



# ‘Coming Together for the Next Generation’

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# Vision



To improve the health, happiness and achievement of children and young people (CYP) by transforming health and care services by:

- Bringing services together (integration)
- Developing the service model with service users
- Working with CYP, families and communities using existing strengths
- Providing the right support at the earliest opportunity
- Helping people access advice for themselves
- Planning for a successful transition to adulthood
- Making effective use of technology
- Ensuring fair access to services

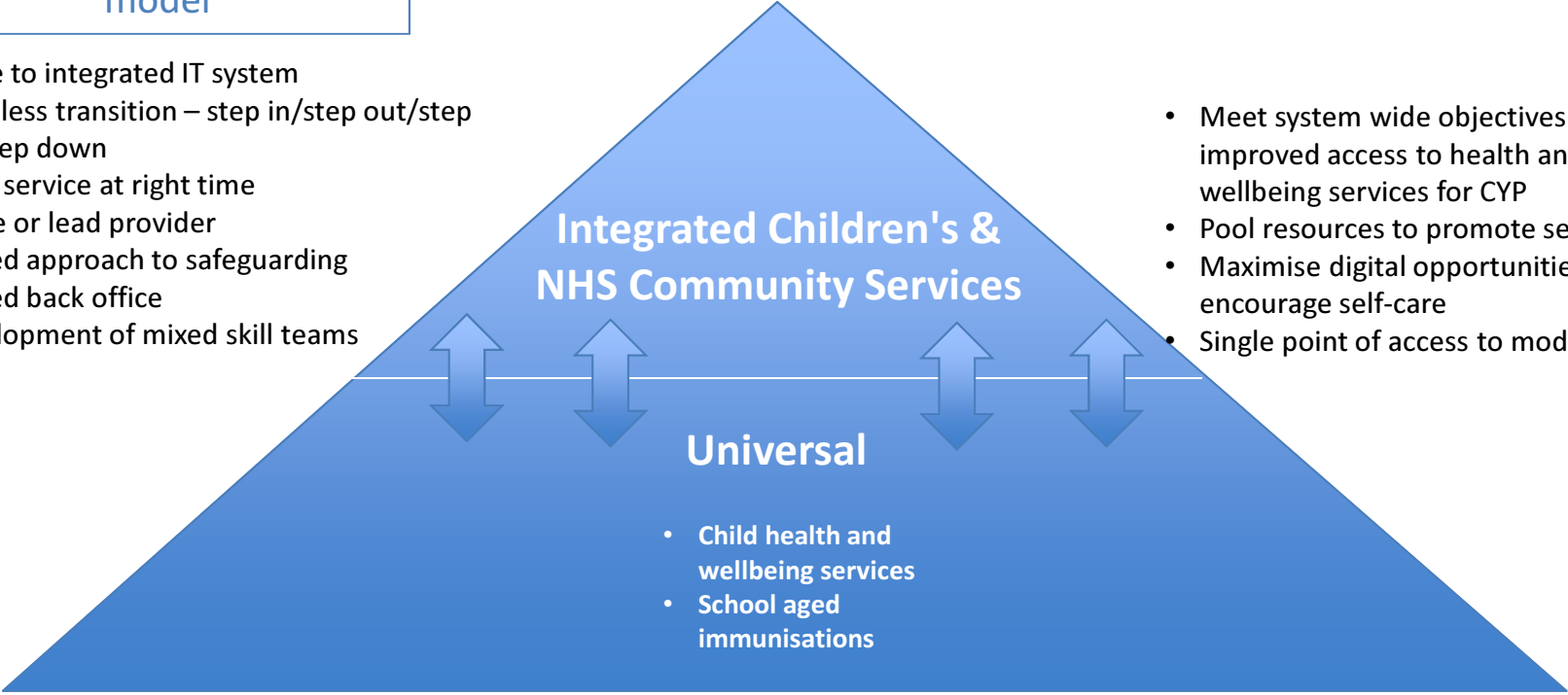


# Children and Young People Integrated Health & Care Model

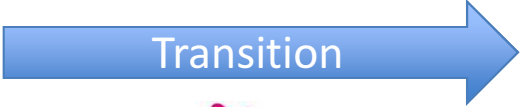
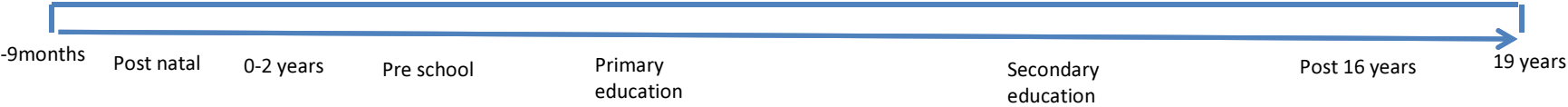
Future state – high level model

- Move to integrated IT system
- Seamless transition – step in/step out/step up/step down
- Right service at right time
- Single or lead provider
- Shared approach to safeguarding
- Shared back office
- Development of mixed skill teams

- Meet system wide objectives e.g. improved access to health and wellbeing services for CYP
- Pool resources to promote self-care
- Maximise digital opportunities to encourage self-care
- Single point of access to model of care



