice, learning and models being used across the city
- Provide supervision and scope training needs for school staff working with CYP with mental health problems
- Ensure schools understand the referral and triage process to CAMHS
- Develop a work programme of school-level preventative interventions

The service is exploring how they can link in with existing early years forums as part of the service consultation offer to early years.

6.15 Perinatal Mental Health - Patients can be supported if they suffer mental health problems during or after their pregnancy, a new service has been developed especially for mums with postnatal depression called "Mums Matter". This is a 10-week High Intensity CBT group with crèche facilities available which is jointly run with the health visitors. The groups are based at Sure Start Centres.

### Recommendations

6.16 Moving forward, Southampton will continue to develop its prevention and early help offer to improve mental health and wellbeing outcomes for children and young people. We recognise that we already have many of the components of an "Early Help city" in place, including many of the elements outlined in the Government's recent Green Paper; however we acknowledge that these need to be more joined up and easier to navigate. Our focus moving forward is therefore to:

- Explore opportunities for further integration and streamlining pathways within our Early Help offer
- Embed the recommendations from the Green Paper, whilst learning from the Trailblazers
- Continue to embed the Restorative Charter and work towards Southampton becoming a Child Friendly City.
- Further roll out of the HEYA and Healthy High 5 Award to early years settings and schools.
- Continue to upskill teachers and external providers in the recognition and management of mental health difficulties.
- Embed a whole school approach to mental health and wellbeing across Southampton.
- Ensure the CAMHS offer to schools is consistent and explore options for increasing mental health and wellbeing support within primary schools
- Embed a city wide quality assured PSHE/RSE curriculum (to include topics important to CYP and emerging areas).
- Work with schools and colleges to sign up to the new counselling service framework to improve the clinical supervision and consistency of counselling provision in the city
- Expansion of Counselling offer to primary school children

## 7. Local Priority Two: Improving access – ‘no wrong door’

Our aim is to change how care is delivered and build it around the needs of children and young people and families. This means moving away from a system of care defined in terms of the services organisations provide to ensure that children and young people have easy access to the right support from the right service at the right time (Future in Mind, 2015).

### Waiting Times

- 7.1 Improving access is a key priority within Southampton. Waiting times within the specialist CAMHS service are higher than our ambition. Feedback from stakeholders highlight that there is confusion around where and what can be referred and there is a need to simplify access into services.
- 7.2 The ambition is to reduce waiting times to 7 weeks by 2020/21 however currently more than half of CAMHS referrals are waiting longer than 16 weeks.

Reduce waiting times for CAMHS services (waiting time standard for routine access)

	2016/17	2017/18	2018/19	2019/20	2020/21
Target	18 wks	16 wks	12 wks	10 wks	7 wks

Due to the high waiting times it was agreed to revise the 2018/19 ambition to achieve waiting times of 16 weeks (not 12) by the end of 2018/19. As at quarter 1 18/19

- 31% of referrals are signposted to other service
- 32% of CAMHS routine referrals referral to treatment waiting times are within 12 weeks and 44% within 16 weeks
- Average waiting time from referral to first contact is 15 weeks
- Longest waiting time from referral to first contact is 33 weeks

One of the main reasons for long waits within the Service is staff capacity which in turn is compounded by difficulties in recruiting to key posts. Commissioners continue to work with Solent NHS Trust to improve recruitment and retention and the provider has implemented a range of initiatives, including recruitment fairs and creating new roles and career progression pathways. We are also exploring opportunities to recruit more staff at Assistant and Support Worker level with a view to developing staff within service.

### Single Point of Access

- 7.3 In order to facilitate timely access to the right services, the CAMHS SPA is now operational and this triages CAMHS referrals to the specialist or early intervention service or signposts the referrer to the most appropriate service. In summer 2018, No Limits have agreed to allocate a couple of hours a day to the SPA to further strengthen joint working and to provide knowledge around the other services within the system.
- 7.4 Further transformation investment has been agreed to further develop the Single Point of Access. This funding will increase the capacity of the SPA with voluntary provider practitioners and broaden its function, including mapping of the wider emotional and mental health offer available across the Voluntary and Community sector, ensuring that this is published on the Southampton Information Directory (SID) and signposting people to these broader resources where applicable.
- 7.5 In addition, the CAMHS service stated accepting self-referrals from June 2018

### Improving Access

- 7.6 Solent CAMHS are developing strong links with the Southampton Parent/Carer Forum and bi-monthly meetings have resulted in

- Development of 'what is CAMHS' information leaflet
- Development of what to expect going into hospital leaflet
- Solent CAMHS are working with the Southampton Parent/Carer Forum and currently developing a project to strengthen links with RE:Minds to better facilitate communication with families who are on our waiting list.
- Feedback through the transition work which has led to the development of yearly transition fair

7.7 In summary, the following key recommendations are being implemented to improve access:

- Developing clear referral criteria and pathways to improve the quality of information available to stakeholders and quality of referrals received by CAMHS
- Map current prevention and early help provision and ensure that this is well publicised and easy to access for referrers, children, YP and families including through the development of our CAMHS SPA
- Further development of SPA to provide clear pathways to service providers, schools, parents and CYP including wider emotional health & wellbeing signposting

## 8. Local Priority Three: Improving Services for children and young people with Eating Disorders

### What do we need to do?

- 8.1 The children and young people's eating disorder access and waiting time standard was released in July 2015 and set the direction to improve access and waiting times and the evidenced based treatments offered. The aim is to commission a NICE compliant Community Eating Disorder (ED) Service that achieves the 95% national target of children and young people receiving treatment by <4 wks for routine and <1 wk for urgent cases
- 8.2 The nationally reported performance indicates that Southampton is not achieving the national standard for urgent referrals; however, further analysis of the data has shown that recording errors are behind much of this non-compliance and the true position for 18/19 Q1 was that Solent did achieve the national target for urgent referrals. There are however problems within the capacity of the adult service (caused by staff vacancies) to meet the target for 18 year olds. 18 year olds are seen by the adult community eating disorder service provided by Southern Health Foundation Trust.) Southern Health has since confirmed that it is now fully staffed.

	2016/17	2017/18	2018/19 (Q1 only)
<b>Urgent (within 1 week)</b>			
Solent (<18 yrs)	100% (4/4)	25% (1/4)	100% (1/1)†
Southern (18 yrs)	50% (1/2)	33% (1/3)	n/a
Total	83% (5/6)	29% (2/7)	100% (1/1)
<b>Routine (within 4 weeks)</b>			
Solent (<18 yrs)	100% (16/16)	96% (23/24)	100% (5/5)
Southern (18 yrs)	75% (3/4)	64% (7/11)	100% (3/3)
Total	95% (19/20)	86% (30/35)	100% (8/8)

† nationally reported figure is 50% (1/2) however Solent have checked their records and confirmed there was only 1 urgent referral in Q1 and they were seen within the timescales

- 8.3 The number of Eating Disorder referrals has increased from 26 in 2016/17 to 42 in 2017/18; this is an increase of 16 cases (+62%). It is believed that this increase is due to better identification of eating disorder cases and an increased focus on early intervention.

### What have we done?

- 8.4 The Community Eating Disorder service is a sub-team within specialised CAMHS in Southampton. The service provides assessment and evidence based treatment for children and young people and their families or carers with eating disorders. We have increased staffing capacity of the ED service by investing £147k. The core ED team consists of:

Professional group	Whole time equivalents	Work undertaken
Consultant psychiatrist	2 session	Offering case management + mental health assessment + consultation/ liaison with professionals
Community nurses	2 part time 1.2 WTE B6 1.0 HCSW (vacant)	offering community working in the homes, meal supervision in homes and schools, liaison with GP, + nutritional advice to families and professionals
Family therapist	2 sessions	offering family therapy + couple work + parent group
Psychologists	6 sessions	offering CBT –E individual therapy, + Supervision
Occupational Therapist	6 sessions	Offering assessment, meal supervision, OT work
Dietician	2 sessions	Offering consultation around dietary impact for C&YP

		presenting with an eating disorder
Paediatrics in local general hospital	As required	offering physical assessment and short term admission

As the service is part of the Integrated CAMHS offer – the staffing resource for Core CAMHS is flexible based on the needs of the children/young person so they can also deliver intervention to ED clients.

- 8.5 Programmes are available for those stepping down from in-patient care. The service can offer nursing, nutritional input, supported mealtimes and a range of therapeutic groups, aimed at supporting individuals to address the psychological issues underlying their eating difficulties.
- 8.6 The service is in the process of gaining accreditation with the Quality Network for Community CAMHS (QNCC) and has recently had their first review.

#### What difference has it made?

- 8.7 The additional investment within staffing capacity has created new posts of dietician and OT as well as provision from consultant psychiatrist, community nursing, and psychologist/therapists. The team dietician has a dual role with CAMHS and UHS and provides a link between the two services, which was not as strong previously. Having a team of clinicians with dedicated time for eating disorder provision has helped us to jointly focus on these cases and work as a team. We have also worked on improving the pathway, and have built in fortnightly dedicated team supervision slots. Dedicated monthly multi-disciplinary assessment clinics started in 2017 and the extra staffing has enabled a teaching package to be developed which has been presented to the wider CAMHS team to underpin existing knowledge and skill bases around ED interventions.
- 8.8 There is a confidence that the package offered matches recommendations in the NHS England paper 'Access and waiting time's standard for children and young people with an eating disorder - Commissioning Guide, July 2015'.
- 8.9 Waiting times are now generally within the recommended timeframes. However there is a need to improve on identification as it is not always flagged on the referral.
- 8.10 A monthly parent group has been set up in the evenings from 6-8 pm; this involves service users in the design and delivery of the pathway.
- 8.11 As the ED team are part of specialist CAMHS, young people who come into our service are able to access other group therapies as appropriate, this has included the anxiety group, yoga and mindfulness group, social anxiety group.
- 8.12 Work continues in improving the consistency and quality of eating disorders services. The priorities for 2018/19 and beyond are to:
- develop the CAMHS referral form with a flag for 'eating disorders' to enable early identification to assist achievement of waiting standards
  - develop service capacity to offer more intensive intervention e.g. increased frequency of meal supervisions which may help to reduce inpatient admissions.
  - work with STP/Clinical Network to explore options for future Eating Disorder model based on NICE compliance e.g. multi-family therapy across a wider footprint

## 9. Local Priority Four: Care for the most vulnerable and reducing health inequalities

Current service constructs present barriers making it difficult for many vulnerable, young people and those who care for them to get the support they need. Our aim is to dismantle these barriers and reach out to children and young people in need (Future in Mind, 2015).

- 9.1 Caring for the most vulnerable is a CAMHS Transformation priority, although there is still significant work to do to improve outcomes for the most vulnerable and reduce inequalities.
- 9.2 Southampton has a high number of children and young people at increased risk of poor emotional wellbeing and mental health outcomes: Looked After Children, children with Special Educational Needs and Disabilities (SEND), young offenders, children and young people living in families experiencing domestic violence, under 18's admitted to hospital for alcohol specific reasons, and numbers of children living in poverty. All of these risk factors individually make children and young people significantly more vulnerable to poor emotional wellbeing and mental health, and in combination particularly so. This is why money has been invested to increase CAMHS support within our LD and YOS and services for those most vulnerable.

