

HAMPSHIRE COUNTY COUNCIL

Cover Report

Committee:	Children and Young People Select Committee
Date:	17 September 2021
Title:	Child and Adolescent Mental Health Services (CAMHS)
Presentation From:	Hampshire, Southampton and Isle of Wight CCG and Sussex Partnership NHS Foundation Trust

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Purpose of this Presentation

1. The purpose of this presentation is to provide a further update to the Children and Young People Select Committee, as requested by the Committee at their 11 November 2020 meeting, on mental health services for children and young people in Hampshire.

Recommendation

2. That the Children and Young People Select Committee note the update provided in the presentation.

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Hampshire, Southampton and
Isle of Wight
Clinical Commissioning Group

Hampshire, Southampton and Isle of Wight Clinical Commissioning Group (CCG) Children and young people's mental health Services Development Update

Current Picture - The impact of Covid-19 on mental health & emotional wellbeing of 0-25s

Whilst it is still too soon to know the full and lasting impact of the Covid-19 Pandemic upon children and young people and families' mental health, it is already clear that it has affected some groups more than others. There is evidence that coronavirus (COVID-19) and related interventions, such as social distancing and stay at home guidance including school and early years setting closures, have likely had a negative effect on some children and young people's mental health and wellbeing, it is unknown how long any impacts might last.

New and/or increased anticipated needs as a result of Covid-19 due to loss of connectedness at school and in society, family functioning impacting on risk and protective factors, increased trauma are likely to include the following:

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- Increase in crisis presentations including self-harm**
- Increase in complexity of cases presenting to CAMHS including those with social care needs**
- Higher volume of mental health difficulties including depression, behavioural difficulties and family relationship challenges**
- Increased anxiety e.g. due to lockdown/virus fears, transition back to school, separation anxiety**
- Worries about exam cancellation and moving into next phase of education**
- Increased incidents of domestic violence, and child abuse due to family/parental stress due to work/financial impact**
- Increased number and severity of eating disorders**
- Bereavement and Loss**
- Increase in violent crime – impact on mental health and aspirations**

The known longer term impact on children and young peoples health outcomes will continue to be evidenced. We do know that Nationally, compared to their peers, young people under CAMHS services on average:

- Leave school educationally 18 months behind their peers**
- Are 20 x less likely to enter higher education & employment**
- Are 20 x more likely to enter the judicial system in adulthood**
- 75% will become adults under CMHT care**

Working with system partners, we are committed to taking action now, as well as developing long term plans for 21—22 and beyond which align with the clinical need, National NHS priorities, and link with partners to build on the need, develop prevention based approaches and focus on mental wellbeing rather than illness.

Developing services for Children and Young People – 21-22 Highlights

Our service developments across a number of areas have been co-designed with partners and young people to meet the growing demand for services and to adapt to the changing needs of our population. We have progressed a wide range of diverse new service offers to shore up services and continue to develop our range of services to meet young people's changing needs.

Launch of new Digital service: for 21-22 - Kooth.com

571 Young people have accessed the service in the first Quarter of this year (April – June), the youngest being aged 11, generally aged 13-15 and from a wide range of BME, the feedback on the service has been universally positive and continues to be a huge success.

Expanded Community Counselling services

Our services have been supported to expand their capacity to see more people & work locally across 13 local charities to ensure services for people in their communities

Further expansion of community crisis support (No Limits)

The No Limits service has rolled out Specialist youth workers across our emergency Departments in Hampshire, working with those under 25 attend in crisis, often in distress and with self harm. The model sees them spend time in ED, but also in follow up in the community, to help young people fully connect with resources and services in their local community. The aim is to ensure young people are not lost within the system and are supported to engage after discharge from hospital.

Supporting Hampshire CAMHS with significant new investment

In order to manage the increasing demands significant additional investment has been made into the Hampshire CAMHS service to provide the capacity to deal with the growing number of referrals coming into the specialist service, eliminate waiting lists for assessment and treatment and increase the capacity in prevention and early help services.

2020/21 is year one of a three year plan to 1) invest & clear waiting lists, 2) prevent future demand, and 3) right size service.

Developing and rolling out Psychiatric liaison services

Our Hospitals are rolling out liaison services which will support children and young people in hospital including across the transition years to age 25 – working closely with adult services to ensure a joined up service appropriate to individual young people's needs.

Developing services for Children and Young People – 21-22 Highlights

Rolling out Mental Health Support Teams (MHSTs) in schools for Hampshire & ‘Link Programme’

Funding has been secured for 5 new Mental Health in schools teams, which are being rolled out across Hampshire. In addition the Link Programme which is a training programme for mental health leads in schools has so far trained over 150 staff across 70 schools, with 40 more programmed in. A wide range of wider professionals have also accessed the training support.