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# Benefits of integration



## Child, young person, family/carer

Reduced waiting time for appointment

Reduced number of assessments

Increased customer satisfaction and improved outcomes

Skilled and empowered parents and carers who know how to self-refer

Single point of access, health, social care and education

Consistent messaging

Reduced school absence, parents more effective and supported

Equitable service

## Workforce/system

Reduction in practitioner isolation

Possibility of flexible job portfolios improving recruitment and retention

Reduction in high cost care packages

Reduced reliance on acute sector

Reduction in escalation of behaviour or condition

Reduction in waste and duplication

Increased knowledge of roles and responsibilities

Contractual levers

Better information sharing

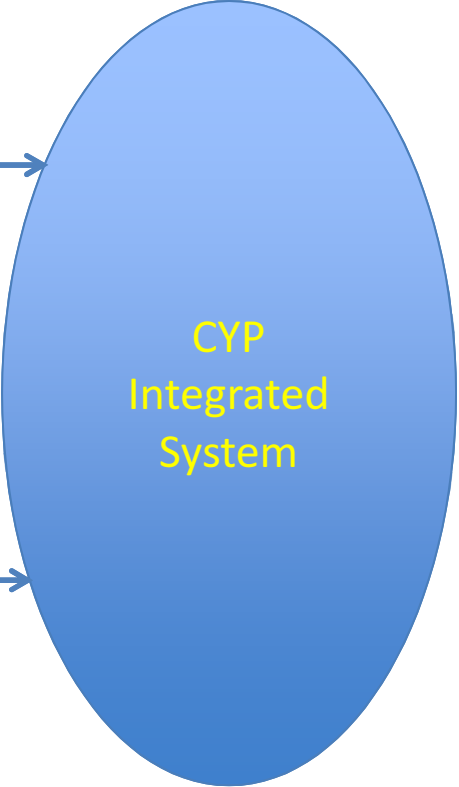
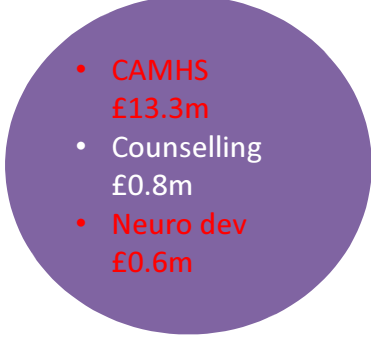
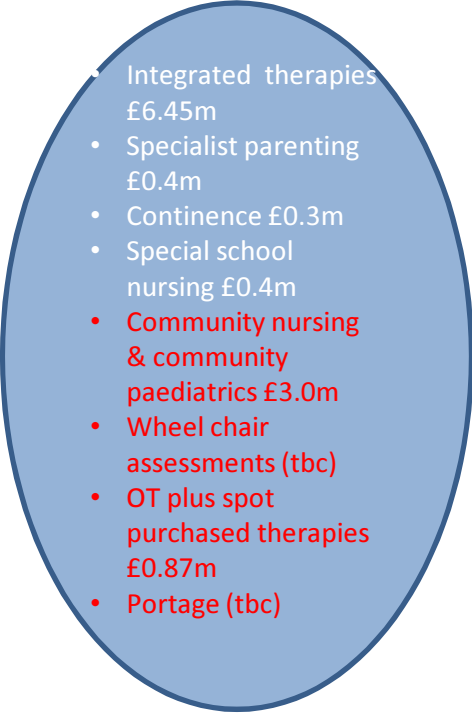
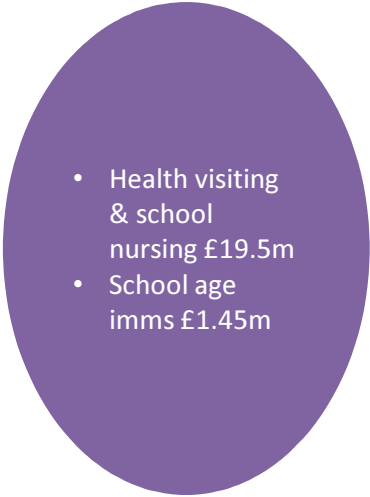
# Procurement stages

Phase 1  
Aug 2020

Phase 2  
April 2021

Phase 3  
April 2022

2023



**Alignment with HCC children's services**  
 Early help, family support service, supporting families, school readiness, Transforming Social Care (formerly Partners in Practice (PIP))

White text indicates services originally in scope  
 Red text indicates services added to previous scope

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# The journey so far



NHS

**Integration already underway in many settings** – NHS and Hampshire County Council e.g. Children’s Services, Adult Social Care and Public Health

- Children and young people’s integration slower than adult integration

**Progress so far** – vision, engagement, emerging future operating model, strengthening of trust, shared outcomes framework

**Stakeholder Engagement** – online questionnaire, practitioner workshops and parent discussion groups

- Key message: short waiting times and early intervention

## Recommendations

That the Health and Well-being Board endorse the approach to integration of children and young people's services through:

- focused partnership working,
- implementation of an outcomes framework
- three aligned procurements.