### Youth Offending Team

- 9.3 Southampton has a higher rate (rate of 10-17 year olds receiving their first reprimand, warning or conviction per 100,000 population) of CYP in the Youth Justice System than the England average and is ranked highest out of its 10 closest statistical neighbours. 441.1 compared to 292.5 England and 368.9 statistical neighbours average (2017 LAIT Tool).
- 9.4 Analysis of ASSET scores highlighted the percentages of Southampton young offenders scoring 2 or more (association with offending) for 'Emotional and Mental health' in the 2015 was 53.0% - this was a 30 percentage point increase compared to a similar study in 2012/13 and the largest increase of all the categories of need.
- 16.4% of young offenders had a formal diagnosis of mental illness, an increase of 1.4 percentage points on the 12/13 figures
  - 46.4% have had contact with/been referred to mental health services, an increase of 10.4 percentage points
  - Of all young offenders, 76.7% of females and 46.4% of males stated they were coming to terms with significant past event/s; this is up from 61% for females and 37% for males.
  - 63.3% of females and 18.9% of males stated they had deliberately self-harmed which has almost doubled for females from 33% previously, but only up by 3.9 percentage points for males
- 9.5 In 2017 we successfully bid for funding from NHS England Health & Justice, for a full time Band 5 mental health nurse to be based within the YOS team. The nurse is able to provide additional health navigation within the YOS but also be the link for step down programmes from secure placements; this is in addition to a 0.8wte Specialist Mental Health Worker (Band 6)
- 9.6 The service works closely with children and young people transitioning to/from Secure Estate settings on both welfare and youth justice grounds including:
- For young people already open to CAMHS YOS where custody is looking like an option we would discuss this with the young person and talk to them (and parents/carers) about what we plan to do should they receive a Detention and Training Order (DTO)
  - Liaise with the mental health team to alert them to the needs of that young person, concerns and risks, potential for escalation in behaviour (or not),

- Have regular updates from the secure mental health team if the young person is seen by them on a regular basis
- Where possible the service will attend the initial review and also the final review. However, if the sentence is short this may just be the final review. For young people on longer sentences the aim would be to have regular meetings
- Upon discharge YOS would liaise with the mental health team in custody regarding any medications that may have been started or continued, and then liaise with either the local GP or CAMHS service regarding continuing the prescription to ensure medication is maintained.
- When offering assessments and intervention the service will be mindful of re-offending and ways to reduce that risk, running alongside the management of someone's mental health concerns and what interventions to offer

#### **Hampshire Liaison and Diversion Service (HLDS)**

- 9.7 Hampshire Liaison and Diversion Service began operations on the 1st April 2015. The Southampton team operates Monday to Sunday 9am-9pm and includes all vulnerable adults and children who find themselves in the clinical justice system and may include people with mental illness, substance misuse issues, learning disabilities, head injuries, autism or ADHD.
- 9.8 There are strong links with the YOS Service and the YOS Service Manager is in weekly contact with the HLDS. Partnership working includes:
- All cases are routinely discussed at the Out of Court Disposal (OCD) panel
  - Any young people who have a warrant issued and have mental health concerns will be highlighted
  - HLDS provide assessments when open cases are seen in the cells with YOS
  - YOS will notify HLDS of any young people they have significant concerns about regarding their mental health, in case they are arrested and assessed
  - HLDS have been able to offer support to one of our young people at court, and arranged a joint session with him and his YOS worker prior to his court appearance
  - HLDS have also liaised with custody suites outside of the local area, when one of Southampton YOS young people were placed out of area, due to his past presentation of concerning behaviour in the cells. They were able to share how this has been managed when he has been in custody in Southampton.

#### **Forensic CAMHS (FCAMHS)**

- 9.9 The BRS hosts the forensic CAMHS service, with single agency funding from NHS England. It provides consultation, assessment and intervention to those children who display harmful behaviours to others.
- 9.10 The Consultant Child & Adolescent Psychiatrist work closely with Southampton YOS colleagues & we meet approx. 6-8 weekly for case consultation. The meetings are also attended by MASH & 3rd sector colleagues.
- 9.11 Southampton colleagues get FCAMHS consultation via the Child & Adolescent Psychiatrist work at the BRS (a joint funded SCC + CAMHS team for highly complex CYPs). Additionally, BRS colleagues (who've participated in FCAMHS training events) also provide consultation & advice e.g. they have run sessions for fostering organisations on managing worrying/problematic sexual behaviours. The service has also worked with special schools, education, and other statutory & 3rd sector agencies.

#### **Looked After Children**

- 9.12 LAC are four times more likely to have poorer mental health compared to children that have not entered social care. There are a number of factors that can contribute, for example, they could have experienced poverty, abuse, neglect and bereavement. Care Leavers can face numerous changes as



they transition into adulthood for example, responsibility for their own finances, living arrangements and education, which can be daunting.

- 9.13 Since 2006 Southampton City has had relatively very high rates of Looked After Children. The rate in 2017 was 108 per 10,000, this is an improvement compared to the previous year but we are still ranked 2nd worse out of our statistical neighbours (29% relatively higher) and 74% higher than England. Currently there are 524 Looked After Children (May 2018 – local figures)
- 9.14 The 'LAC Needs Assessment, SCC, 2016-2017 found that mental health dominated the discussions from all professionals, with particular concerns around attachment and the behavioural impacts of poor mental health and the potential for placement breakdown.
- 9.15 The city has a strong focus on supporting the emotional and mental health of Looked After Children. Therapeutic panel meetings are held to discuss YP of concern to social care by BRS. BRS also provide training to foster carers and adopters.
- 9.16 The Looked After Children Nursing Team provided by Solent NHS Trust carry out a full health assessment on all children entering the care system including children in foster care and residential provision, with a care plan for adoption, care leavers and children placed at home under care orders. The service identifies any unmet physical, mental, emotional or sexual health needs in the child or young person and refers to the appropriate services including directly to the Therapeutic if a mental health need is identified. They provide ongoing support to social workers, foster carers and residential staff.

#### **Children with severe and complex emotional and behavioural difficulties**

- 9.17 The BRS service is a multi-agency specialist CAMHS integrated service for children, young people and their families, who have severe and complex emotional and behavioural difficulties. This is jointly funded by the CCG and Local Authority.
- 9.18 The service is commissioned to provide an intensive systematic assessment for children, young people and their families whose multiple difficulties place them outside of the local mainstream services. They provide a therapeutic response which will be individually tailored to the identified needs of the child or young person, their families and the professionals already involved in their care to allow for their needs to be managed in mainstream services.
- 9.19 The service shifted towards a LAC/Social Care focussed service in the mid-2000s due to the significant increase in LAC in the city from around 2008-9. A service review has taken place during 2018/19 and the recommendations are to ensure the criteria for the service is based on the most vulnerable children and young people and not based on status only e.g. LAC referrals only

#### **Special Educational Needs and Disabilities (SEND)**

- 9.20 CYP with SEN are more likely to have poor mental health and lower levels of wellbeing. Research demonstrates that children with LD are over six times more likely to have a diagnosable psychiatric disorder than their peers who do not have LD, 36% and 8% respectively. The proportion of school aged children with any type of SEND in Southampton is 19.5%, significantly higher than the England average of 14.3% (in 2016); this is higher than all similarly deprived areas. In 2017, the proportion of school children with social, emotional and mental health (SEMH) SEN as a primary need was significantly higher in Southampton (3.75%) than the England average (2.33%). This is the highest in secondary school aged children where the proportion in Southampton is again highest out of all of its statistical neighbours.
- 9.21 Children with SEMH are also over-represented in Southampton's number of children educated outside the city in independent special school placements (currently around 60 children, mainly of secondary school age). The SEN Strategic Review which was carried out by external consultants



between June 2017 and March 2018 particularly identifies the need to improve support for children with SEMH and Autism within the city in order to reduce the numbers educated out of area and to support local schools to better integrate children with SEN. This includes training, advice and support to school staff as well as direct therapeutic assessment and interventions for children and young people.

9.122 JIGSAW, Southampton's integrated health and social care team for children with disability has received transformation investment to improve the offer to those with substantial and complex disabilities. This includes

- 3 sessions of CAMHS consultant time to support clinical supervision for the wider SEND team and also to deliver assessments, interventions and acting as a bridge for specialist/complex pathways such as autism and CYP with LD and complex mental health problems.
- Learning Disabilities nurse that works 0.5wte in the JIGSAW team and 0.5wte within CAMHS team.

### Sexual Assault Referral Centres (SARC)

9.23 For young people presenting at sexual assault referral centres (SARCS) there are various pathways for service users into therapeutic services that will help meet the emotional and mental health implications of the experience that led to their attendance at a SARC. In relation to cases of prior or historic sexual assault and/or abuse the SARC will refer service users into specialist counselling services. In relation to specialist counselling support in respect of a current or recent sexual assault, there is a separate referral pathway. For Southampton children and young people, both specialist counselling services are provided by Yellow Door. Yellow Door already work closely with other providers of mental health services in the City, and can signpost users of these services who have additional emotional wellbeing and/or mental health issues beyond those they are commissioned to provide.

### Transforming Care Programme

9.24 We continue to progress embedding the requirements of the National Transforming Care Programme into the working practice for practitioners in Southampton. During 2016/17 and 2017/18 we have ensured that all young people with learning disability or autistic spectrum disorder, where hospitalisation under the Mental Health is being considered, have had a Blue Light meeting or full CETR. These have been coordinated by the CCG based children's nursing team working in partnership with our CAMHS provider, acute Trust and NHS England. We have not always been able to prevent the admission to hospital but the multi-agency working has facilitated improved discharge planning.

9.25 Future developments in this work will include work on early identification of possible need for CETR and subsequent improvement in numbers of full pre-admission CETR as opposed to Blue Light Meetings; increased engagement with local authority partners around requirements under the Transforming Care Programme and establishment of the Children's At Risk Register to include children with ASD/Learning Disabilities in 52 week placements.

### Recommendations

9.26 Going forward, our key recommendations are to:

- Continue to achieve national EIP standards.
- Development of a Joint Working Agreement between CAMHS and YOS to formalise and improve partnership working
- Implement recommendations from BRS review, ensuring that the skills and expertise available within this team are maximised.
- Continue to ensure MH and wellbeing needs of LAC are met in the best way.
- Support the increasing number and complexity of children with SEND, building on findings from SEN Strategic Review.
- Embed national Transforming Care Programme.

## 10. Local Priority Five: Improving Crisis Care

The litmus test of any local mental health system is how it responds in a crisis. For children and young people experiencing mental health crisis, it is essential that they receive appropriate support/intervention as outlined in the Crisis Care Concordat, including an out-of-hours mental health service (Future in Mind, 2015).

### Out of Hours Crisis and Emergency Provision

- 10.1 Children and young people up to, and including 17 years of age, requiring emergency intervention, including the assessment of deliberate self-harm will be assessed by the 24 hour duty on-call system, managed by a rota of child and adolescent consultant psychiatrist or nominated other and is co-ordinated by Solent CAMHS. The out of hours on-call system becomes “live” at 5pm daily and continues until 9am the following day when clinics open again. On a weekend, the service is active from 5pm on a Friday evening until 9am on the following Monday morning.

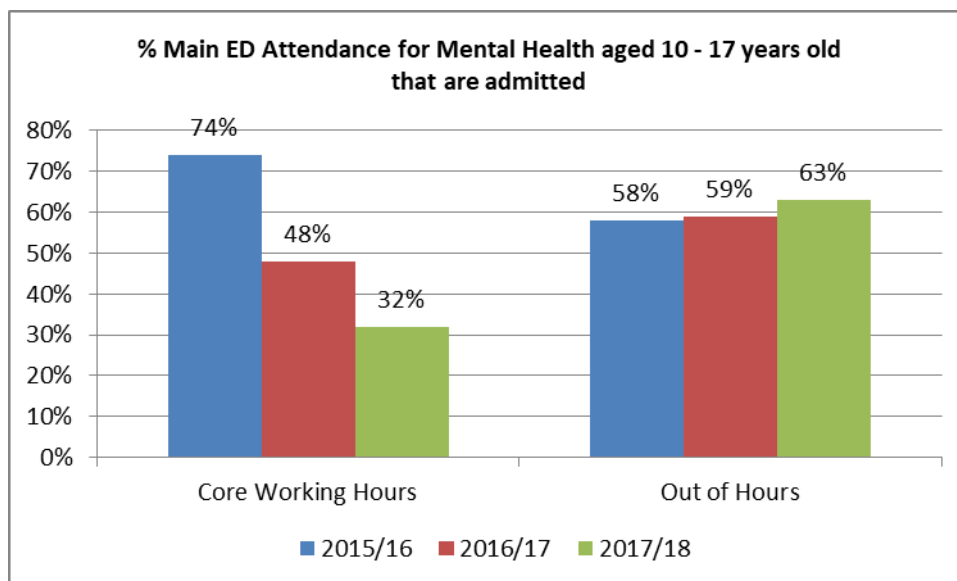
### Crisis Care Concordat

- 10.2 The Hampshire & Isle of Wight Crisis Care Concordat is committed to improving service for people of all ages in, or at risk, of a mental health crisis. The actions listed on the plan therefore apply to children, adults and older person’s mental health services. This includes:
- Developing end to end pathways for people of all ages in crisis and shared across the multi-agency team
  - Improving responsiveness of services to people approaching or undergoing mental health crisis - ensuring people get the right care at the right time through agreed pathway encompassing community and acute hospital care.
  - Reduction in the use of s136 detention and increased appropriate use of s136
  - Improving the experience of young people when subject to s136/135(1); work is underway to ensure the project work streams for children are captured in the Crisis Pathway delivery plan.
  - Reduction in use of inappropriate urgent care pathways for people who are known and unknown to mental health services by 20% in 2 years such as 999/111 and ED by people in Mental Health Crisis