Supporting Tier 4 Provider Collaborative led “Closer to Home” programme

Our Provider colleagues in Sussex Partnership NHS Foundation Trust have been leading our programme, which will see us deliver more and more care close to and at home for children and young people with Acute Mental Health needs.

Early Adopter – Key Worker programme.

We are creating new key worker roles to work with families who have a child with a learning disability and/or autism who have recently been admitted to hospital because of their mental health. They will also work with families where community services are finding it challenging to meet the child’s needs and professionals may be considering admitting them to hospital. This is to address the NHS Long Term plan commitment that this group of children will have a designated Key Worker by 2023/24. The overall purpose of the Key Worker role is to work alongside children and families to understand their needs and give children and their families the tools, they need to manage crises and when necessary to access the right support at the right time. HLOW is one of 13 national Key Worker pilot sites

Working jointly with system partners to support developments in HCC led services

The CCG has confirmed investment in existing and new services to support the Youth offending service to work with 10-17 year olds who are involved with the youth justice system as a result of offending behaviours. Many of the young people supported by youth offending services have a range of mental health needs. In addition the Willow Team, a multi-agency team working directly with children and young people who have been subjected to child sexual exploitation (CSE), and with the wider children’s workforce to raise awareness of the signs that other young people they are working with might be subject to CSE. Cypress Lodge will also be funded to provide new NHS psychological support professionals.

Public Health Led All Age Needs assessment

We have supported our Public Health Colleagues to work across the ICS developing an all age, 3 year Mental Health needs assessment which will be undertaken across Hampshire, Isle of Wight, Southampton and Portsmouth (as our 4 key ‘places’). Using this data to tackle or key issues and areas of need across Hampshire will be key for 22-23 and beyond.

The Mental Health People Plan

We are currently developing a 3 year workforce development plan to ensure we have a workforce fit for the future, making Hampshire a great place to work in mental health with innovative roles and staff development is key to our success.

Our Key Risks, Issues and Next steps

RISKS

Finances - We are aware that there is a need to continue to develop our investments to fully meet the needs of young people, however the national funding we can expect for next year and beyond is unlikely to fully meet the demand across our wide range of priorities for prevention, early intervention and treatment requirements. There is a risk we will not be able to deliver all of the priorities at this stage, however we continue to work closely with partners to outline the needs and focus on key priority areas.

Delivery - Hampshire does not have unusually high levels of need compared to other parts of England but does have poor access and very long waits for access to services at present. Self harm is a key issue for our services.

Workforce – despite our high levels of investment we do not have sufficient workforce in post at present to meet demand, and continue to work on our recruitment and retention strategies within the people plan.

ISSUES

Inequalities - we need to do more to focus on addressing inequalities within Hampshire and will be utilising the outputs from our All age needs assessment to support this work moving forward.

Prevention - we need more focus on prevention and early help, in partnership with HCC to really develop our offer of support and are committed to supporting our partners in every way we can.

NEXT STEPS

Hampshire Local Transformation Plan (LTP) – we are in the process of refreshing our plans and will shortly be publishing these following engagement with our partners.

ICS Development – we will ensure Hampshire has a strong focus as a ‘place’ within the ICS developments for our NHS reform, allowing us to work locally and jointly with our Hampshire partners.

Developing plans further for the long term – investing in communities and tackling inequalities.



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WELCOME

HAMPSHIRE CAMHS SERVICE DEVELOPMENT

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 @HANTS_CAMHS

 @withoutstigma

What will we cover today?

An overview of the **planning approach** taken, since March 2020, in responding to increases in demand for children's mental health services. This will include the use of data analytics, research and clinical expertise to help guide decisions over resources.

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An overview of the **clinical models** being adopted across the Service in order to respond to the increasing demand.

The **successes** and **challenges** which have been experienced to date.



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Our service

In 2020/2021 our service:

Received **8,475** referrals

Started treatment with **2,346** young people

Completed **3,383** initial assessments

Offered **86,045** contacts

Average open caseload of **7,517**



Hampshire CAMHS is provided by Sussex Partnership NHS Foundation Trust. Hampshire has an under 18s population of circa 300,000.

The Service has 179 WTE clinical staff and 46 WTE administration and management staff (and is expanding). There are 7 community CAMHS teams, a home treatment and hospital assessment service, a community eating disorder service, an early help service, which includes our single point of access, two Mental Health Support Teams in Schools and partnership services.



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Supporting Communities

During the first wave of the pandemic the website received circa **43,000** hits, with the COVID pages being most popular.

