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# Hampshire County Council: Children and Young People's Select Committee, 11 November 2020

## Overview of mental health services for children and young people in Hampshire: current performance, challenges and planned service transformation and improvement

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## 2020 – Hampshire CAMHS Overview - End of September 2020

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### Hampshire CAMHS Overview

- c. (Ass. 1,387, Treat. 1,480) children waiting for an assessment or treatment
- C. 4,174 children on treatment caseload
- 718 children and young people referred to specialist CAMHS
- 7,041 children on the CAMHS open caseload
- 28% (of those seen) waiting >19 weeks for an assessment
- 44% (of those starting treatment) waiting >26 weeks for treatment
- 6,921 Contacts per month delivered by CAMHS Service
- Change in Referrals 2019 to 2020 (Same Month) = +42 (+6.2%)

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# Children's Mental Health services in Hampshire

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## Overview of services commissioned

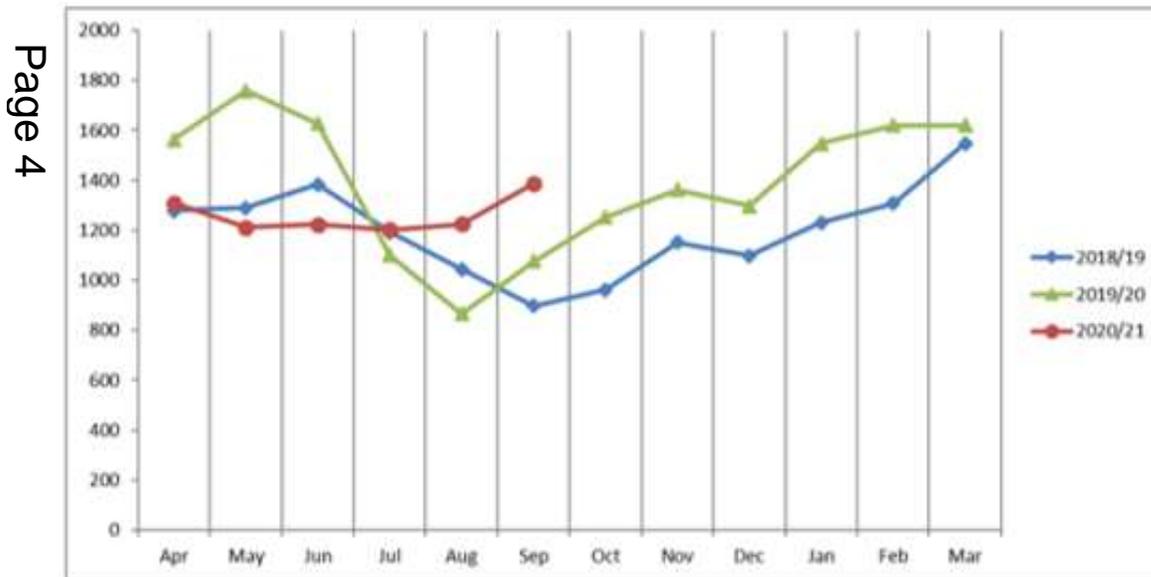
- **Specialist CAMHS services (Single Point of Access, core CAMHS, Intensive Home Treatment Team (i2i), Eating Disorders team and Youth Offending Service Team)**
- **Mental Health Support Teams in Havant and Gosport schools**
- **24/7 Mental Health Triage service via NHS 111**
- **Community counselling services commissioned from community and voluntary sector (Hampshire Youth Access service)**
- **Embedded support in Willow Team and via Frankie Workers for CYP subject to sexual abuse and/or criminal exploitation**
- **Community crisis lounges (Safe Havens) in Aldershot and Havant, plus a MH crisis help line (Havant Mind)**
- **Support for LGBTQ+ children and young people**
- **Link Programme for schools being rolled out across Hampshire schools and college**
- **Digital support via Think Ninja App**

# Overview of Assessment Waiting List

Hampshire CAMHS - Assessment Waiting numbers Sept 2019 to September 2020

Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20
1,078	1,252	1,362	1,297	1,548	1,621	1,621	1,310	1,212	1,224	1,202	1,225	1,387