### Psychiatric Liaison - CAMHS Mental Health Liaison in ED

- 10.3 The initial focus has been on providing Psychiatric CAMHS Liaison at the Emergency Department within UHSFT. A CAMHS Liaison nurse is now fully established within the Psychiatric Liaison team and continues to improve service response to Children and Young People admitted for self-harm.
- 10.4 The role assists with triaging young people presenting at the emergency department following an episode of self-harm or when in crisis. Early triage as soon as possible when they are admitted can prevent an unnecessary paediatric admission by signposting the young person to appropriate support in the community with a risk management plan following a comprehensive risk assessment and mental state examination.
- 10.5 Historically ED staff, not feeling sufficiently skilled, have tended to admit children and young people they are concerned about overnight for CAMHS to assess the following day. Sometimes this is wholly appropriate, but quite often it is unnecessary and leads to further problems including dependency issues and a lack of confidence by parents / carers in being able to manage their young people safely at home. The CAMHS Liaison role has supported ED staff by developing their skills and confidence to assess and signpost such young people, thereby managing cases more appropriately.
- 10.6 This role has evidenced a significant reduction in the proportion of Main ED attendances for mental health that are admitted during core working hours (when the post is currently operational) from 74% being admitted in 2015/16 to 32% in 2017/18 whilst the ED admission rate out of hours (when

the post is not operational) has increased from 58% to 63%. The intention going forward is therefore to extend the hours of this post.



### 111 – Mental Health Triage

- 10.7 The Mental Health nurse triage refers to a service where mental health nurses will be co-located with SCAS NHS 111/999 in the Call Centre in supporting HIOW mental health calls 'all age'. The mental health nurses will receive transferred calls from NHS111 when the caller to NHS111/999 is assessed as possibly having a mental health need with no physical health need. This service will provide 24/7 – 365 days access to Mental Health nurses across a rotational basis to ensure a consistent, confident and reliable service can be provided.
- 10.8 The model will also provide access to timely advice and support for professionals who come into contact with people who may be suffering a mental health problem, by access to a telephone number which will enable the professionals to call mental health practitioners direct and obtain the required advice. This ensures the person the professional is in contact with receives the most appropriate support at the earliest opportunity which may reduce the mental health decline and therefore achieve a better outcome for the person as well as more efficient use of the professionals time and a reduction in inappropriate dispatches of ambulance's and transfers to accident and emergency depts.
- 10.9 Further work is required to ensure the CAMHs team support the MH nurse in regards to training and pathways

### Crisis Care (S136)

- 10.10 The STP Crisis Care – During Crisis (S.136) Pathway: June 2018 report provides a detailed report on the progress of the above mentioned workstream for mental health crisis care. Recommendations within the report are to enhance the monitoring of the S.136 pathway, improve AMHP and doctor responsiveness and create business efficiency savings for system partners.

Southampton City CCG has committed finances to pilot the S12 Solutions App – this uses scalable technology to connect with AMHPs when available. The platform will make assessments quicker to organise, allows AMHPs to make better use of their skills and reduces the time the police spend waiting with service users on s.136.

### New Care Models (NCM)

- 10.10 Southampton City CCG signed up to the New Care Models which commenced during 2017/18. The main focus during 2017/18 was a single point of access and management system for bed usage in

order to release clinical capacity to support young people more intensively in their homes thereby reducing the need for Tier 4 beds.

- 10.11 Southampton City CCG is signed up to the next stage of the New Care Models programme and has allocated an additional £100k to invest during 2018/19. In addition, the CCG is looking to prioritise a significant part of its CAMHS Transformation investment in 2018/19 and 2019/20 to develop local crisis resolution and intensive outreach support to better manage young people who are in crisis (or at risk of going into crisis) in the community. This, alongside, a MH nurse presence in NHS 111 and the extension of the CAMHS MH Liaison Nurse hours in ED, will further support a reduction in avoidable hospital admissions.
- 10.12 In addition, the CCG, Solent NHS Trust and City Council are developing a business case for establishing short term crisis/assessment/intensive intervention beds within the city as part of a multiagency approach to better managing young people in or at risk of crisis with a view to preventing an avoidable Tier 4 admission or entry into the care system. This links closely with the next stage of the New Care Models programme and consideration is also being given to developing such a resource across a wider footprint, capitalising on economies of scale.

### Recommendations

10.13 Going forward our key priorities for this area are to:

- scope extending the hours of the CAMHS Liaison Nurse post in ED
- work with other CCGs and local providers across HIOW to support and evaluate the presence of a MH nurse in NHS111
- continue to support the new care models working across HIOW
- review our local crisis pathways and invest in the development of crisis resolution and intensive outreach support, again working in partnership with other CCGs and local providers across HIOW to capitalise wherever possible on efficiencies and economies of scale
- continue to explore the potential for short term crisis/assessment/intervention beds within the city as part of our overall offer to support crisis resolution and support in the community

## 11. Local Priority Six: Improving the transition to adulthood

“I had a very bad transition from CAMHS to adult services. One day I was in CAMHS with plenty of support and then the next, the only support I knew of was a crisis number. It took over 6 months for me to have a proper assessment and be assigned a care co-ordinator, by which time I had suffered a complete relapse in my condition.” A young person who took part in the Taskforce engagement exercises.  
(Future in Mind, 2015).

### Transition to Adulthood

- 11.1 Improving transition planning for young people moving into adulthood is an essential part of care and support for young people with a mental health condition.
- 11.2 Transition is the process that happens over a number of years to prepare and empower the young person and their parent/carers for the point of transfer into adult services. Transition planning should aim to provide education, support and preparation in the following areas:
- Health
  - Community Inclusion
  - Employment/Training/Further Education
  - Independent Living
- (Preparation for adulthood, 2017)*
- 11.3 In some cases, the young person may not meet the criteria for adult services and a transfer into primary care will take place. It is important that transition planning for young people who have been under the care of CAMHS have a transition plan whether they meet the criteria for Adult Mental Health or not. In either case, a key factor of transition planning is timeliness and ensuring that engagement with adult services, or primary care happens well before a person is discharged from CAMHS. There should be no break in service continuity and the young person should not experience the cliff edge where there is suddenly no support at all.
- 11.4 If the young person is discharged into Primary Care, a detailed support plan that has been developed with the young person should be available for the GP. This will enable the GP to help support the young person with their condition, as they begin their move into adult life. For those young people who meet the criteria for Adult Mental Health, there is currently a national transition CQUIN incentive, which is detailed below.

### National Transition CQUIN Scheme

- 11.5 The national CQUIN scheme aims to incentivise improvements to the experience and outcomes for young people as they transition out of Children and Young People's Mental Health Services (CYPMHS). The following has been established during 2017/18 as part of this CQUIN:
- Transition protocol between Solent NHS Trust (CAMHS) and Southern Health NHS Foundation Trust (AMH and LD Provider).
  - Relevant teams across Solent NHS Trust and Southern Health NHS Foundation Trust have identified their transition champions and link workers.
  - Internal team processes have been established to ensure young people aged 17 years and over will be identified and tracked through their transition process.
  - Local protocols relating to the transition of young people with learning disabilities have been communicated and working agreements set which ensure that CAMHS LD Practitioners attend transition forums on an as required basis.
  - Meetings between Solent NHS Trust and Southern Health NHS Foundation Trust have regularly taken place.
  - Audit template has been developed to audit against transition protocol.
  - Discharge questionnaires have been completed.

- 11.6 The number of CYP who transition to adult mental health or learning disability services however is relatively low in Southampton. The majority do not meet the thresholds for a specialist adult MH or LD service. In quarter 4 2017/18, 3 out of 21 (14%) transferred to Adult Mental Health (1) or Learning Disabilities (2) services, whereas 18 (86%) transitioned to primary care.
- 11.7 The CQUIN has helped to facilitate the ongoing development of partnership working between CAMHS and local adult services; however much more needs to be done to improve the transition of young people who do not go on to Adult Mental Health Services and this is being taken forward by the development of a city wide Transition policy/best practice tool.

### Recommendations

11.8 Priorities for further rollout of the CQUIN are:

- To establish monthly audits to identify all young people who are approaching transition age and ensure they are highlighted to the transition champion. The role of the transition champion is to then liaise with the clinician to ensure transition has started being thought of and discussed with the young person and that colleagues can be put in touch with link workers in AMH or LD Services should it be needed.
- To ensure routine joint meetings between AMH and/or adult LD Services are held as part of the transition process for young people. This is in line with good practice and the agreement between the provider and receiving organisation.
- To routinely gather feedback on the experiences of young people transitioning to primary care. Process for this has now been set in place with the dedicated business support for CQUIN and will be included in the next quarter.
- Feedback on transition through the parent carer forum in Southampton (not directly related to feedback captured through the CQUIN) has identified the need for a yearly transition workshop where young people, and their parents/carers, can come to meet with adult services as well as third sector providers. Discussions are progressing around combining the parent carer annual event with a transition fair and the first is being planned for June at the Saints stadium.
- Continuous learning is key to improving the transition experiences for young people. Feedback that is received through case note audits and questionnaires will be fed back through on going transition meetings between Solent NHS Trust and Southern Health NHS Foundation Trust. Key notes for learning will be identified as well as opportunities for developments in service delivery.

## 12. Local Priority Seven: Developing the workforce

It is our aim that everyone who works with children, young people and their families is ambitious for every child and young person to achieve goals that are meaningful and achievable for them. They should be excellent in their practice and able to deliver the best evidenced care, be committed to partnership and integrated working with children, young people, families and their fellow professionals and be respected and valued as professionals themselves (Future in Mind, 2015).

### Workforce Plan

12.1 The HIOW STP have a Workforce Transformation Team and they have developed a robust Workforce Plan covering the STP and Local Delivery System and a key focus of this is to ensure workforce plans for Mental Health and Primary Care (5YFV) are in place.

### CAMHS

12.2 The service has a workforce which reflects the broad range of multi-disciplinary skills required for Early Intervention and Specialist CAMHS. Examples of therapeutic skills in the team include CBT, DBT, CAT, systemic psychotherapy and Non-Medical Prescribing.

12.3 Future in Mind investment has enabled an expansion of the CAMHS team since 2015.

- 11.3wte have been funded directly from Future in Mind funding
- This will increase to approx. 15wte following 2018/19 & 2019/20 investment.

12.4 The CAMHS staffing establishment since 2015 can be seen in the table below<sup>11</sup> – this includes practitioners within No Limits who have been subcontracted by Solent CAMHS to provide Primary Mental Health workers.