"The CAMHS Team have got me through all this. They haven't stopped their care or support at all, they just effortlessly moved it all onto the phone and video chat. They've been brilliant"

"The Facebook page is the best resource I've found in years. Loads of stuff on there AND I don't feel so alone when I scroll by and see a post"

"Yes, its hard to get your foot in the door and be seen by CAMHS, but my god once you are there they are amazing. They have turned my sons world around"

Lots of bodies were publishing information to support local communities, including families and young people. In this regard we were no different. We worked hard to keep families well informed about the impacts our Service was experiencing as well as providing advice, guidance, information and support to those that needed. Including:

- Videos
- Podcasts
- Self-help guides
- Top Tips
- Returning to school

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Hampshire Child and Adolescent
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HAMPSHIRE CAMHS INNOVATION AND EVENTS 

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Service provided by Sussex Partnership NHS Foundation Trust

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Data analytics in detail

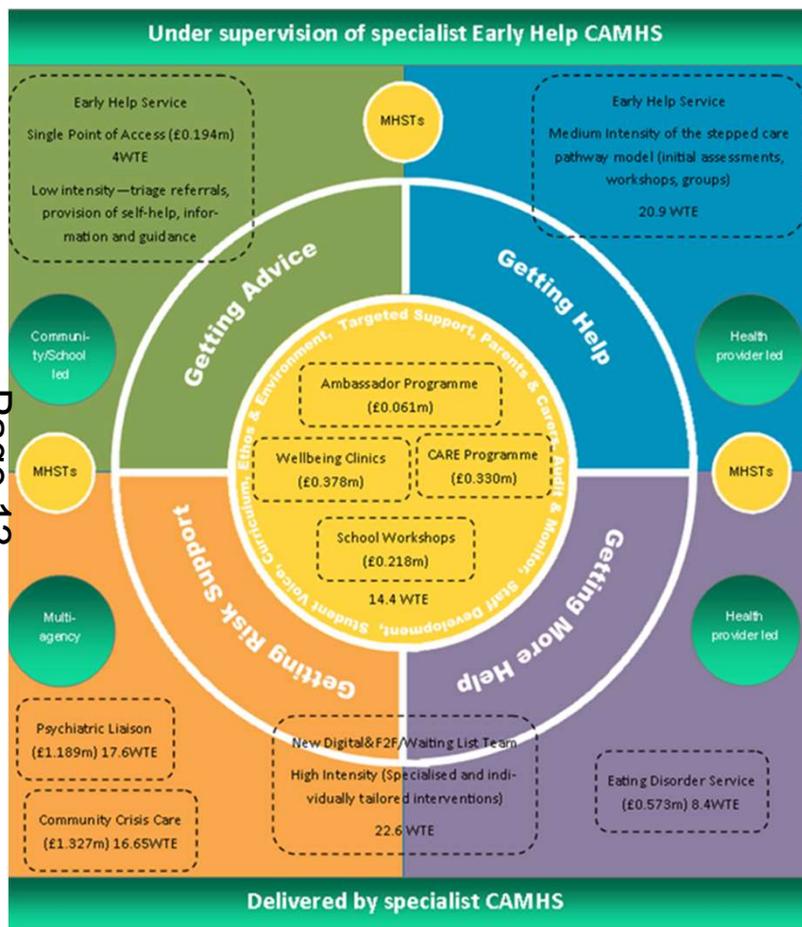
In November 2020 we re-modelled the forecast based on the latest available tools and research.

COVID-19 Suppressed demand We used Trust tools to develop a forecast in relation to suppressed demand and incorporated these assumptions into our planning assumptions.

COVID-19 generated demand We used the NHSE research tools and incorporated these into our planning assumptions.

COVID-19 altered interventions We develop the model to accept a range of altered assumptions in relation to discharges, caseload size, appointment frequency. When impacts become clearer we will be able to model demand based on these assumptions.

Investment Decisions



Dialogue with our Commissioners continued throughout the pandemic. The Service has historically experienced a mismatch between the level of demand for the service and the capacity to meet this need. It was clear from the modelling that this would become more acute with the likely impacts of COVID-19 on mental health.

This provided an opportunity to address both the historical challenges and the likely increase in demand as a result of COVID-19 in one go.

In June 2020 we had developed fully costed proposals and with the modelling work it provided us with an opportunity, once funding had become available, to agree priority areas for investment swiftly with Commissioners.

The overall investment in 2020/21 (part year effect) and 2021/2022 onwards totals £6.5m per annum covering a range of areas and will ultimately increase our workforce by 100 WTE.