**Next steps for integration through procurement (broad overview):**

- Developing key principles of integration
- Finalising the outcomes framework
- Finalise service specifications
- Permission to spend – December 2018 (HCC only)
- Business case including procurement strategy & permission to proceed – January 2019 (NHS England)
- Market engagement event – January 2019
- Issue tender Public Health and – January 2019
- Contract award October 2019 (sign off by CCGs & NHS England)

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# Local Transformation Plans (LTP) for Children and Young People's Mental Health and Wellbeing

## 2018/19 Refresh



# Facts about mental health in children

- 10% of CYP (aged 5-16 years) have a clinically diagnosable mental problem yet, 70% of children and adolescents who experience mental health problems have not had appropriate interventions at a sufficiently early age
- 50% of mental health problems are established by age 14 and 75% by age 24
- 38% of parents do not know the signs and the symptoms to have in mind to assess the mental health of their children.
- The average wait for effective treatment is 10 years
- Suicide is the biggest killer of young people in the UK
- People with severe mental illness die between 10 and 20 years earlier than the general population - an equivalent or greater impact on life expectancy than heavy smoking
- For every person affected by mental illness, £8 is spent on research – 22 times less than cancer and 14 times less than dementia

Mental Health Foundation, 2018  
Mental Health Statistics: Children and Young People  
<https://www.mentalhealth.org.uk/statistics/mental-health-statistics-children-and-young-people>



# Summary of Local Need

It is estimated that one in ten children aged 5-16 years old will need support or treatment for mental health problems. This ranges from short spells of depression or anxiety through to more severe conditions that can isolate and frighten those who experience them. There are a range of risk factors and protective factors that impact on a child's wellbeing and emotional resilience. We consider these factors along with adverse childhood experiences when designing services.

- There are just over 320,000 children and young people aged 0 to 19 years living in Hampshire. Children and young people make up nearly a quarter of the county's total population (23%).
- Hampshire's **population** of young people aged 10-14 is **projected to increase** between 2016 and 2023; this will impact on service demand
- Hampshire falls within the 20% most deprived areas in England for children living in income deprived families.
- Half of all **psychiatric disorders** start by age 14 and three quarters by age 24
- National research has found that 12% of under 11s, 18% of 11-17s and 24% of 18-24s had been exposed to **domestic abuse** between adults in their homes during childhood
- There are increasing numbers of **Looked After Children** in Hampshire, and this cohort is at significantly greater risk of developing poor mental health
- A 2016 audit found that there were 31 **suicides** amongst young people aged under 25 in Hampshire
- Hampshire has higher than national rates for **hospital admissions** as a result of **self-harm** in young people aged 10-19; this is a cause for concern
- However in 2016, young people in Hampshire rated their **wellbeing** as being higher than the national average
- It is estimated that 8.4% of CYP aged 5-16 in Hampshire have a **diagnosable mental health condition**
- The number of **referrals** into specialist **CAMHS** has grown from 5,167 in 2015-2016 to 8,400 in 2016-2017 and 7,883 in 2017/18, whilst there has been a slight decline the complexity and volume is still considerably higher than plan.

# Background to LTP – National Requirements

All CCGs are required to develop Local Transformation Plans (LTPs) to outline how they will improve the emotional and mental health of children and young people through implementing the recommendations of Future in Mind (FiM). Hampshire's original LTP was published in Sep-15 and set out our journey to 2020.

A series of strategies and publications underpin the Local Transformation Plan which is reviewed and refreshed annually:

- Emotional Wellbeing and Mental Health Needs Assessment for Children and Young People in Hampshire
- Make It Worthwhile Strategy 2014 - 2017
- Five Year Forward View for Mental Health (2016)
- Hampshire and Isle of Wight Sustainability and Transformation Plan (2016)
- Sustainability and Transformation Plan Children's Programme (2017)
- Children and Maternity Collaborative Operating Plan and Vision 2020
- Starting Well - Emotional Wellbeing and Mental Health Strategy for Children and Young People in Hampshire 2018-21
- Autism Strategy
- Autism Pioneer review programme 2018
- Transforming Care Plans

Our original Future in Mind plan was developed based on comprehensive feedback from children, young people, parents, carers and professionals, and evidence from the Joint Strategic Needs Assessment published in 2015, which has been updated and refreshed to understand current need.

## Local Ambition for the LTP – Our Vision:

Children and young people will have access to services in a timely manner in the right place at the right time.