Job Title	Oct-15	Mar-16	Sep-17	Sep-18
Consultants	3.4	3.4	3.5	3.3
Specialist Registrar	2.0	2.0	5.4	4.0
GP Trainee	1.0	1.0	1.6	1.0
Psychologist / Psychotherapist	3.3	3.3	12.6	10.3
Therapists (includes psychotherapists in Oct-15 & Mar-16)	10.6	10.6	3.8	2.3
Nursing	14.9	14.9	14.1	14.1
Dietician	0.0	0.0	0.0	0.2
HCSW	0.0	0.0	0.3	0.0
Practitioners	0.0	0.0	0.0	9.9
PMHWs	0.0	0.0	2.8	2.8
Admin, Clerical & Management	8.7	8.7	9.8	12.9
Social Workers	3.0	3.0	0.0	0.0
Total	46.9	46.9	53.9	60.8

*Note: Reporting in previous years was inconsistent as was based on a combination of establishment figures and staff in post. This table has been updated to be based on staffing establishment.*

12.5 Numbers in post and vacancies are summarised in the table below and the number of these posts funded by Future in Mind is in brackets. The vacancies reflect those professional areas where there is

#### <sup>11</sup> Notes

1. Budgeted establishment and actual staff in post have been adjusted to remove junior doctors that are hosted by Solent but are on work placements outside of Solent

2. Budgeted establishment and actual staff in post have been adjusted to remove all staffing (in part or in full) who provide education and teaching, funded by HEE, rather than provide core service provision

3. All externally funded posts outside of SCCCG funded CAMHS provision have been removed from the above

4. Budgeted establishment and actual staff in post includes PMHW posts that are hosted by No Limits (2.50 wte)

5. Budgeted establishment has not been uplifted to account for further investment in 18/19-19/20 currently under discussion with the CCG



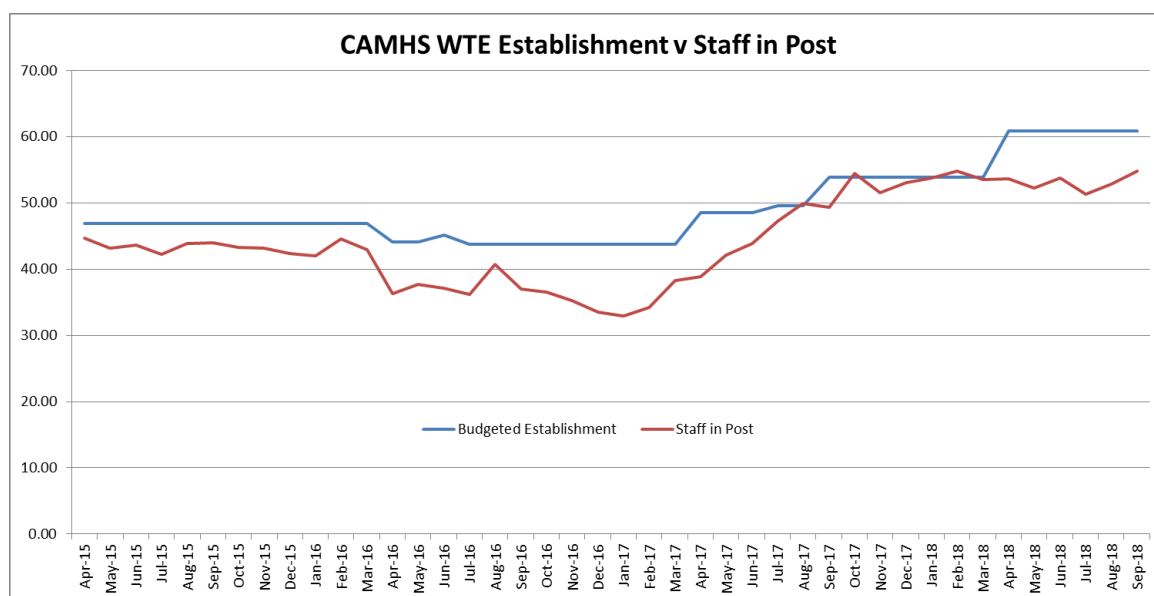
a general shortage of staff and the service has struggled to recruit (in particular mental health nurses and psychologists).

	Establishment	In Post	Vacancy
<b>Core CAMHs / Crisis Support</b>	<b>34.36 (2.30)</b>	<b>30.96 (2.30)</b>	<b>-3.4</b>
Consultants	3.1 (0.3)	3.1 (0.3)	0
Speciality Registrars / Junior Doctors	5.0	5.0	0
Mental Health Practitioner	1.2	1.2	0
Nursing	12.05 (2.0)	10.05 (2.0)	-2.0
Occupational Therapist	1.0	1.0	0
Psychiatry Trainee	1.0	1.0	0
Psychologist / Psychotherapist	8.33	6.93	-1.4
CBT Therapist	0.68	0.68	0
Emotional Wellbeing Practitioner	2.0	2.0	0
<b>Eating Disorders Subtotal</b>	<b>4.0 (2.8)</b>	<b>3.4 (2.2)</b>	<b>-0.6 (-0.6)</b>
Consultant Psychiatrist	0.2	0.2	0
Nursing	2.0 (1.0)	2.0 (1.0)	0
Psychologist / Psychotherapist	1.0 (1.0)	0.4 (0.4)	-0.6 (-0.6)
Dietician	0.2 (0.2)	0.2 (0.2)	0
Occupational Therapist	0.6 (0.6)	0.6 (0.6)	0
<b>Early Intervention Team Subtotal</b>	<b>8.8 (6.8)</b>	<b>8.8 (6.8)</b>	<b>0</b>
Senior Early Intervention Practitioner	1.0 (1.0)	1.0 (1.0)	0
Early Intervention Practitioner	3.0 (2.0)	3.0 (2.0)	0
Voluntary Sector PMHWS	2.8 (2.8)	2.8 (2.8)	0
Psychological Wellbeing Practitioner	2.0 (1.0)	2.0 (1.0)	0
<b>Central Functions Subtotal</b>	<b>10.67</b>	<b>9.17</b>	<b>-1.5</b>
SPA Practitioner	0.71	0.71	0
CAMHS Manager	2.0	0	-2.0
Admin and Clerical	10.93	10.93	0
<b>TOTAL</b>	<b>60.8 (11.9)</b>	<b>54.8 (11.3)</b>	<b>-6.0 (-0.6)</b>

(Future in Mind Funded posts in brackets)

- 12.6 The staffing establishment has increased by 13.9wte (+30%) compared to Apr-15. As at September 2018 there is a 10% (6.0wte) vacancy rate, 2.0wte CAMHS Manager posts have been recruited to and due to start in Dec-18 and all other posts are out to advert. In order to improve this Solent will be attending recruitment fairs, linking with Universities and colleges, recruiting to assistant roles and developing their own staff.
- 12.7 The chart shows the CAMHS budgeted staffing establishment and staff in post since April 2015. This highlights the increase in staffing establishment and actual staff in post. In Jan-17, the vacancy rate was as high as 25% compared to 10% as at Sep-18





## Training

- 12.8 Mental Health First Aid training was held over two dates, one in May and another in June 2018 at a local venue with MHFA England who deliver this. This trains teaching staff to be the “Mental Health Champion” outlined in the green paper. All but 2 secondary schools attended this training.
- 12.9 The CAMHS 10 week Mental Health Awareness training ran weekly (3 hours) from 27th February until 15th May 2018. This was hosted by Beechwood School on the east side of the city. The aim will be to deliver at a school in the West for the next sessions. Feedback from the session included
- “ Lots of new things learnt to enable us to support the young people better”
- “ This course has been Excellent. I have learned a huge amount over the last 10 sessions – thank you. I will be following up with all school staff.”
- “it has been the most useful training I have participated in looking at relevant topics has been very valuable.”
- 12.10 Primary and Secondary Mental Health Forum have delivered training on the following at the request of those attending. Agenda within Mental Health Forum is flexible with agenda items developed in partnership with schools. Training sessions includes ADHD, ASD CAMHS process and speaker from Autism Hampshire, NVR and referrals to CAMHS
- 12.11 The CAMHS team have attended a range of conference including SENCO, ELSA and an Inclusion conference to promote the service and deliver workshop sessions.
- 12.12 Southampton University and our CAMHS provider are a training centre for medics and succession planning is a priority at both undergraduate and post graduate levels – with dedicated personnel funded for this agenda. Solent NHS Trust continues to work closely with colleagues in learning and development and the university to ensure the programmes are fit for practice and will deliver against service needs
- 12.13 Training sessions that the CAMHS Team have completed during the past year include:
- 5 team members are enrolled on the extended Dialectical Behaviour Therapy (DBT) training course.
  - 6 team members have completed enhanced supervision course (IAPT)
  - One team member is currently undertaking the Enhanced Evidence Based Practice (EEBP) Child IAPT - Charlie Waller Institute training.
  - Six team members are about to start a 5 day course on ‘Introduction to CBT approaches’
  - Family Therapist has completed Video Interaction Guidance (VIG) training

- Three team members are enrolling on 2 day CBT Eating Disorders (ED) Workshop.
- One team member is enrolling on a 1 day Adapting CBT for ASC Workshop
- One team member is enrolling on a 1 day Working with Panic Disorders Workshop
- Two team members have been trained in Autism Diagnostic Observation Schedule (ADOS).
- Four have completed the New Forest parenting package for ADHD

### CYP-IAPT Transformation Programme

12.14 Southampton is a member of the Reading CYP-IAPT collaborative. We work closely with our CAMHS Provider and No Limits to identify staff to attend IAPT training.

12.15 Solent CAMHS have employed two Psychological Wellbeing Practitioners (PWP) and two Emotional Wellbeing Practitioner during summer 2018. They are trained to assess and support people with common mental health problems – principally anxiety disorders and depression – in the self-management of their recovery. All PWP will have completed an accredited IAPT training course.

12.16 The service is embedding IAPT principles including goal based care plans, evidence based practice, regular use of outcome measures (CORS & Outcome Rating Scale) and collaborative work with children, young people and families to develop care plans.

### Health & Wellbeing Workers (0-19 Integrated Team)

12.17 4.0wte Emotional Health & Wellbeing workers are employed by No Limits; this workforce is part of the 0-19 Integrated Prevention and Early Team alongside Public Health Nurses within locality teams. No Limits also employ Family Navigators, each of these have link GP Practices and they receive referrals directly from GPs and provide brief interventions and signpost/onwardly refer onto appropriate agencies to provide support required.

### Community Counselling (No Limits)

12.18 The counselling service currently has 0.68wte vacancies however recruitment is underway for both posts

Job Title/Staff Type	Establishment (wte)	Current (wte)	Vacancy (wte)
Service Manager	0.16	0.16	0.00
Project Manager*	0.54	0.00	0.54
Online Counsellor	0.11	0.11	0.00
Counselling Assessor**	0.41	0.41	0.00
Group Worker – Counselling*	0.14	0.00	0.14
Volunteer Counsellors (12 staff)	1.95	1.95	0.00
Clinical Supervision	0.16	0.16	0.00
Online Clinical Supervision	0.03	0.03	0.00
<b>Admin Functions</b>			
Admin	0.70	0.70	0.00
<b>TOTAL</b>	<b>4.20</b>	<b>3.52</b>	<b>0.68</b>

\* Recruitment underway with posts to be filled imminently.

\*\* Recruitment underway with post to be filled imminently. This is a vacancy however the associated workload is currently being covered by an existing member of staff.

Calculations based on 37 hour working week.

12.19 A CAMHS workforce Development Plan on a page is attached is appendix D

### Recommendations

12.20 Going forward, the key priorities for this area are to:

- Continue to support Solent NHS Trust in recruiting skilled staff, including exploring new roles and ways of working
- Continuing to support the Trust to engage with the IAPT programme
- Work towards developing a more coherent training plan/menu for the wider CAMHS workforce

## 13. Accountability and transparency

Far too often, a lack of accountability and transparency defeats the best of intentions and hides the need for action in a fog of uncertainty. Our aim is to drive improvements in the delivery of care, and standards of performance to ensure we have a much better understanding of how to get the best outcomes for children, young people and families/carers and value from our investment (Future in Mind, 2015).