Fig 1: Assessment Waiting Lists 2018-19, 2019-20 and 2020-21



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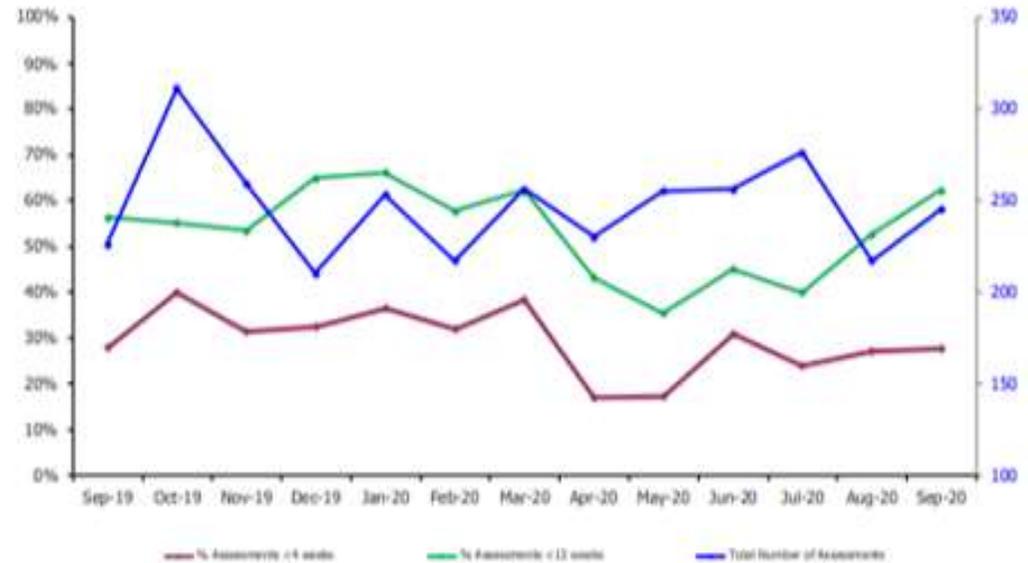
# Overview of Assessment Waiting times

Hampshire CAMHS – Assessment within 4 Weeks of Referral

## Waiting time to assessment

Month: September 2020

	Month	QTD	YTD
% assessment waited < 4 weeks	27.8%	26.2%	24.0%
% assessment waited < 13 weeks	62.0%	50.9%	46.0%
Total number of assessments	245	738	1,479



	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20
—	27.9%	39.9%	31.3%	32.4%	36.4%	31.8%	38.3%	17.0%	17.3%	30.9%	23.9%	27.2%	27.8%
—	56.2%	55.0%	53.3%	64.8%	66.0%	57.6%	62.1%	43.0%	35.3%	44.9%	30.9%	52.5%	62.0%
—	226	311	259	210	253	217	256	230	255	256	276	217	245