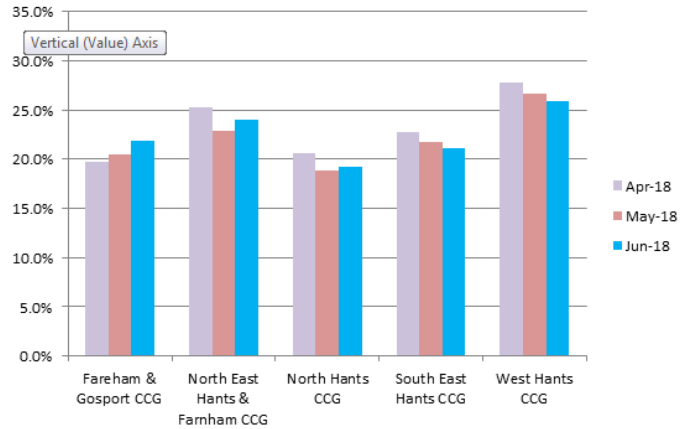
- In order to achieve this, we want to transform the way in which we provide services for young people.
- We will work with the local authority and schools to implement robust intervention & prevention services, to reduce the need for referral to specialist support.
- For children who require more intensive treatment or diagnosis we will ensure timely access to services.
- Those young people who experience acute episodes of distress will be supported closer to home and where appropriate within the community.
- Our close working relationship with the Sustainability and Transformation programme will ensure we have good access to step up and step down care.
- All of our approaches will be developed on a needs led basis for the whole age range of children and young people aged 0-25
- We will work closer with schools, transforming the skills and competence of staff and providing earlier intervention and prevention for young people.
- We will build on our aspirations we have submit within the Trailblazer bid and continue to increase support, training and development to school based staff
- We will work closer with the third sector to increase their confidence and skills through evidence based work programmes and joint training and supervision.
- We recognise the value and importance of the third sector and want to maximise their close working relationships and knowledge of local communities
- We will undertake a deep dive across the system to review all pathways to ensure we are offering a seamless service and to ensure we have no gaps in provision.
- We will co-design services alongside children and young people to capture their feelings and experiences which will help us to implement sustainable services
- We will work in partnership with NHS and private providers to ensure access to specialist support and to ensure transition between services is well coordinated
- Our action plan for 2019 will support our journey of system transformation

# National priorities to be met by 2020

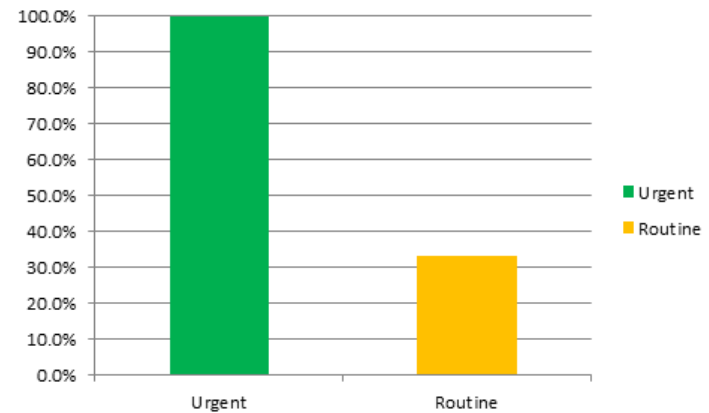
- **Eating Disorders:** an evidence-based community eating disorder service, 95% receive treatment within 1 week for urgent and 4 weeks for routine cases.
- **Access:** At least 35% of children and young people with a diagnosable mental health condition will be receiving treatment from an NHS-funded service by 2020 – equates to 70,000 CYP across the UK
- **In-patient stays** for children and young people will only take place where clinically appropriate and close to home as possible
- **Crisis resolution and home treatment teams (CRHTTs)** in place (all ages)
- At least **1,700 more therapists and supervisors** to be employed
- **Early Intervention in Psychosis** - 60% receive treatment within two weeks (all ages)

# Current Performance

CYP Access Data Q1 2018.  
Target: 35% Increase by 2020



Hampshire CAMHS Eating Disorder Service  
Target: Urgent: 95% seen within 1 week. Routine: 95% seen within 4 weeks



Hampshire CAMHS Waiting times – Routine Referrals  
Target:  
Assessments: 95% within 4 weeks  
Treatment: 95% within 18 weeks







# Our Achievements so far

Services we prioritised	What has been the impact
<p><b>Early Intervention services through evidence-based counselling/psychological support</b></p>	<p>During 2017/18:</p> <p>3,114 appropriate referrals were received by the service</p> <p>1,699 children and young people were offered individual counselling sessions, of which 1,587 children and young people accepted and attended.</p> <p>3,785 1,123 children and young people were offered and attended therapeutic group work, of which 1,123 attended smaller groups of 35 children or less.</p>
<p><b>Early Intervention services through evidence-based parenting programmes</b></p>	<p>60 parenting programmes during 2017-2018 have been delivered to 856 families.</p>
<p><b>Improved access to support for young people who have been sexually abused or exploited</b></p>	<p>123 number of children have accessed the service between the ages of 5 and 17yrs,,of which 83% per were female and 17% male. 4% of these children were listed as having a disability.</p>
<p><b>A new Eating Disorder Service to ensure compliance with new standards</b></p>	<p>214 Children and Young people were referred into the service for an eating disorder in 2017/18. When the service first commenced, waiting times fell within the national standards. Since then due to challenges regarding workforce and an increase in service demand the current wait for assessment for a routine referral is 7 weeks. There is no wait for treatment which commences immediately following assessment.</p> <p>100% of urgent and emergency referrals for eating disorders continue to be responded to within national targets.</p>
<p><b>Improved access to technological solutions that support young people's emotional wellbeing and mental health</b></p>	<p>The CAMHS website has received 2,378 views since it launched in early 2018.</p>
<p><b>Additional provision funded by the CCGs in addition to the Future in Mind funding grant</b></p>	
<p><b>Additional funding has been secured to increase capacity and access to services for children with Autism. There have been long waiting lists due to the demand on the core camhs contract</b></p>	<p>1,000 children will benefit from this service, receiving an outcome in a much more timely manner. These children have been transferred from the current Hampshire CAMHS service which will be able to continue focusing efforts on core mental health conditions and bring waiting times within national targets.</p>