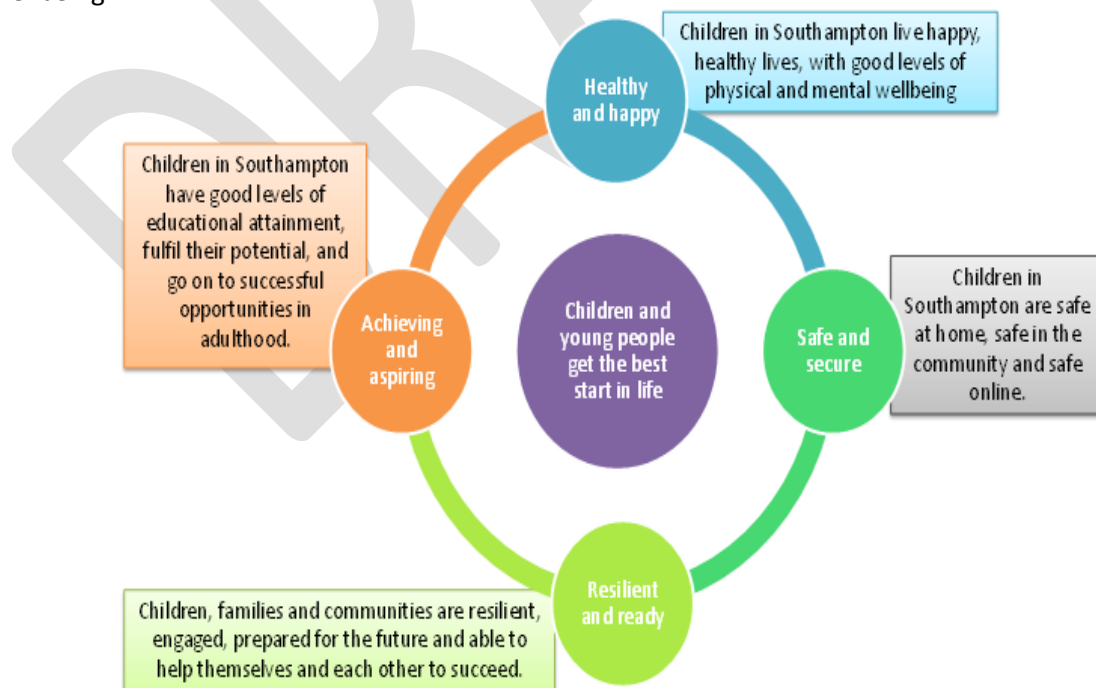
### Governance

13.1 Whilst production of the LTP is the responsibility of the CCG, improving children and young people's mental health and emotional wellbeing requires the collective efforts of all those working with children and young people and is firmly recognised in Southampton as a shared priority across all agencies working in the health, social care and education sectors, public sector and community and voluntary sector, embedded in the city's partnership plans: Southampton City Strategy 2015 - 2025, Southampton City CCG's Operating Plan 2017 – 19, Southampton Better Care Strategy 2017 - 2019, the Health and Wellbeing Strategy 2017 – 2025 and the CCG's Local System Delivery Plan, which in turn feeds into the HIOW STP.

13.2 Improving child and young people's mental health and wellbeing is a core component of the city's strategy which has identified 4 priority outcomes:

1. Children and young people get a good start in life
2. People in Southampton live safe, healthy and independent lives
3. Southampton has strong and sustainable economic growth
4. Southampton is an attractive modern city, where people are proud to live and work

13.3 Underneath the priority outcome that "children and young people get a good start in life", the Children and Young People's Strategy 2017 – 2020 sets out 4 priority outcomes as illustrated below, each of which are dependent on ensuring children have good mental health and emotional wellbeing:

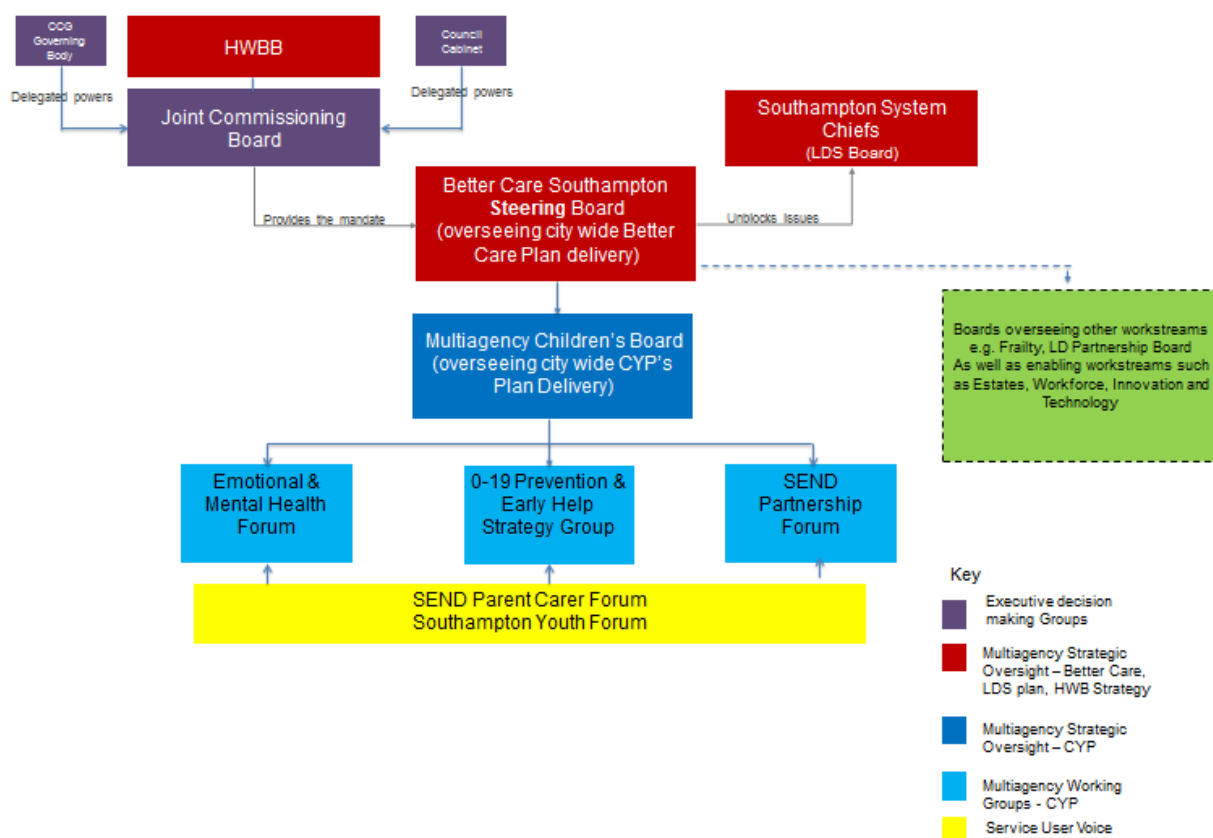


13.4 The model of integrated working, joined up services and person centred care which has been described throughout this LTP is also central to Southampton Better Care's vision that "Southampton is our city where everyone thrives; we build on the strengths of our communities and our services are

joined up around individuals" which has evolved out of strong and inclusive partnerships between commissioners, providers, communities and citizens, built painstakingly over a number of years. Southampton's Better Care Strategy describes "person centred care" as:

- Putting individuals and families at the centre of their care and support, meeting needs in a holistic way
- Providing the right care, in the right place, at the right time, and enabling individuals and families to be independent and self-resilient wherever possible.
- Making optimum use of the health and care resources available in the community
- Intervening earlier and building resilience in order to secure better outcomes by providing more coordinated, proactive services.
- Focusing on prevention and early intervention to support people to retain and regain their independence

13.5 In order to ensure delivery of the city's vision and key strategies through strong partnership working, including those specifically relating to improving outcomes for children and young people for children, we have developed a strong multiagency governance structure with a joint commissioning board. How this relates to children and young people is shown in the schematic below:



### Health and Wellbeing Board (HWBB)

Ultimately it is the **Health and Wellbeing Board** in Southampton that has strategic oversight of the health and wellbeing of people living in the city. This is a statutory partnership which meets every other month to consider the delivery of the Health and Wellbeing Strategy, Southampton's Better Care programme and other key strategies for the city, which will include the LTP. The LTP is due to be presented to the HWBB in late October 2018 for final sign off.

### Joint Commissioning Board (JCB)

The **Joint Commissioning Board** brings together senior leaders in the CCG and Council (including CEOs and lead members) with delegated powers to make decisions on behalf of the CCG Governing

Body and Council/Cabinet to commission services jointly and pool funding where this will improve outcomes for local people. This Board will oversee joint commissioning decisions within the LTP.

### **Better Care Strategy Board**

The **Southampton Better Care Strategy Board** brings together senior leaders from the CCG, Solent NHS Trust, University Hospital Southampton NHS Foundation Trust (UHSFT), Southern Health NHS Foundation Trust, Southampton Primary Care Ltd (local GP federation), Southampton City Council and Southampton Voluntary Services to drive forward the integration of health and social care, across adult and children's services, in each of the city's local neighbourhoods. The Better Care Strategy Board reports to the HWBB.

### **Multiagency Children's Board (MACB)**

The **Multiagency Children's Board** brings together the CCG, City Council Children's Services and Solent NHS Trust Children's Services to jointly plan and oversee key outcomes and strategy relating to children in the city. Below this are a number of multiagency partnership groups with broad representation, including strong links to the City's SEND Parent and Carer Forum and Youth Forum to ensure that the service user's voice is central to service planning. These include:

- SEND Partnership Forum
- 0-19 Prevention and Early Help Strategy Group
- Children and Young People's Social, Emotional and Mental Health Partnership Forum

TOR for Partnership Forum are embedded below



CYP Social Emotional  
Partnership Forum DF

Progress updates on delivery of the LTP are reported to the 0-19 Prevention and Early Help Strategy Group and MACB

### **Youth Forum**

The Youth Forum Southampton is an open group for children and young people. The group enables children and young people to influence how services are delivered, highlight issues to be reviewed, and help shape public services for the community. The Youth Forum has identified mental health as one of their top 3 priorities in each of the past 3 years.

The Youth Forum have been actively involved in developing children and young people's mental health services, in 2017 they participated in a piece of work developing the vision for the city's new Counselling Framework, working with Commissioners to obtain views from their peers regarding what they would like from a community and schools based counselling service.

More recently the forum has explored what they thought should be offered throughout the school day to support children and young people experiencing anxiety and depression. They have also been asked to participate in a piece of work developing the city's play offer.

The Southampton Speak Up Strategy: Southampton City Council – Children and Young People's Participation Strategy 2016-2020 was co-produced with the Youth Forum. This plan helps CYP understand how you can get involved to help make Southampton a better place for you, your friends and family to live.

[https://www.southampton.gov.uk/images/southampton-speak-up-children-and-young-peoples-participation-strategy-2016-2020\\_tcm63-390666.pdf](https://www.southampton.gov.uk/images/southampton-speak-up-children-and-young-peoples-participation-strategy-2016-2020_tcm63-390666.pdf)

### **Southampton Parent and Carer Forum (SEND)**

Southampton's Parent and Carer Forum is a group of parent carers who have children and young people with special educational needs and/or disabilities aged 0-25 years. It supports and trains

parent carers to enable them to have input and be involved with shaping services across education, health and care, enabling parents to be heard and be at the heart of decisions about development and delivery of services in Southampton. The forum has been running for 2 years now and has a strong steering group of 18 members. It also hosts "Re-Minds" which is a parent led support group for families of children with autism or mental health problems. The Parent Carer Forum has a place on the SEND Partnership Forum and the Emotional and Mental Health Forum and has been actively engaged in a number of pieces of work including: the SEND Strategic Review conducted June 2017 - March 2018 which makes a number of recommendations for strengthening services to children with Social, Emotional and Mental Health difficulties which in turn have informed this LTP, the development of a Transition Pathway and Good Practice Guide October 2018 which has also initiated an additional piece of work to develop transition pathways from CAMHS to primary care, development of a model for better supporting children with SEND in the Early Years (ongoing), review of the Home to School Transport Policy (ongoing) and the new Short Breaks Offer (March 2018).

### **CAMHS Service Specification**

- 13.6 A new CAMHS service specification was signed off in June 2018. This new specification included a refreshed list of key performance indicators and information requirements which will improve the activity data and performance information available to commissioners and stakeholders from 2018/19.

### **Improving data quality and availability**

- 13.7 Improving data quality and availability has continued to be a priority and a significant challenge over the last year. Solent NHS Trust have also commenced reporting new information requests to provide more intelligence on activity and performance from Quarter 1 2018/19.
- 13.8 It is a requirement that all NHS Commissioned services, including non NHS providers flow data for key national metrics in the Mental Health Services Data Set (MHSDS). Solent CAMHS are submitting data to the MHSDS but it is not an accurate reflection of activity.
- 13.9 A task and finish group was set up in March 2018 to improve reporting to the MHSDS and an action plan developed – the Quality Improvement Lead CYP MH from the Wessex Strategic Clinical Network attended one of these meetings and papers were circulated to keep them updated. There are significant issues with under-reporting such as non-direct contacts not being uploaded.

The key tasks identified by the Task & Finish Group are:

1. Identify what is captured in MHSDS
2. Process map where data for each indicator flows for each MHSDS indicator
3. Identify configuration changes required to fully capture data into MHSDS
4. Identify what changes are required to front-end recording by clinicians including any process changes
5. Make changes to processes and configuration to capture data accurately in live time
6. Train CAMHS staff in changes

These tasks have now been actioned however impact of these changes will not be monitored until the July 2018 MHSDS data is reported in October.