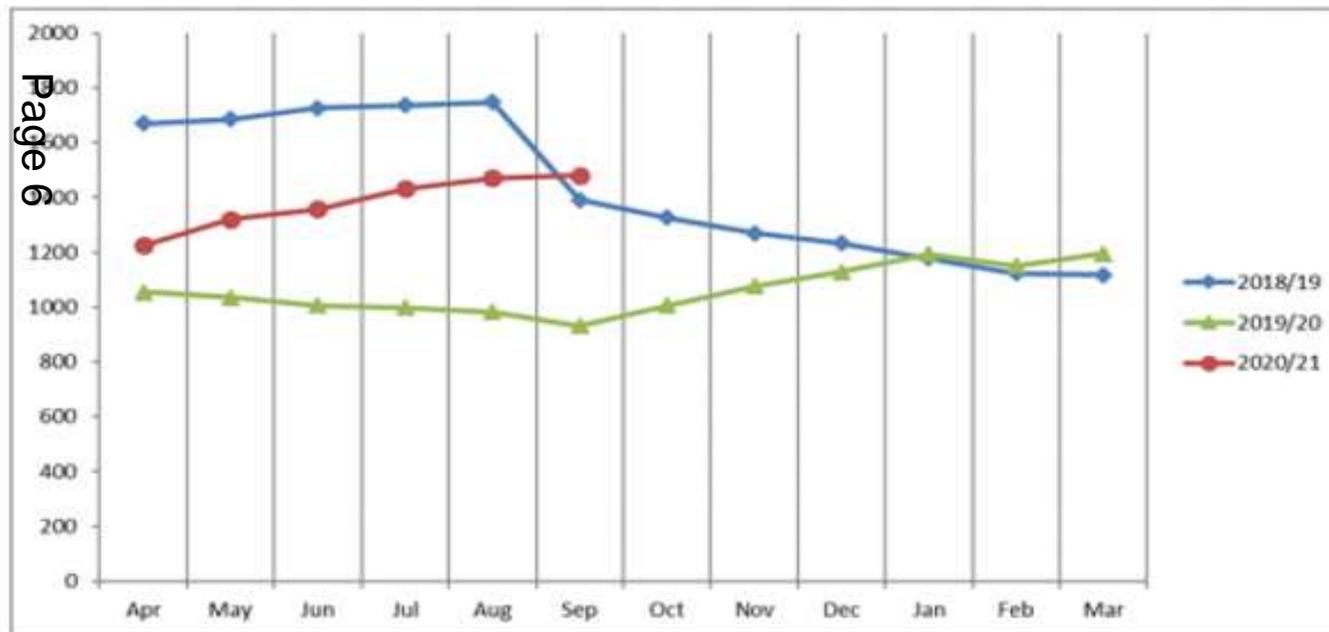
MOVING FORWARD TOGETHER

# Overview of Treatment Waiting List

Hampshire CAMHS - Treatment Waiting List numbers – September 2019 to September 2020

Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20
932	1,006	1,076	1,129	1,193	1,151	1,196	1,224	1,321	1,358	1,432	1,470	1,480

Fig 2: Treatment Waiting Lists: 2018-19, 2019-20 and 2020-21



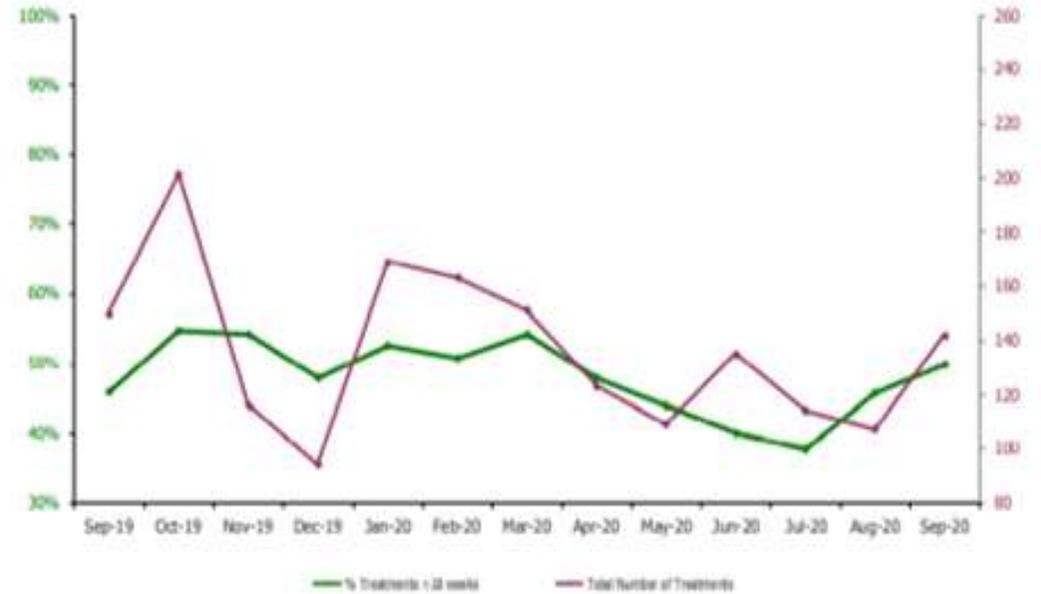
# Overview of Treatment Waiting times

Hampshire CAMHS – Access to Treatment within 18 Weeks of Referral

## Waiting time to treatment

Month: September 2020

	Month	QTD	YTD
% treated < 18 weeks	50.0%	44.9%	44.4%
Total number of treatments	142	363	730



	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20
—	150	201	116	94	169	163	151	123	109	135	114	107	142
—	46.0%	54.7%	54.3%	47.9%	52.7%	50.9%	54.3%	48.0%	44.0%	40.0%	37.7%	45.8%	50.0%



MOVING FORWARD TOGETHER

# Children's Mental Health services in Hampshire

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## Current key challenges for CYP MH Services:

- Rising levels of mental health problems in CYP
- Investment has not kept pace with rising demand
- Covid-19 / Lockdown have disrupted regular routines, social networks and positive diversion
- Some groups (and families) more affected than others by lockdown, and less oversight of risks
- Rising demand for services of key partners, such as Children's Services:e.g. rising CIC numbers
- Wider pressures on partners and services in primary care and communities

# Core CAMHS capacity investment

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Core Service Capacity – making agreed investments into core service from 2019 Demand and Capacity review to:

- Get service capacity to where it should have been to cater with previous rises in demand and referrals
- Ensure that more of the children and young people referred into services are assessed and treated more quickly
- Stabilise the CAMHS workforce ahead of a challenging period

## Progress on implementation

- £1.3m increase in Core CAMHS capacity over 2020-21 (from 2019-20) baseline
- All posts linked to investment filled



# CAMHS crisis investment

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- Crisis – investment into expansion of CAMHS i2i service to:
  - Enhance the intensive home treatment offer by expanding to a multi-disciplinary team and bolstering weekend support
  - Create new same day community assessment service to divert cases from A&E, review service for open cases, and a duty system for crisis community care (helping to ease the burden on community CAMHS teams)

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Continue with the hospital-based self-harm assessment service

## • Paediatric Psychiatric liaison –

- HHFT – Mid and North Hants – full approval of costed business case to create in-reach liaison teams in Winchester and Basingstoke hospitals
- UHS – Solent West Hants – expansion of current in-reach liaison service to offer greater out of hours support and create a multi-disciplinary team
- St Marys – Isle of Wight – approval of first phase of costed business case to improve support to paediatric inpatients
- QA – Portsmouth and SE Hampshire – close to approval of expanded capacity

# CYP Eating Disorders investment

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- CYP Eating Disorder (Community) services are hosted in Hampshire CAMHS and Isle of Wight CAMHS
- Both services struggling to meet national waiting time standards and have struggled during Covid-19 Lockdown with a significant increase in referrals, and increasing numbers of young people presenting late, thus more unwell. Larger numbers therefore needing inpatient care
- Service investment has not kept pace with growth in demand – with treatment for urgent and routine referrals increasing YOY, as well as complexity of cases since 2018; with trend expected to increase 2021
  - Urgent cases up over **205%** April 2018- April 2020
  - Routine cases up over **30%** April 2018- April 2020

# CYP Autism and neurodiversity investment

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Development of diagnosis and support pathway for children, young people and families affected by autism:

- Additional funding agreed to tackle Autism Assessment activity and end waiting lists over next 2 ½ years
- Funding will also support the wider development of the neurodevelopmental pathway to improve support for children and families whilst awaiting assessment
- Investment and commissioning plans will be overseen by SEND and Complex Care Transformation Board



# Learning from Covid-19 – CYP mental health

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## Public behaviour

- The public have in the main followed instructions to stay at home and contact 111 if in need of healthcare – Communications to encourage the use of NHS 111 as a point of referral and access to mental health triage were stepped up
- Potential for unmet mental health demand to emerge later as lockdown is eased

## Digital clinical assessments and interventions

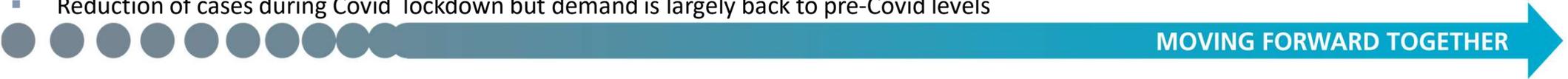
- Across the NHS, clinicians are undertaking remote assessments and embracing virtual assessment tools
- Works better when the CYP already has a relationship with the clinician
- Early evidence suggests that many patients have accepted the change which has provided easier access to services and has the potential to reduce DNA rates
- Evaluation underway to compare the effectiveness and productivity of digital mechanisms versus traditional face to face
- Blended model going forward

## CAMHS capacity

- Levels of activity have remained as forecast due to the introduction of video and telephone contacts and interventions
- Some elements of ASC and ADHD assessments cannot be done remotely therefore on hold
- National concerns that CAMHS referrals have reduced

## Crisis pathway capacity

- Interim pathway introduced at pace across Hampshire to address Covid-19 pressures upon ED whilst keeping CYP in MH Crisis safe
- Single point of access via clinical triage through NHS 111 has been highly communicated and promoted for professionals, GPs and self-referrals
- Alternative sites to ED for assessing adults and children in mental health crisis where appropriate
- Reduction of cases during Covid lockdown but demand is largely back to pre-Covid levels



MOVING FORWARD TOGETHER

# Preparations for restoration and recovery

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1. Preparation for two anticipated surges in demand: the first as lockdown eases and the second as many children and young people come to terms with altered circumstances
2. Likely causes of psychological distress:
  - Separation anxiety for CYP and parents when children go back to school
  - Mental health anxiety for those children who have welcomed being at home
  - Bereavement
  - Post traumatic stress
  - Lives on hold – GCSE's, 'A' levels, junior to senior school transition
3. Of the above affected it is estimated that 40% may need a mental health service
4. Immediate action: Joint media and communications starting soon to equip children's workforce, prompt early self-help and ward off risks around post-traumatic stress