# Impacts and Feedback – What people have told us

	<p>The majority of people who accessed the services said they received good quality support and a caring professional</p> <p>“this is the most happy, positive, well-functioning CAMHS service we have seen in years”          “We observed many positive and engaging interactions between staff and patients and staff demonstrated a caring attitude towards patients. Patient and carer feedback on staff attitudes was excellent. Patients and carers felt involved with the delivery of their care and felt that their voice was heard.”          CQC Feedback January 2018</p>
	<p>Some people felt the services they needed were too difficult to access and would be better if they were more integrated</p> <p>Self harm has been described as “any act of self-poisoning or self-injury carried out by a person, irrespective of their motivation. This commonly involves self-poisoning with medication or self-injury by cutting.” Self harm can be a symptom of underlying mental or emotional distress. It can be used as a coping mechanism for people who feel they have no other way to deal with extreme negative emotions.</p>
	<p>Some families felt schools didn’t understand their children’s needs and access to diagnostic services were too long, resulting in some young people self-harming</p> <p>Schools and colleges play an important role in promoting emotional wellbeing, in early identification of mental health issues and in supporting CYP through difficult times including referral and treatment to a specialist mental health service. In addition to schools’ early years settings also play a vital role in helping to shape a child’s development including the building a foundation for sound mental health. Early Year’s settings are also part of the solution in supporting children’s readiness for school, developing communication skills and self regulation.</p>
	<p>Too many people told us that waiting times were too long and they were waiting an unacceptable length of time to access treatment</p> <p>Health outcomes and life chances for CYP in Hampshire are generally good but it is estimated that 8.4% of CYP aged 5-16 years old in Hampshire will have a clinically diagnosed mental disorder. Mental health issues are more likely to be missed in Children and young people than in any other age group. Delay in treatment can exacerbate the problem.</p>

# 2018/18 Hampshire LTP Strategic Priorities

The Service	What We Plan to Do	The Vision
<b>Counselling Services for Children and Young People</b>	Recommission this service to include access to a dedicated online counselling service, so that no Hampshire child is disadvantaged by the area in which they live.	Children and young people in Hampshire are able to access effective therapeutic counselling, wherever they live in a timely manner
<b>Evidenced Based Parenting Programmes</b>	Continue to commission the Barnardo's parenting support for a further year Undertake a review of parenting support offer across the statutory agencies so that the parenting offer is more streamlined, and is part of a stepped approach ensuring that the right support is available	Parents and families feel empowered to manage their child's behaviour.
<b>Support for young people who have been sexually abused or exploited</b>	Continue to offer outreach therapeutic counselling to those aged 0 to 18 years who are traumatised as a result of being missing, exploited, trafficked or sexually abused.	Children and young people who are traumatised as a result of being missing, exploited, trafficked or sexually abused, have access to the right support they need.
<b>Autism services re-design pre and post diagnosis pathways</b>	A review of ASC diagnostic pathways and provision across Hampshire. This review has made a number of recommendations for going forward.	A timely and needs led service for all children presenting with traits of Autism, supported by a system which provides support and information for parents and professionals.
<b>Vulnerable children</b>	We want to build upon the Transforming Care Programme, Social Care practice reform work, and New Care models work to support young people in crisis	All children have access to education and support and the same opportunities as their peers
<b>New Care Models</b>	Identifying more services we can deliver at scale for the benefit of our populations and management of our workforce; these include offering intensive community support and eating disorder services across a wider footprint	specialist support teams provides services at scale
<b>Psychiatric Liaison</b>	working at scale we can develop a workforce model that enables coverage and support at times when it is most needed	all young people in crisis have access to timely support and intervention
<b>Adolescent Unit</b>	We want to ensure there is a place of safety that can support these young people in a therapeutic way, whilst their needs are being met and planned for. Developing an adolescent unit with appropriately trained staff, can reduce the need for in-patient psychiatric treatment or in appropriate placement in a police cell or hospital A&E department	children and young people get access to timely intervention to support their needs in an appropriate setting
<b>Workforce Development</b>	We want to support our workforce through further developing multi-agency training and development opportunities. We will work in partnership with the STP workforce programme, but also through our multi-agency networks to ensure we develop the right training for professionals and support joint learning opportunities	Professionals feel more able and confident to identify mental health problems in young people, and are clear on the right pathways
<b>Engagement with children and young people</b>	We will be undertaking a system wide review of prevention, early intervention and specialist camhs provision, we will ensure children and young people are part of the review and re-design of services	Children and young people are able to influence the design of services and have a voice in service development

# LTP Investment

## Financial overview

How much do Mental Health Services cost in Hampshire? Spend to date:

NEHF CCG	2015/16	2016/17	2017/18	2018/19
<b>Provider</b>				
Sussex Partnership FT	£ 1,390,788	£ 1,464,489	£ 1,474,540	£ 1,506,611
Surrey & Borders Partnership FT	£ 315,910	£ 318,704	£ 357,958	£ 358,842
No Limits		£ 94,080	£ 94,080	£ 94,080
Barnardos	£ 47,304	£ 47,304	£ 47,345	£ 47,344
NH CCG	2015/16	2016/17	2017/18	2018/19
<b>Provider</b>				
Sussex Partnership FT	£ 1,856,139	£ 1,897,455	£ 1,915,311	£ 1,958,161
No Limits		£ 121,729	£ 125,229	£ 10,144
Barnardos	£ 5,101	£ 61,209	£ 61,209	£ 56,108
WH CCG	2015/16	2016/17	2017/18	2018/19
<b>Provider</b>				
Sussex Partnership FT	£ 4,701,654	£ 4,812,177	£ 4,856,616	£ 4,964,526
No Limits		£ 323,790	£ 323,790	£ 26,983
Barnardos	£ 13,564	£ 162,771	£ 162,771	£ 149,206
SEH CCH	2015/16	2016/17	2017/18	2018/19
<b>Provider</b>				
Sussex Partnership FT	£ 1,858,007	£ 1,899,514	£ 1,950,238	£ 1,992,746
No Limits		£ 132,297	£ 132,297	£ 11,025
Barnardos	£ 5,544	£ 66,523	£ 66,523	£ 60,979
F&G CCG	2015/16	2016/17	2017/18	2018/19
<b>Provider</b>				
Sussex Partnership FT	£ 1,708,925	£ 1,745,603	£ 1,792,207	£ 1,831,264
No Limits		£ 122,683	£ 122,683	£ 10,224
Barnardos	£ 5,141	£ 61,688	£ 61,688	£ 56,548

# Key Risks

Risk	RAG	Mitigation
CAMHS Demand and Capacity Challenges – Increase in waiting times		<p>A range of future service options are being considered to provide short/medium term solutions to the current challenges</p> <p>Further data analysis and review being completed to ascertain a clearer understanding of referral rates and demand on CAMHS services</p> <p>Future in Mind Investment being managed as part of a Transformation Board which aims to ensure that a whole system approach is undertaken and investment is in the right place</p>
Workforce Stability		Ongoing recruitment planning to ensure a stable and sustainable workforce – Monitored at monthly Contract Review Meetings
Trailblazer bid for Mental Health Support in Schools is unsuccessful		We will continue to build on the work already in place to offer mental health awareness and training to support children and young people in education settings. We will continue to invest in current services such as Hampshire CAMHS and Hampshire Parent Carer Network and identify opportunities for partnership working with the local authority.
There is significant demand on autism assessments across the county, overwhelming current services		<p>Investigation of how autism assessment services are being provided across the county including where current gaps are</p> <p>Contractual discussions across providers about how to provide this service into the future including exploration of other service models</p>
Lack of early intervention and prevention services – impacting of CAMHS service demand		Continue to invest Future in Mind funding in services that can support children and young people before they reach crisis.
Challenges regarding uploading accurate CYP Access Data in resulting from Future In Mind investment.		<p>We respond to all performance and data requests from NHS England in line with stipulated deadlines. We use performance dashboards that are produced using this data to inform commissioning decisions. We regularly monitor and report on performance against eating disorders and mental health waiting times.</p> <p>We need to work with our third sector providers to ensure that accurate CYP Access data is uploaded to the National Mental Health Data Sets</p> <p>We need to support all providers to ensure that accurate and timely data is uploaded to the National Mental Health Data sets in order to truly reflect the performance of our mental health services for children and young people</p>

**Any Questions?**

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# Hampshire CQC Local System Review