- 13.10 There are also challenges with non-NHS providers' uploading to the MHSDS as the cost of securing a HSCN connection is relatively high cost and the MHSDS upload is relatively complex and their IT systems may not be compatible. Southampton CCG is liaising with the Clinical Strategic Network around future options to improve this.



13.11 In line with the requirements of CYP-IAPT, we have embedded the use of routine outcome measures in practice across CAMH services. The next phase is for outcome measures, and in particular goal based outcomes measures, to be aggregated so that whole service impact can be assessed.

## Finance

13.12 The direct spend on mental health services can be seen within the table below. These figures exclude a range of other services that contribute to emotional and mental health, including Public Health Nursing (HVs, SNs, FNP and emotional Health & wellbeing practitioners), Sure Start children's centres, services directly commissioned by schools (ELSAs, school counsellors, mental health nurses etc.) A further issue that commissioners need to work through with providers is how best to optimise commissioned resources when the utilisation of these as planned is frustrated, for example by workforce shortages. Commissioners are open to considering alternative methods of service delivery that represent "next best" options.

The direct funding related to CAMHS has increased over the past four years.

	2015/16	2016/17	2017/18	2018/19
<b>CCG Funding</b>				
CAMHS (Solent NHS Trust)	2,442,436	£2,496,159	£3,015,427	£3,116,720
Building Resilience Service (BRS)	£651,455	£658,621	£659,280	£659,939
Counselling	-	-	£40,000	£40,000
Autism Assessments	£30,520	£30,856	£30,887	£30,918
<b>CCG Total</b>	<b>£3,124,411</b>	<b>£3,185,636</b>	<b>£3,745,594</b>	<b>£3,847,577</b>
<b>Local Authority Funding</b>				
CAMHS Grant contribution	£165,898	£165,898	£165,898	£165,898
BRS†	£490,000	£490,000	£490,000	£490,000
Counselling	£39,491	£39,491	£39,491	£39,491
<b>Local Authority Total</b>	<b>£695,389</b>	<b>£695,389</b>	<b>£695,389</b>	<b>£695,389</b>
<b>NHS England Health &amp; Justice (SLA via CCG)</b>				
YOS Nurse	-	-	£31,000	£31,000
<b>NHSE Health &amp; Justice Total</b>			<b>£31,000</b>	<b>£31,000</b>

†this is staffing costs only, it excludes Southampton City Council's estates/overheads contribution

*Note: There are a range of other services not included above e.g. 0-19 Prevention and Early Help team which includes the Emotional Health & Wellbeing practitioners however the funding above is based on services whose primary focus is emotional wellbeing and mental health.*

## 14. Approval and Sign Off

14.1 This plan has been considered and approved at the following meetings:

Meeting	Date
Children's Multiagency Partnership Board	4 September 2018
NHS Southampton City CCG Clinical Executive Group	12 September
Joint Commissioning Board (JCB)	11 October 2018
Health & Wellbeing Board (HWBB)	To be signed off at November HWBB (rearranged October meeting)

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## 15. High Level Risks and Issues

No	Description of Risk	Impact 1-4	Prob 1-4	Total / RAG	Mitigating actions
1.	<b>Staff recruitment and retention</b> <ul style="list-style-type: none"> <li>- National shortage of staff</li> <li>- CAMHS vacancy rate is 21% (Apr-18)</li> </ul>	5	4	20 (V High)	Work with STP workforce programme Diversify workforce
2.	<b>Increase in demand for emotional and mental health services</b> <ul style="list-style-type: none"> <li>- Projected 15% increase in 10 – 14 year olds</li> <li>- 16% in 15 – 17 year olds population in the next 5 years</li> </ul>	5	4	20 (V High)	Improve early help / prevention offer including wider staff training/development
3.	<b>Reporting Issues for Providers uploading to MHSDS</b> <ul style="list-style-type: none"> <li>- Significant issues with reporting and data quality for national access target to demonstrate impact of FiM funding</li> <li>- National issue with compatibility of clinical system (System1) to accurately upload data to MHSDS</li> <li>- 3<sup>rd</sup> Sector provider do not have HSCN connection</li> </ul>	3	4	12 (High)	Systems to upload to MHSDS Work with NHSE SCN and local Providers to improve quality of data to MHSDS and enable VCS to upload
4.	<b>Risk of disinvestment in prevention and early help services owing to pressures on statutory/reactive/acute budgets</b> <ul style="list-style-type: none"> <li>- Pressure on SCC children's services and schools budgets e.g. 10% savings on 0-19 prevention &amp; early help service</li> </ul>	3	3	9 (Med)	Raising profile of prevention services, demonstrating impact through robust evaluation and evidence
5.	<b>Evaluating Impact of Transformation Funding</b> <ul style="list-style-type: none"> <li>- Challenges of quantifying and evaluating impact of funding including outcomes for children and young people</li> </ul>	3	3	9 (Med)	Work with Providers to develop mechanisms for demonstrating impact of investment
6.	<b>Lack of joined up model/ working in silos</b> <ul style="list-style-type: none"> <li>- A range of mental &amp; emotional health services but is there duplication of resources</li> </ul>	4	2	8 (Med)	To review citywide offer

## 16. Key Lines of Enquiry (KLOE) Self-Assessment

<b>1. Transparency &amp; Governance</b>		<b>Self- assessment</b>
1.1	Will the LTP be both refreshed and republished by the deadline of 31 October 2018 with checked URLs, ensuring it is available on partner websites and in accessible formats for CYP, parents, carers and those with a disability?	<b>Fully confident</b>
1.2	If the plan is not refreshed by the 31st October 2018 deadline, has the CCG confirmed a progress position statement on the refresh on their website?	<b>Fully confident</b>
1.3	Is the LTP appropriately referenced in the STP? Does the plan align with the STP and other local CYP LTPs? (CCGs are requested to provide a paragraph on alignment)	<b>Fully confident</b>
1.4	Does the LTP include baseline figures (15/16), updated figures (16/17, 17/18) and planned trajectories for:	
1.5	- finance (LTP investment and other wider investment that contributes to deliver of transformation)	<b>Fully confident</b>
1.6	- staffing (WTE, skill mix, capabilities)	<b>Fully confident</b>
1.7	- activity (e.g. referrals made/accepted; initial and follow-on contacts attended; waiting times; CYP in treatment) with a clear year on year plan that demonstrates how performance will improve in line with access targets and increase capacity to deliver evidence based interventions?	<b>Partially confident</b>
1.8	Does the refreshed LTP clearly evidence engagement with CYP and their parents/carers from a range of diverse backgrounds, including groups and communities with a heightened vulnerability to developing a MH problem, including CYP with Learning Disability/Autism spectrum disorder/Attention deficit hyperactivity disorder (ADHD)?	<b>Fully confident</b>
1.9	Does it evidence their participation and co-production in:	
1.10	- governance	<b>Partially confident</b>
1.11	- needs assessment	<b>Fully confident</b>
1.12	- service planning	<b>Fully confident</b>
1.13	- service delivery and evaluation	<b>Partially confident</b>
1.14	- treatment and supervision	<b>Partially confident</b>
1.15	- feedback to inform commissioning and services	<b>Fully confident</b>
1.16	Have the following relevant partners been consulted about the proposed key priorities of the refreshed LTP for 18/19:	
1.17	- the chair of the Health and Wellbeing Board and their nominated lead members	<b>Fully confident</b>
1.18	- Children's Partnership arrangements	<b>Fully confident</b>
1.19	- specialised commissioning	<b>Fully confident</b>
1.20	- local authorities including Directors of Children's Services and Local Safeguarding Children's Boards	<b>Fully confident</b>
1.21	- local Transforming Care Partnerships	<b>Fully confident</b>
1.22	- local participation groups for CYP and parents/carers	<b>Fully confident</b>
1.23	Are there clear and effective multi-agency governance board arrangements in place with senior level oversight for planning and delivery and with a clear statement of roles, responsibilities and expected outputs?	<b>Fully confident</b>
1.24	Does the plan evidence a strategy on how to track and improve progress over the plan's period that includes KPIs? i.e. show yr1, 2, 3 etc.	<b>Partially confident</b>

1.25	Does the plan portray a culture of collaborative working across agencies and evidence of where stakeholders have worked in partnership to reduce fragmentation in commissioning and service delivery, including all key investment and performance information from commissioners and providers within the area?	Fully confident
1.26	Does the plan demonstrate links with other key strategic reforms and plans for children and young people with MH conditions, for example Transforming Care and special educational needs and disability (SEND)?	Fully confident
<b>2. Understanding Local Need</b>		
2.1	Is there clear evidence that the plan was designed and built around the needs of all children and young people and their families locally who have or may develop a MH problem, including particular attention to groups and communities with a known heightened prevalence of MH problems, including CYP with LD/ASD/ADHD?	Partially confident
2.2	Does the LTP demonstrate how the needs of disabled children and young people, including those with a learning disability, autism or both will be met?	Fully confident
2.3	Does the plan evidence a strong understanding of local needs and meet those needs identified in the published Joint Strategic Needs Assessment (JSNA), whilst also identifying where gaps exist, with evidenced based plans in place to address these?	Fully confident
2.4	Does the plan make explicit how health inequalities are being addressed?	Fully confident
2.5	Does the plan contain up-to-date information about the local level of need and the implications for local services, including where gaps exist and plans to address this?	Fully confident
<b>3. LTP Ambition 2018-2020</b>		
3.1	Does the LTP identify a system-wide breadth of transformation of all relevant partners, including NHS England Specialised Commissioning, the local authority, third sector, youth justice and schools & colleges, primary care and relevant community groups?	Fully confident
3.2	Does the LTP align with the deliverables set out in the Five Year Forward View for Mental Health with a clear vision as to how delivery will be different in 2020 and how this will be evidenced?	Fully confident
3.3	Does the plan evidence the whole system of care including:	Fully confident
3.4	- prevention and early intervention, including universal settings, schools, colleges and primary care	Fully confident
3.5	- early help provision with local authorities, Public Health and Directors of Children's Services	Fully confident
3.6	- evidenced – based routine care	Fully confident
3.7	- crisis care and intensive interventions	Fully confident
3.8	- identifying needs, care and support for groups who may require alternative intervention types or settings or further outreach services, such as those who have experienced trauma or abuse, 3 or more adverse childhood experiences (ACEs), looked after children, children with learning disabilities, isolated communities, groups with historically poor access to mental health services, those at risk of entering the justice system. This is not an exhaustive list and will vary depending on area	Partially confident
3.9	- inpatient care	Fully confident
3.10	- specialist care e.g. CYP with learning disabilities or forensic CAMHS	Fully confident
3.11	Where New Models of Care are being tested is there a commitment to continue to invest LTP monies beyond the pilot?	Fully confident