# CYP Mental Health Transformation Plan (Including Service Restoration and Recovery)

Associate Director: Tim Davis

Key Work Streams	Key Aims	AD Lead	Project Lead	Completion Timescale
1. Child and Adolescent Mental Health Service (CAMHS) Access and Service Waiting Times	<p>Getting a strong and immediate focus back upon reducing waiting times for access to help for children's mental health and tackling the current backlog</p> <p>Agree changes in expectation and measurement to fully utilise good practice that has been developed in relation to digital contact between CAMHS services and patients</p> <p>Confirm and mobilise additional investment in 2020-21 and 2021-22 to ow Sussex Partnership will utilise the 2020-21 investment to increase their performance and make improving CAMHS key and integral to CAMHS transformation</p>	Tim Davis	Ana Brankovic	<p>Q2 2020-21</p> <p>Q4 2020-21</p> <p>Q4 2021/22</p>
2. Children and Young People in Crisis Pathway	<p>Consolidating improvements in the mental health crisis pathway</p> <p>Addressing the shortcomings around unacceptable discharge risk in the interim COVID-19 model</p>	Tim Davis	Ana Brankovic	<p>Q4 2020-21</p> <p>Q2 2020-21</p>
3. Children and Young People Psychological Well-being (Prevention) Programme	<p>Developing an evidence based whole system approach to support for mental health resilience and emotional wellbeing in universal services for children and young people in schools, colleges, early years settings and the wider community and voluntary sector, supported and informed by children's mental health services</p>	Tim Davis	Ana Brankovic	Q4 2020-21
4. Quality, outcomes and the NHS Long Term Plan	<p>Ensuring commissioning, funding and specialist children's mental health service capacity necessary to deliver mental health investment standard and delivery of headline improvements in access to children and young people's mental health services set out in the NHS Long Term Plan.</p> <p>Develop commissioning arrangements around the development of the 0-25 CYP and young adults mental health offer</p> <p>Facilitate the consistent development and adoption of Routine Outcome Measures into CYP mental health service commissioning and performance frameworks</p> <p>Oversee the review and refresh of Hampshire and Isle of Wight ICS CAMHS Local Transformation Plans.</p>	Tim Davis	Victoria Ludlow	<p>Q3 2020-21</p> <p>Q1 2021-22</p> <p>Q1 2021-22</p> <p>Q4 2020-21</p>

# 1. Child and Adolescent Mental Health Services Waiting Times

November 2020

PROJECT STATUS

PERFORMANCE

## Key Aims

**Ensuring commissioning, funding and specialist children's mental health service capacity necessary to deliver reductions in delivering the timely assessment and treatment**

Key steps and timescales	Lead	RAG
Review of impact of CCG investment in each CAMHS service across HIOW and additional investments needed to reduce inconsistencies in waiting times	Tim Davis	June 2020
Develop and implement plans for use of confirmed investment around reducing waiting time variability for decisions by CCGs including Covid impact	Tim Davis	July 2020
Develop costed business case for each CAMHS service relating to resolution of historic waiting lists for assessment and treatment	Tim Davis	Sept 2020
Progress costed business cases through relevant HIOW CCGs (including Cities) in relation to resolution of waiting times	Tim Davis	Dec 2020
Develop and confirm costed proposals for tackling Covid-19 surge in CYP mental health and historic waiting lists ahead of 2021-22	Tim Davis	March 2021
Confirm with CCG Finance teams Eating Disorder NHSE/I LTP ring fenced allocations for 2020-21 and future years	Tim Davis	Oct 2020

Key risks to delivery	Severity
Duration and wider impact of COVID-19 on BAU delivery of CAMHS services, prevalence of need for specialist CAMHS support, and diversion to support of business critical functions	
Success of specialist CAMHS services in recruiting / growing into additional workforce	
Implications for neighbouring CAMHS services in terms of workforce and recruitment into newly funded / expanding services as each service expands	
Additional investment not yet confirmed for 21/22 to address waiting times	