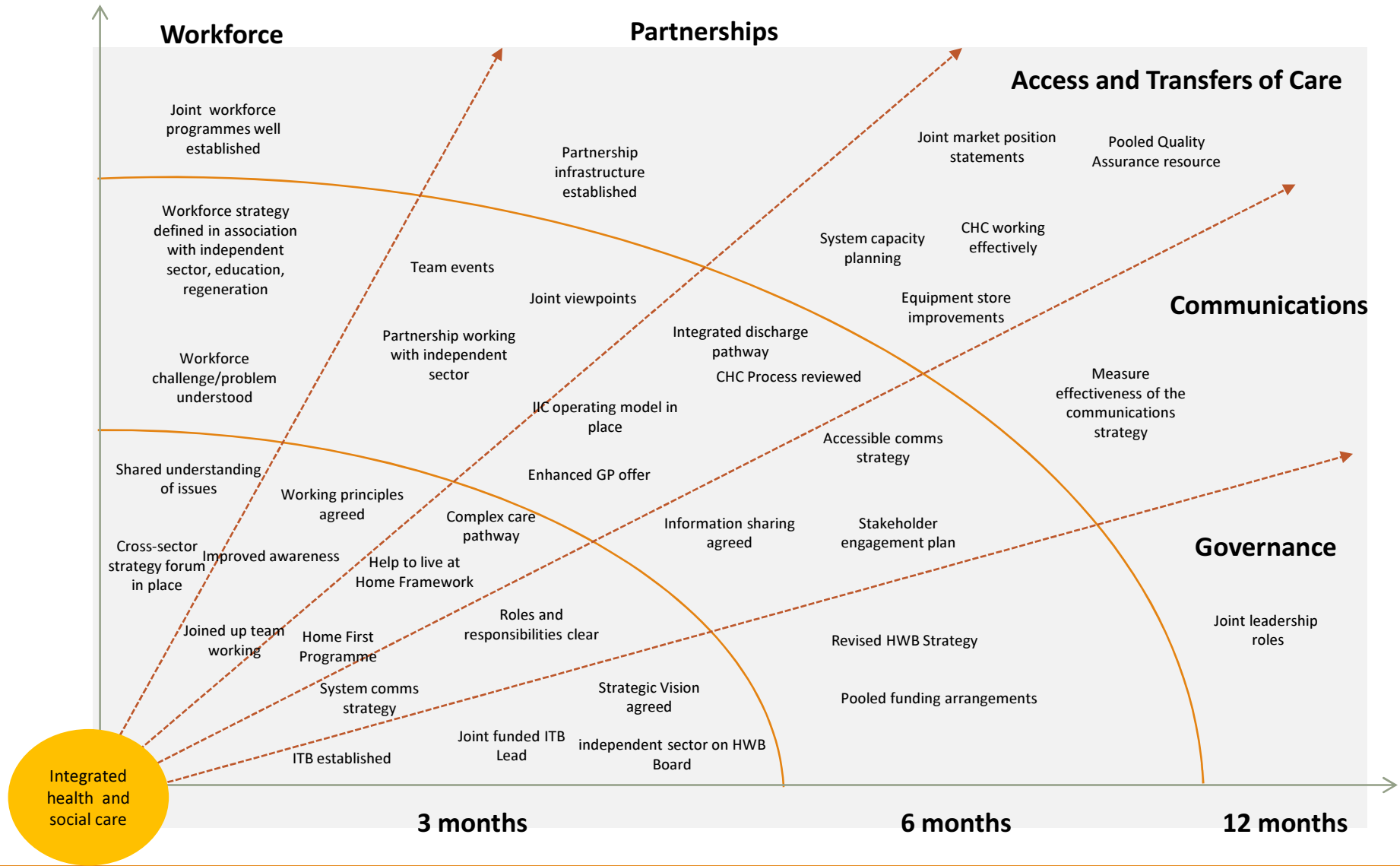
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UPDATE 3 MONTHS ON



# CQC 12 month action plan in summary

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# Strategic Vision, Leadership and Governance

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- HWB new Strategy development underway
- New governance arrangements
  - Integrated Commissioning Board
  - Improvement and Transformation Board
- Financial management: exploring further pooling of resources under iBCF



# Communication and engagement

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- Carers Strategy implementation underway
- Connect to Support Hampshire developments
  - Recently launched app
  - Other multimedia and technology being explored, including Artificial Intelligence
  - Awareness raising with professionals



# Workforce planning

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- Workforce Strategy paper presented to Improvement and Transformation Board
  - Focuses on development of a strategic system wide relationship with independent sector
  - Work programme emerging to deliver key outcomes in CQC action plan



# Patient flow and onward care update

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SUMMARY OF PROGRESS



# South & West Hampshire

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## Resilience – key challenges for Winter

- Maintaining flow through the Emergency Department
- Reducing delays in acute beds
  - Reducing DToC lost bed-days by system planning
  - Achieving +21 day 'Super-stranded' target by Dec 2018 and increasing focus on +7 day delays
  - Increasing flow to/flexible use of community beds
  - CHC End of Life delay reductions
- Maximising admission avoidance approaches : Ambulatory Emergency Care, front door frailty model, direct to service pathways



# Portsmouth & South East Hampshire

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## Resilience – key challenges for Winter

- Maintaining flow through the Emergency Department
- Reducing Medically Fit for Discharge numbers and decreasing acute bed occupancy to 92%
- Improving 7 day acute flow
  - Increased discharges by 1pm
  - Optimising front door frailty model
  - Increased complex discharges at weekends
  - ‘Why not home, why not today’ rigour at every board round
- Improved admission avoidance for EOL and Care Home pathways



# North & Mid Hampshire

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## Resilience – key challenges for Winter

- Reducing Emergency Department pressures and improving flow
- Reducing delays in acute beds – improving flow through wards and early discharge planning
- Balancing demand with capacity – Intermediate Care /Reablement/domiciliary care
- Reducing CHC delays: Discharge to Assess and End of Life
- Maximising admission avoidance approaches – front door and community frailty, rapid care response and direct access pathways
- Enhancing support to care homes



# Developing the Newton themes

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Programme deliverables: more people managed in the right setting of care