3.12	Does the LTP evidence: a) commissioning practice and b) local operating procedures which promote and encourage prompt referrals and access to services? e.g. does the plan describe proactive work to support those working with CYP to promptly and appropriately refer to CYPMHS?	<b>Fully confident</b>
3.13	Does the LTP clearly set out, based on the best available evidence, the expected and/or intended impact of local prevention services on the wider pathway and on the outcomes for CYP using the services?	<b>Fully confident</b>
3.14	Does the plan map out services provided directly by schools to support emotional wellbeing and MH? Are these co-ordinated with services commissioned by CCGs and Local Authority?	<b>Partially confident</b>
3.15	Does the LTP include work underway with adult MHS to link to liaison psychiatry in line with the requirements in the Five Year Forward View for Mental Health for CCGs to commission improved access to liaison mental health services?	<b>Fully confident</b>
3.16	Does the LTP include joint agencies sustainability plans going forward beyond 2020/21?	<b>Not confident</b>
<b>4. Workforce</b>		
4.1	Does the LTP include a multi-agency workforce plan or align with wider STP level workforce planning?	<b>Fully confident</b>
4.2	Does this include schools and colleges?	<b>Partially confident</b>
4.3	Does the workforce plan identify the additional staff required by 2020 and include plans to recruit new staff and train existing staff to deliver the LTP's ambition?	<b>Not confident</b>
4.4	Does the workforce plan include CPD and continued training to deliver evidence based interventions (e.g. CYP IAPT training programmes), including resources to support this?	<b>Partially confident</b>
4.5	Does the plan include additional workforce requirements? E.g. to train and retain Wellbeing Practitioners for CYP and additional staff for CYP 24/7 crisis care and dedicated eating disorders services where this is not already in place?	<b>Partially confident</b>
4.6	Does the workforce plan detail how it will train staff in skills to work with children with specific needs e.g. children and young people with learning disabilities, autism or both, ADHD, and communication impairments?	<b>Not confident</b>
4.7	Does the workforce plan detail the required work and engagement with key organisations, including schools and colleges, and detail how the plans will increase capacity and capability of the wider system?	<b>Partially confident</b>
<b>5. Collaborative and Place Based Commissioning</b>		
5.1	Does the LTP include concrete plans to develop and implement joint place based commissioning (between CCGs and specialised commissioning) for integrated urgent and emergency care, including admission avoidance?	<b>Not confident</b>
5.2	Does the LTP include the CYPMH pathway across an appropriate footprint, demonstrating the interdependency of the growth of community services aligned with recommissioning inpatient beds, including plans to support crisis, admission prevention and support appropriate and safe discharge?	<b>Fully confident</b>
5.3	Is the role of the STP reflected in joint place-based commissioning plans?	<b>Not confident</b>
5.4	Is there evidence of clear leadership and implementation groups in place to oversee progress of place based plans?	<b>Fully confident</b>
<b>6. Health and Justice</b>		

6.1	Does the LTP detail how it is ensuring that there is full pathway consideration for CYP in contact with Health and Justice directly commissioned services and services being commissioned through the CYPMH Transformation Team, including those:	<b>Fully confident</b>
6.2	-within and transitioning to and from the Children and Young People Secure Estate on both welfare and youth justice grounds	<b>Fully confident</b>
6.3	-receiving specialist or forensic CAMHS (specifically high risk young people with complex needs)	<b>Fully confident</b>
6.4	-Interacting with liaison and diversion services	<b>Fully confident</b>
6.5	-presenting at sexual assault referral centres (SARCS)	<b>Fully confident</b>
6.6	-in crisis care related to police custody	<b>Fully confident</b>
<b>7. Children and Young People's Improving Access to Psychological Therapies (CYP-IAPT)</b>		
7.1	Does the LTP evidence where CYP IAPT and its principles have been embedded across local CYP MHS in all sectors? These include: - collaboration and participation - evidence-based practice - routine outcome monitoring with improved supervision	<b>Partially confident</b>
7.2	Are there local arrangements in place to support the participation of staff from all agencies in CYP IAPT training, including salary support? Does it include staff who are in other sectors than health?	<b>Partially confident</b>
7.3	Are there sustainability plans for CDP to ensure existing and new staff continue to be trained in evidence based interventions?	<b>Partially confident</b>
<b>8. Eating Disorders</b>		
8.1	Does the LTP identify current performance against the Eating Disorder Access and Waiting Time standards and show improvement from the baseline measure?	<b>Partially confident</b>
8.2	Where relevant, does the plan clearly state which CCGs are partnering up in the eating disorder cluster?	<b>Partially confident</b>
8.3	Where in place, is the community eating disorder service (CEDS) in line with the model recommended in NHS England's commissioning guidance?	<b>Partially confident</b>
8.4	Is the CEDS signed up to a national quality improvement programme?	<b>Partially confident</b>
<b>9. Data - access and outcomes</b>		
9.1	Does the LTP recognise the requirement for all NHS-commissioned (and jointly commissioned) services, including non-NHS providers, to flow data for key national metrics in the MH Services Data Set (MHSDS)? Does it set out clear expectations on all commissioned providers to flow data directly or via a lead information provider?	<b>Not confident</b>
9.2	Does it set out the extent and completeness of MHSDS submissions for all NHS-funded services across the area, and where there are gaps set out a plan of action to improve that data quality?	<b>Not confident</b>
9.3	Is there evidence local areas are implementing routine use of outcomes monitoring as recommended by CYP IAPT principles? And is there evidence of a plan to increase the number of paired scores in the MHSDS?	<b>Not confident</b>
9.4	Is there evidence in the LTP that data on key ambitions like access (and ED) are routinely monitored and used?	<b>Not confident</b>
9.5	Is there evidence of the use of local/regional data reporting and use to enhance local delivery e.g. local CYPMH dashboards?	<b>Not confident</b>

9.6	Is there evidence the Clinical Network or other expertise have been part of discussions on improving data and reporting?	Not confident
9.7	Does the LTP include evidence that all providers commissioned by the CCG are flowing accurate data?	Not confident
9.8	If not is there a plan described to ensure this happens?	Not confident
<b>10. Urgent &amp; Emergency (Crisis) Mental Health Care for CYP</b>		
10.1	Does the LTP identify (a) that there is a dedicated 24/7 urgent and emergency mental health service for CYP and their families in place or (b) that there is a commitment with an agreed costed plan, clear milestones, and timelines in place to provide a dedicated 24/7 urgent and emergency mental health service for CYP and their families?	Partially confident
10.2	If no, does the LTP identify that there is a commitment with an agreed costed plan, clear milestones, and timelines in place to provide a dedicated 24/7 urgent and emergency mental health service for CYP and their families?	Partially confident
10.3	Is there evidence that reasonable adjustments are being made to ensure there is appropriate urgent and emergency (crisis) mental health care for disabled children and young people particularly those with learning disabilities, autism or both?	Partially confident
10.4	Is there evidence that the urgent and emergency mental health care for CYP has locally agreed KPIs, access and waiting time ambitions and the involvement of CYP and families, including monitoring their experience and outcomes?	Partially confident
<b>11. Integration</b>		
11.1	Does the LTP include local delivery of the Transition CQUIN and include numbers of expected transitions from CYPMHS and year on year improvements in metrics?	Fully confident
<b>12. Early Intervention in Psychosis (EIP)</b>		
12.1	Does the LTP identify an EIP service delivering a full age-range service, including all CYP over the age of 14 experiencing a first episode in psychosis and that all referrals are offered NICE-recommended treatment (from both internal and external sources)?	Fully confident
12.2	If so, does this include the full pathway for all CYP, including those who present to the specialist CYPMH service? Is there a commitment to specifically monitor CYP access?	Fully confident
<b>13. Green Paper</b>		
13.1	Has the site applied to be a trailblazer site?	n/a
13.2	If not, is there a plan to apply in future years?	Fully confident
13.3	Is there evidence of how this will integrate with the existing transformation plan?	Fully confident
<b>14. Other</b>		
14.1	The LTP is a five-year plan of transformation. Does the plan include: - a transformation road map - examples of projects which are innovative and key enablers for transformation - examples of how commissioning for outcomes is taking place?	Fully confident
14.2	Does the plan highlight key risks to delivery, controls and mitigating actions? E.g. workforce issues, procurement of new services not being successful or delayed, issues related to MHSDS and flow of local data? Where risk had been identified is it highlighted within this plan?	Fully confident

14.3	Does the plan highlight innovation that can be shared as 'best practice'? In particular: digital innovation that is used with CYP, parents and carers, schools and colleges and other partners as a tool for tackling stigma, and promoting MH prevention and treatment?	<b>Partially confident</b>
14.4	Does the plan state how the progress with delivery will be reported, encouraging the transparency in relation to spend and demonstration of outcomes?	<b>Fully confident</b>
14.5	Does the plan show how funding will be allocated throughout the years of the plan?	<b>Fully confident</b>

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## 17. Appendices

### Appendix A: A summary of services available within and to schools in Southampton in 2018 to support CYP MH and wellbeing.

Organisation	Description	Age group
<b>Universal</b>		
PSHE	A non-statutory school subject through which pupils develop knowledge, skills and attributes to help manage their lives. The curriculum is planned principally at the school level in Southampton currently.	5-16 but poor coverage from 12 up
Healthy High 5 award	Children to have access to and be encouraged to take part in a 'mindfulness minute' as a group at least 3-4 times within a school week.	4-16, 17 schools signed up
Sustainable transport initiatives	The sustainable transport team within SCC and My Journey deliver information and a range of behaviour change initiatives, including through schools and charities to increase active travel and physical activity (which evidence shows is associated with improved wellbeing).	4-18
<b>Targeted</b>		
Early Intervention Practitioners (CAMHS early intervention team)	Service for CYP who have not met CAMHS referral criteria. Provide 6-8 1:1 in-depth sessions (school or clinic based) for those with a higher level of need. Qualified as play therapist, social worker, MH or children's nurse. A level of all services are free and extra can be purchased.	0-18
Primary MH workers (CAMHS early intervention team)	Service for CYP who have not met CAMHS referral criteria. Run 1:1 sessions and group sessions including anxiety and cognitive analytic groups (school or clinic based). Can provide longer but lower level support than Early Intervention practitioners.	11-18
No Limits emotional health and wellbeing (EHWB) workers (Southampton healthy ambition)	Social workers who can deliver targeted groups, up to five 1:1 sessions and a safe space for drop-in sessions. Sessions can focus on Anger Management, Anxiety, Self-esteem/Resilience, Emotion Management/low mood, Bereavement, supporting those vulnerable to CSE, Risk Awareness & Harm Reduction, Young Carers, Appropriate boundaries, Friendship/Bullying, Skills for life and supporting Peer Mentoring.	11-18 (only in 1 college)
No Limits family navigators (Southampton healthy ambition)	If a CYPs attainment or attendance at school is impacted by a health issue every GP practice in Southampton has a named <b>Family Navigator</b> who can assess, support and signpost families to services. Although these do not operate within schools they do lease with them.	5-19
Solent public health (early help) nurses (Southampton healthy ambition)	Every school in Southampton has a named school nurse (who carry out measurements for the National Child Measurement Program). They can provide six sessions of brief interventions surrounding emotional health and well-being; this could be for any reason e.g. bullying, home life, school, friendships or relationships. They work with GPs, colleges, hospitals and other community services.	5-19
No Limits Drop-ins	No Limits run weekly drop-ins at some secondary schools and colleges in Southampton (during term time only). These run in partnership with the local contraception and sexual advice service and give CYP the opportunity to talk to a No Limits Support Worker or Sexual Health nurse.	11-18, not in all secondary schools
Educational psychologists	Specialise in child development working with parents, carers, schools and other professionals to promote CYPs learning and development. They can work with an individual child, a class or a whole-school. The service is paid for by schools, the price varies depending on package (cheapest is £350 per day). The exception is one statutory assessment to each school per term and SEN assessment which are paid for by the council.	0-16
Specially commissioned counsellors	As well as the EHWB workers No Limits can provide an additional service of trained counsellors to schools but for a fee (£3000 per year). There is one qualified counsellor for <11s and five for >11s. However the <11 counsellor post will end in June 2018 (non-recurring grant funded). There are also other private counselling companies.	0-18/ No Limits 11-18