Benefits for CYP	Performance Indicators	RAG DoT
Faster access to assessment of mental health needs for those eligible for CAMHS services	Average wait for CAMHS Assessment (Hampshire) <4 Weeks (15 weeks)	↑
Faster access to treatment for those assessed as needing CAMHS services	Average wait for CAMHS Treatment (Hampshire) <18 Weeks (29 weeks)	↑
Improved contact capacity to tackle new and waiting list CYP awaiting CAMHS assessment or treatment	Monthly contacts offered in Hampshire CAMHS (6,921 contacts)	↑

Workforce/infrastructure required	Financial implication	RAG
Confirm full implementation of 2019 Demand & Capacity review in 2020-21	£1.3m above April 2019 base line (HC)	
Additional investment to tackle additional new demand and historic waiting lists	Additional investment of £2.4m	
Investment plan for Eating Disorder CAMHS services(HIOW ICS wide)	£277k in 2020-21 £628k in 2021-22 (HIOW CAMHS)	

## 2. Improving care for Children and Young People in Mental Health Crisis

November 2020

PROJECT STATUS

PERFORMANCE

### Key Aims

**Ensuring that children and young people in mental health crisis are supported in accessing appropriate and timely care to meet their presenting physical and mental health needs.**  
**Ensuring an appropriate whole system approach to assessing and treating the needs of children and young people in mental health crisis outside of hospital where this is safe to do.**

Key steps and timescales	Lead	RAG
Effective communication of new CYP in crisis pathways to key partners	Tim Davis	Q3 20
Integration of Crisis pathway up to 24/7 MH Triage services through NHS 111.	Tim Davis	Q4 20
Mobilisation of investment in i2i service expansion	Tim Davis	Q4 20
Mobilisation of investment into HHFT paediatric psychiatric liaison	Tim Davis	Q4 20
Mobilisation of investment into St Mary's IOW paediatric psychiatric liaison	Catherine Barnard	Q4 20
Mobilisation of investment into UHS paediatric psychiatric liaison	Phil Lovegrove	Q4 20
Mobilisation of investment into QA paediatric psychiatric liaison expansion	Stuart McDowell	Q4 20
Effective evaluation of pathway effectiveness, patient experience and learning	Tim Davis	Q1 21
Work with adult commissioners and all providers to develop a robust all-age psychiatric liaison pathway in all hospitals	Tim Davis	Q4 20

Key risks to delivery	Severity
Some children and young people will still need ED treatment for physical injury or self-harm, including inpatient admission even with these arrangements in place	
Patient safety during mobilisation of new services during continued Covid surge	
Failure to create an integrated all-age psychiatric liaison pathways	

Benefits	Performance Indicators	RAG
NHS111 pathways provide faster access to CYP in mental health crisis	Number of CYP accessing NHS 111 for support with MH Crisis >100pm (120)	↓
Better community CAMHS support for CYP in Mental Health crisis	Number of CYP accessing help in community from i2i <200 (187)	↑
Better hospital based support to CYP in mental health crisis resulting in fewer Non Elective Admissions for MH Crisis	No of CYP admitted as non elective care patients for mental health crisis <180 (202 (2019-20))	↓

Workforce/infrastructure required	Financial implication	RAG
Investment in community crisis (i2i) CAMHS capacity	£1.33m p.a (full year effect)	
Impact of new pathway upon NHS 111 MH Triage Team (future planning priority)	To be determined through evaluation.	
Introduction of paediatric Psychiatric Liaison service in UHS hospital	£322k p.a. full year effect	
Introduction of paediatric Psychiatric Liaison service in HHFT hospitals	£1.26m pa - full year effect	
Introduction of paediatric Psychiatric Liaison service in St Marys Hospital	£430k p.a. (full year effect)	

### 3. Promoting Positive Mental Health and Prevention in Children

November 2020

PROJECT STATUS

PERFORMANCE

#### Key Aims

**Developing an evidence based whole system approach to support for mental health resilience and emotional wellbeing in universal services for children and young people in schools, colleges, early years settings and the wider community and voluntary sector, supported and informed by children's mental health services.**

Key steps and timescales	Lead	RAG
Proposed arrangements for the mobilisation and roll-out of mental health support teams (MHSTs) in schools where awarded.	Tim Davis	Q3 20
Continued working with NHSE/I to secure additional MHSTs to benefit Hampshire and Isle of Wight CYP as part of enriched prevention/early help offer	Tim Davis	Jan 2021
Development of ICS wide proposals for roll-out of Link Programme to Hampshire, IoW, Southampton and Portsmouth schools and colleges over 2020-21, 2021-22 and 2022-23.	Tim Davis	March 2021
Develop plans for CCG commissioning of additional prevention and partnership and CYP workforce development from CAMHS and other providers for 2021-22	Tim Davis	March 2021
Improve engagement of take-up of trauma and attachment training across the CYP mental health, education, care and early help workforce	Tim Davis	Mar 2021
Review and plan future commissioning intentions for T2 community counselling	Tim Davis	Apr 21
Develop and review commissioning intentions for Safe Havens and targeted outreach MH provision for vulnerable groups of children and young people	Tim Davis	Dec 2020