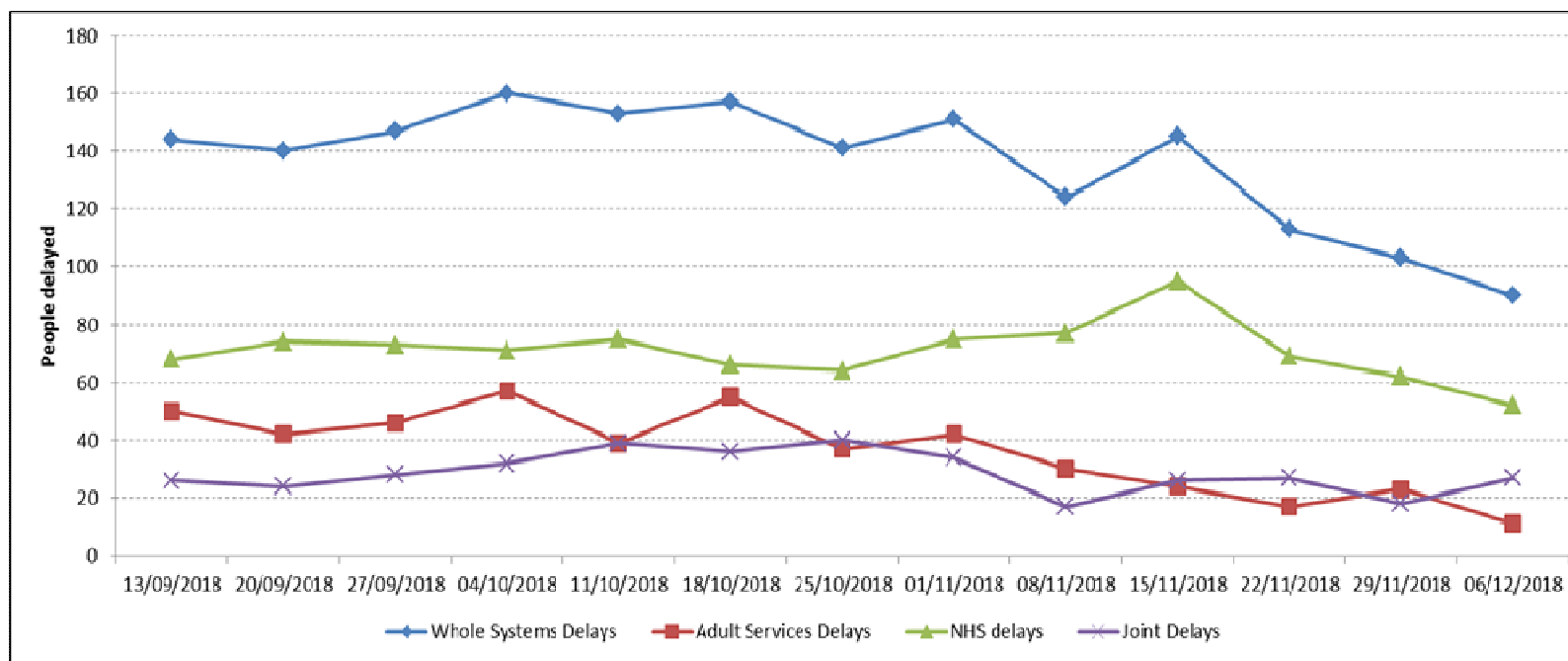
Local system target delivery in line with Newton recommendations:

- % reduction in waits for bedded care (from 37%)
- % reduction in waits for a decision on where the patients will go next (from 35%)
- % reduction in patient waiting to get home with some support (from 21%)





# Latest position: Acute delays – People delayed per week (HCC weekly snapshot data, 6 Dec 2018)



Reported DToC People Delays for week 06-Dec-18					DToC People Adult Services Delays (reasons) for week 06-Dec-18					
Hospital	Whole System Delays	Adult Services Delays	NHS Delays	Joint Delays	Residential Care	Nursing Care	Assessment	Dom Care	Patient / Family Choice	Other
Frimley Hospital	7	0	5	2	0	0	0	0	0	0
North Hants Hospital	10	0	9	1	0	0	0	0	0	0
Queen Alexandra Hospital	22	0	14	8	0	0	0	0	0	0
Royal Hampshire County Hospital	22	2	10	10	0	0	0	2	0	0
Southampton General Hospital	29	9	14	6	0	1	0	8	0	0
<b>TOTAL</b>	<b>90</b>	<b>11</b>	<b>52</b>	<b>27</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>10</b>	<b>0</b>	<b>0</b>

# Alignment with national target delivery

- DToCs to 3.5% of acute bed base
- Long length of stay (+21 days) sustainably reduced by 25%

	Portsmouth & SE Hants	Southampton & SW Hants	North and Mid Hants	TARGET
Total DToC as % of bed base (as at 6 Dec 2018)	<b>3.46%</b>	<b>4.6%</b>	<b>6.63%</b>	3.5% national target
Hants DToC as % of bed base (as at 6 Dec 2018)	2.27%	2.34%	6.63%	3.5% national target
LLoS (+21 day) bed reduction remaining	<b>23 (8%)</b>	<b>26 (10%)</b>	<b>4 (2%)</b>	Latest published report against national reduction target (~ 25%)

- 85% CHC assessments out of hospital - 84% for Hants (Nov 2018)