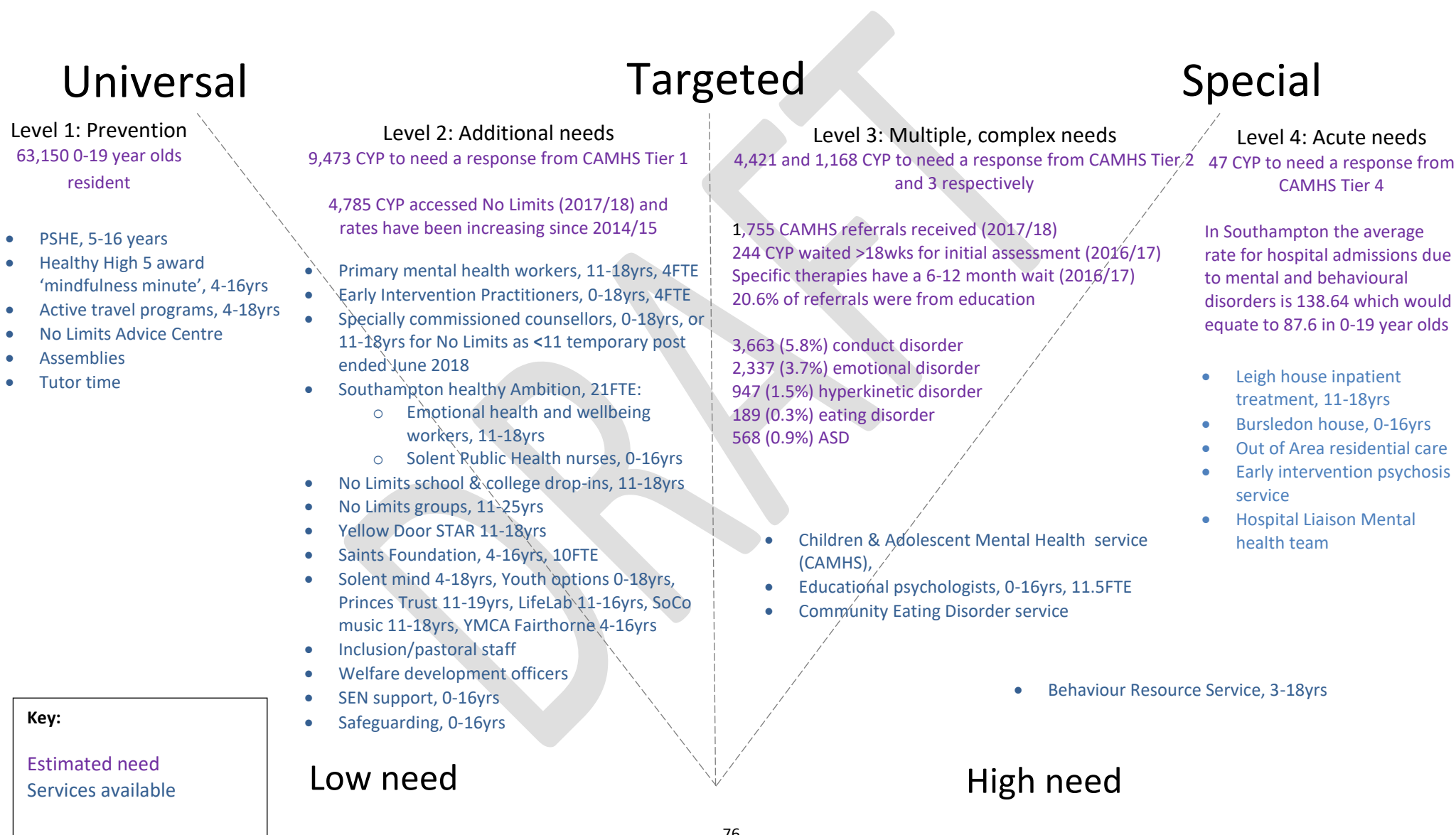
No Limits groups (external to schools)	Schools can refer to numerous groups at the No Limits centre including: Advice Centre, Work Club, DASH (Drugs & Alcohol Service), Counselling, Teen Safe House (13-19 years or 16-25 years Peer Support), Time4U (learning disabilities), Bright Beginnings (young parents), Homelessness support, Money & Budgeting, Sexual Health Clinic, Breakout Youth (LGBT+), Next Steps (Care leavers, Young Offending) and Youth Ambassador.	11-25
Yellow Door STAR project	Sessions to raise awareness about sexual abuse, consent, healthy relationships, sexting, gender identity, and pornography. One outreach worker can provide the in-house counselling services for anyone who has had a form of sexual or domestic abuse experienced or witnessed (individual, group, family therapies) at schools.	STAR 11-18 In-house 0-19
Saints Foundation	Saints run 5 programs linked to schools for CYP with poor attainment, low confidence or who are struggling academically/socially. All of the providers are trained in restorative justice and working with red umbrella but have no formal MH training. Free to schools.	
	<b>Community champions:</b> an allocated staff member in each secondary school to provide support. <b>Premier league enterprise:</b> For Yr7-8, group sessions, 12-8 per group. Complete a 12 week program with club branded curriculum, to achieve an accredited OCR Entry Level 3 in Business and Enterprise. <b>Saints connect:</b> For Yr9. Staff increase engagement with sport, music or art. Works in deprived parts of the city and with BME communities.	11-16
	<b>Premier league primary stars:</b> aims to increase the knowledge, skills and confidence of teachers, as well as increase CYPs participation in physical activities. The project uses PSHE, to improve young people's resilience and emotional wellbeing.	4-11
	<b>Mentoring session:</b> 1:1 sessions can be offered in a range of locations but most often at CYPs home.	4-16
Inclusion/pastoral staff	Gives help and support to students as well as providing information, advice and guidance. The offer varies across schools but may include anger management and counselling, motivational groups, and behavioural support.	4-19
Education Welfare Development	A social work service in schools mainly focused around trying to raise attendance. Some infant, junior and primary schools offer evidence based parenting programs.	4-19
SEN support	Can include; a special learning program, extra help from a teacher or assistant, to work in a smaller group, observation in class or at break, help taking part in class activities, extra encouragement, help communicating with other children and support with physical or personal care difficulties.	0-16, in all schools
Safeguarding	Southampton Local Safeguarding Children Board (LSCB) have a representative in every school in Southampton. Their remit is to safeguard and promote the welfare of children including MH.	0-16, in all schools
Emotional Literacy Support Assistants (ELSA)	Focus on teaching emotional literacy skills and thereby developing such resilience skills as the ability to reflect on difficult events. Cover topics including social skills, friendships, and anger management. Training can be provided to school staff at a cost of £750 per day.	5-11, in most schools
Nurture groups	Classes between 6-12 CYP which focus on emotional and social development as well as academic progress. Supported by staff and parents. Training courses for schools in Southampton are available from SCC from £150.	0-18, in some schools
Peer support	Peer support can range from helping a friend to discussing problems, through buddying, befriending schemes, 1:1 and group sessions. They benefit the mentor and mentee.	0-18, in some schools
Solent Mind Heads Up	Speak at events e.g. assemblies to help people learn more about CYPs MH and challenge stigma. Provide workshops on topics including exam stress, body image, anxiety and general MH awareness. Offer the Decider Life Skills workshop which teaches coping strategies to improve CYPs wellbeing and give them the	4-18

	tools to manage day to day emotions. Offer group work to support specific individuals with emotional difficulties.	
SoCo music	SoCo Music Project is a community music organisation. Several programs are linked to schools where, specialist music leaders run one-to-one sessions with positive and aspirational music-making activities to support emotional wellbeing.	11-18, in some schools
Youth Options	Single day to full academic year programs including; team building days, residential, transition support, prefect leadership training, alternative and fixed term provision (on managing emotions in positive ways, improving peer relationships). They also run Forest school: curriculum linked forest activities/bushcraft aimed at developing confidence and independence. Cost £6.50-7 per CYP.	0-18
LifeLab	LifeLab provides a purpose built laboratory in Southampton General Hospital and delivers sessions in schools to introduce science that explains how lifestyle choices at an early age can drastically affect CYPs health and the health of their future children. Through hands-on learning young people are empowered to make healthier choices and reduce their risk of developing chronic diseases including MH problems.	11-16
Princes Trust Program	The Positive Activity program for young people provides targeted youth support, personal development and progression programs to help young people achieve their planned goals and move on into adult life.	11-19
YMCA Fairthorne Group	A charity which runs the Engage Program, adventure experiences for schools and a range of Breakfast & After school clubs.	4-16, some schools
<b>Specialist</b>		
CAMHS (including community Eating Disorder Services)	Core CAMHS (including community Eating Disorder Services) is provided by Solent NHS Trust working in close partnership with schools, children's services, hospital services, Adult MH Services and the Community and Voluntary Sector. This also includes the Behaviour Resource Service, a multiagency specialist CAMHS service for children and young people with severe and complex emotional and behavioural difficulties which Solent provides jointly with Southampton City Council children's services.	Under 18s  Consultancy / advice / training role for Under 5s
Building Resilience Service (BRS)	Provides an intensive systemic assessment for children, young people and their families whose multiple difficulties place them outside of the local mainstream services. Works with the existing child or young person's personal and professional network to support the management of the case within mainstream services.	3-18
Acute Services	UHSFT is the main provider of acute hospital services in Southampton, including Southampton Children's Hospital which is one of the largest teaching trusts in the country and a major centre for specialist paediatric services in the south of England, providing acute specialist care across Hampshire and Isle of Wight. The Trust employs children's psychologists and psychiatrists' services who provide support to specialties working with children in emergency, outpatient and inpatient settings and also manages Bursledon House which is a highly specialised inpatient paediatric/psychiatric unit, providing assessment and treatment of serious chronic illness.	Under 18s
Leigh House	Southern Health Foundation Trust is the main provider of Adult MH and LD services in Southampton and also provides Leigh House a specialist inpatient service for young people aged 12-18 years who are experiencing a range of mental health problems, including depression, psychotic disorders and anorexia nervosa. Southern Health also provide Bluebird House which is a specialist, secure mental health inpatient unit for young people 12-18 years and the Early Intervention for Psychosis Service for people aged 14 - 35 years	12-18 yrs Leigh House  12-18 yrs Bluebird House  14+ EIP

## Appendix B: Local Transformation Plan Road Map

Southampton Local Transformation Plan Key Actions - 2018 to 2021	2018/19	2019/20	2020/21
<b>1. Promoting resilience, building strong prevention and early intervention services</b>			
Explore opportunities for further integration and streamlining pathways within our Early Help offer			
To benchmark our position against the Green Paper recommendations and agree implementation plan within the available resources			
Agree Southampton model for a whole school approach to mental health and wellbeing			
To roll out restorative practice training to wider workforce to fully embed restorative model in Southampton (dependent on HEE funding)			
Co-design new peer support model with CYP and wider stakeholders, go out to tender			
Embed and implement a city wide quality assured PSHE/RSE curriculum			
Expansion of Counselling offer to primary school children			
<b>2. Improving access – ‘no wrong door’</b>			
Developing clear referral criteria and pathways to improve the quality of information available to stakeholders and quality of referrals received by CAMHS			
Map current prevention and early help provision and ensure that this is well publicised and easy to access for referrers, children, YP and families			
Further development of SPA to provide clear pathways including wider emotional health & wellbeing signposting			
<b>3. Care for the most vulnerable and reducing health inequalities</b>			
Development of a Joint Working Agreement between CAMHS and YOS to formalise and improve partnership working			
Implement recommendations from BRS review, ensuring skills and expertise within this team are maximised			
Continue to ensure MH and wellbeing needs of LAC are met in the best way (linked to BRS Review).			
Embed national Transforming Care Programme workstreams			
<b>4. Improving Services for CYP with Eating Disorders</b>			
Achieve ED waiting standards - Improve identification of CYP with ED including flag on CAMHS referral form			
Develop service capacity to offer more intensive intervention e.g. increased frequency of meal supervisions which may help to reduce inpatient admissions.			
Work with STP/Clinical Network to explore options for future Eating Disorder model based on NICE compliance e.g. multi-family therapy across a wider footprint			
<b>5. Improving Crisis Care</b>			
Scope extending the hours of the CAMHS Liaison Nurse post in ED			
MH nurse in NHS111 pilot - Service Review for future sustainability			
Review our local crisis pathways and invest in the development of crisis resolution and intensive outreach support, working in partnership with our partners across HIOW STP			
Continue to explore the potential for short term crisis/assessment/intervention beds within the city as part of our overall offer to support crisis resolution and support in the community			
<b>6. Improving the transition to adulthood</b>			
Evaluate delivery of national CQUIN and identify and agree areas for focus in 1920 - 1819 Q4			
Publish and roll out Southampton City transition pathway and guidance			
Develop specific transition tool for YP leaving CAMHS who may not meet threshold for AMH or ALD			
<b>7. CAMHS Workforce development</b>			
Develop workforce transformation plan with Solent incorporating future capacity planning including CYP-IAPT			
Develop more coherent training plan/menu for the wider CAMHS workforce			
<b>Accountability &amp; transparency</b>			
All NHS funded Providers of mental health services upload and provide accurate information to MHSDS			
Development of local dashboard on CYP emotional and mental health including service data, outcomes and workforce			
Annual refresh and ongoing development of Local Transformation Plan			

**Appendix C: Continuum of needs model showing mental health and wellbeing services within and available to schools in Southampton mapped against estimated need, 2018.**



## Appendix D: Workforce Development – Plan on a Page

### CAMHS Workforce Development – Plan on a Page