Benefits for CYP	Performance Indicators	RAG
Better access to early help around mental health issues in schools and colleges	Schools covered by MHSTs and Link programme (under development)	
Better access to digital and self help resources	Numbers of CYP accessing digital resources / evaluation (under development)	
Better access to support with mental health for vulnerable groups: LGBTQ, Young Offenders, CE and CSE at risk, Children in Care etc.	Services in place and numbers accessing (under development)	

Workforce/infrastructure required	Financial implication	RAG
MHSTs workforce dependent upon NHSE investment and funding	NHSE funded	
Link programme delivery CCG led	£60k p.a. (2021/22)	
Review of digital resources wanted in the HIOW offer (Inc. Cities)	Review planned Q4	
Participation CCG and CAMHS led	Review planned Q4	
Prevention programmes costed and developed for CCG consideration	Review planned Q3	

Key risks to delivery	Severity
Success rate in attracting MHSTs into Hampshire and the Isle of Wight (including Cities)	
Affordability of required investment in new services, training and programme	
Resilience of schools, colleges and other children's workforces (and CYP) post lockdown	
Securing buy in from wider children's workforces into CYP MH prevention opportunities	

# 4. Monitoring of NHS Long Term Plan Progress and Implementation

November 2020

PROJECT STATUS

PERFORMANCE

## Key Aims

**Ensuring commissioning, funding and specialist children’s mental health service capacity necessary to deliver mental health investment standard and delivery of headline improvements in access to children and young people’s mental health services set out in the NHS Long Term Plan.**

Key steps and timescales	Lead	RAG
More systematic use of Routine Outcome Measures across CYP MH services (T3 and community)	Victoria Ludlow	Apr 2021
Transformation of timeliness of access to Eating Disorder Services	Tim Davis	Mar 2021
Commission sufficient NHS funded services at T2 and T3 to combine achievement of this target with meeting local U18 population needs.	Tim Davis	Mar 2021
Commission additional NHS funded services at T2 and T3 to combine achievement of this target with meeting local 18-25 population needs.	Tim Davis	Mar 2021
Demonstrate progress on delivery of crisis care and 24/7 access in HIOW	Tim Davis	Mar 2021
Clarify digital offer in relation to CYP mental health offer in HIOW CCGs	A Brankovic	Apr 2021
Refresh Hants / IOW / Portsmouth & Southampton CYP Mental Health Local Transformation Plans	CCG Leads	Mar 2021
Ensure continued reporting by commissioned NHS providers into NMHDS	Providers	Mar 2021
Ensure flow of ROM into the NMHDS by commissioned providers	Providers	Mar 2021

Key risks to delivery	Severity
Affordability Delivery of the NHS LTP commitments for CYP aren’t achievable through just meeting the Mental Health Investment Standard alone and given other CYP MH priorities.	
COVID-19 has seen temporary suspension of NHS LTP monitoring and delivery, will need to rebase where we are around this as we return to BAU	
Changing reporting arrangements with CAMHS and other CYP MH providers as required will be challenging whilst normal CRM activity and reporting is suspended.	

Benefits for CYP	Performance Indicators	RAG
Improved access to NHS funded mental health services	% CYP with MH needs accessing NHS service >35% (54%)	↑
Improved transition into Adult Mental Health services for 18-25 year olds	Additional take-up of MH services by 18-25 year olds in 2020-21 (146 ICS)	NYS
Improved timeliness of access to CYP Eating Disorder services for urgent and routine referrals	% Urgent CYP ED referrals seen < 1 week >95% (76%) % Routine CYP ED referrals seen <4 weeks >95% (67%)	↑
Workforce/infrastructure required	Financial implication	RAG
18-25 aspects of 0-25 delivery of LTP remain unclear in commissioning terms	Review planned Q3 2020-21	NYS
Delivery of required improvements in waiting times probably not deliverable from MH Investment Standard	Review planned Q2 2020-21	
New CAMHS care models deriving from COVID-19 may prove game changing once evaluated	Review ongoing for 2021-22 service plans	
24/7 Access may need further development as use of it develops	Review planned Q3 2020-21	

# Overview of HLOW CCG / WHCCG / NEHF CCG planned investments in CYP Mental Health

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Service	Activity	Part Year Spend – 2020/21	Full Year Spend 2021/2022
<p>Core Hampshire Specialist Community CAMHS</p> <ul style="list-style-type: none"> <li>currently 2,867 children waiting for either assessment or treatment at end Sept 2020</li> <li>Currently 4,174 children open to treatment at end Sept 2020</li> </ul>	<p>Current headlines:</p> <ul style="list-style-type: none"> <li>Waiting List for assessment -1387 children waiting ave 16 weeks</li> <li>Waiting List for treatment – 1480 children waiting ave 42 weeks</li> <li>Referral capacity - 643</li> <li>Current contacts - 6921</li> </ul>	<ul style="list-style-type: none"> <li>£1.3m above 2019-20 budget base is the 2020-21 investment agreed.</li> <li>SPFT have been receiving £650k of this to date in 2020-21.</li> <li>A further £350k is needed to bring this up to the total maximum spendable by SPFT on deliverable service.</li> </ul>	<p>2020-21 investment is recurring Additional £2.4m being sought to deliver backlog and accelerate core service capacity to respond to Covid/ Lockdown associated growth in demand for CYP MH services.</p>
<p>CAMHS crisis investment</p> <ul style="list-style-type: none"> <li>Crisis – Agreed (SPFT only)</li> <li>Paediatric Psychiatric liaison – <ul style="list-style-type: none"> <li>HHFT – Mid and North Hants</li> <li>UHS – Solent West Hants</li> <li>St Marys – Isle of Wight</li> <li>QA – South East Hants</li> </ul> </li> </ul>	<p>Current headlines:</p> <ul style="list-style-type: none"> <li>Current monthly contact capacity in i2i - (250) being overwhelmed and support for crisis is</li> <li>Proposed monthly contact capacity following investment 750</li> </ul>	<p>Community Crisis – (Hampshire CAMHS) £332k (confirmed Q4)</p> <p>Psych Liaison</p> <ul style="list-style-type: none"> <li>HHFT - £297k (Q4)</li> <li>UHS - £80k (Q4)</li> <li>St Marys - £121.5k (Q4)</li> <li>QA - £110k (Q4)</li> </ul>	<p>Community Crisis £1.327million (confirmed)</p> <p>Psych Liaison</p> <ul style="list-style-type: none"> <li>HHFT - £1,189k (confirmed)</li> <li>UHS - £320k (confirmed)</li> <li>St Marys - £486k (confirmed)</li> <li>QA - £243k (confirmed)</li> </ul>
<p>CYP Eating Disorders</p> <ul style="list-style-type: none"> <li>CYP with Eating disorders not meeting national waiting times and have struggled during Covid-19 Lockdown.</li> <li>CYP Eating Disorder (Community) services are hosted in Hampshire CAMHS and Isle of Wight CAMHS</li> <li>Service investment has not kept pace with growth in demand.</li> </ul>	<p>Current headlines:</p> <ul style="list-style-type: none"> <li>Additional 212 Eating Disorder clinical contacts per month (Hants)</li> <li>160 Referrals per year (Hants)</li> <li>Waiting list of 18 with average wait of 3.4 weeks for assessment and treatment (Hants) 74.5% against 95% standard ((1 week)</li> </ul>	<ul style="list-style-type: none"> <li>Hampshire CAMHS Eating Disorders - £247k (M8-12)</li> <li>IOW CAMHS Eating Disorders - £31k (M8-12)</li> </ul>	<ul style="list-style-type: none"> <li>Hampshire CAMHS Eating Disorders - £568k (confirmed)</li> <li>IOW CAMHS Eating Disorders - £61k (confirmed)</li> </ul>
<p>CYP Autism and neurodiversity: development of diagnosis and support pathway for children, young people and families affected by autism in Hampshire CCGs</p>	<ul style="list-style-type: none"> <li>1,620 children on waiting list waiting on average 35 months (nearly 3 years). (conversion rate = 97%)</li> <li>1070 referrals for assessment per year (historically commissioning 700 assessments).</li> </ul>	<p>£1.86m in 2020-21 (to fund additional autism / attachment based assessments and develop wider neurodevelopmental pathway)</p>	<p>£2.1m (for 3 years (includes back log)) then levels down to £1.5m per annum for autism and neurodiversity assessment, review and support</p>

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