Adapted from THRIVE elaborated framework (Wolpert, M., Harris, R., Hodges, S., Fuggle, P., James, R., Wiener, A., McKenna, C., Law, D., York, A., Jones, M. and Fonagy, P. (2015) THRIVE elaborated) & Charlie Waller Memorial Trust (www.cwmt.org.uk)

Clinical Model



Adapted from THRIVE elaborated framework (Wolpert, M., Harris, R., Hodges, S., Fuggle, P., James, R., Wiener, A., McKenna, C., Law, D., York, A., Jones, M. and Fonagy, P. (2015) THRIVE elaborated) & Charlie Waller Memorial Trust (www.cwmt.org.uk)

The main principles of the clinical model:

1. The overarching model is based upon the THRIVE conceptual framework.
2. The interventions we offer will be evidence based and NICE compliant.
3. Offering low, medium and high intensity interventions, routinely starting with the least intrusive.
4. Effective targeting of resources using a stepped care evidence based approach
5. Treatment approaches are based on formulation and individualised where indicated.

Early Help Service



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The Early Help Service is expanding significantly. Their priorities will be to:

- Increase the number of initial assessments
- Prioritise delivering group programmes to those currently waiting

In addition, the Service will rollout programmes across local communities, where young people do not currently require a specialist mental health service, but where we believe we can support communities to intervene earlier. These will include workshops in schools, Coping and Resilience Education (CARE), wellbeing clinics and a school ambassador programme. All have previously been piloted or are running through the MHSTs.

The overall aim is to increase capacity within our Early Help Service in order to at least match the level of demand being seen month on month in terms of referrals, and subsequent need for assessment & treatment.

Adapted from THRIVE elaborated framework (Wolpert, M., Harris, R., Hodges, S., Fuggle, P., James, R., Wiener, A., McKenna, C., Law, D., York, A., Jones, M. and Fonagy, P. (2015) THRIVE elaborated) & Charlie Waller Memorial Trust (www.cwmt.org.uk)

Digital/F2F Team



In the first instance the priority for the team will be to develop digital pathways for specific presentations. In the first instance this will be:

- High Intensity interventions for low mood and anxiety
- ADHD Assessments

We will be adopting Minddistrict as the key digital platform. Functionality includes being able to write our own content, keep in touch, mood diaries, food diaries, rating scales etc.

Importantly, this team will be expected to see young people face to face. The platform is an additional tool, not a replacement for the face to face therapeutic relationship.

We are looking at implementing other areas too. Digital submission and scoring of ADHD assessment forms, for example. We would like all areas of the Service to use the platform, and this team will help support the adoption across the Service.

The team will work with those currently waiting.

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Adapted from THRIVE elaborated framework (Wolpert, M., Harris, R., Hodges, S., Fuggle, P., James, R., Wiener, A., McKenna, C., Law, D., York, A., Jones, M. and Fonagy, P. (2015) THRIVE elaborated) & Charlie Waller Memorial Trust (www.cwmt.org.uk)

Crisis Care



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Alongside increasing capacity to see and treat young people referred to our Service, there has also been an increase in demand for crisis assessment and intervention.

The crisis care team (i2i) will receive significant investment in order to increase their capacity and deliver an enhanced model. The key features of this model will be:

- A Dialectical Behaviour Therapy (DBT) model with additional multi-disciplinary input
- Increased ability to undertake same day assessments
- A new crisis review service for existing cases
- A new duty system for crisis community care

This model will complement the development of the Closer 2 Home Teams which are being delivered via the Wessex & Dorset Provider Collaborative.

In addition, a psychiatric liaison service is being established in Winchester and Basingstoke Hospitals.

Adapted from THRIVE elaborated framework (Wolpert, M., Harris, R., Hodges, S., Fuggle, P., James, R., Wiener, A., McKenna, C., Law, D., York, A., Jones, M. and Fonagy, P. (2015) THRIVE elaborated) & Charlie Waller Memorial Trust (www.cwmt.org.uk)

Eating Disorder Service



Adapted from THRIVE elaborated framework (Wolpert, M., Harris, R., Hodges, S., Fuggle, P., James, R., Wiener, A., McKenna, C., Law, D., York, A., Jones, M. and Fonagy, P. (2015) THRIVE elaborated) & Charlie Waller Memorial Trust (www.cwmt.org.uk)

The additional investment within the Eating Disorder Service will focus on:

- Providing additional capacity in order to work towards meeting the Access and Waiting Time Standards.
- Ensure routine adherence to the Family Therapy for Anorexia (FT-AN Model) facilitating this model routinely at an earlier stage of treatment. Offering additional Occupational Therapy and Dietetic capacity and enabling families to have access to psychoeducation workshops at an earlier stage of the young person's journey.
- The creation of a liaison post for those young people who are presenting and needing paediatric input at the beginning of their journey. This will enable full assessment whilst in hospital and create a clear care plan and transition into the correct pathway within the Eating Disorder Service on discharge from hospital.
- Expanding ALPINE (Assessment + Liaison for Paediatric Inpatients with Eating Disorders) approach.

Where are we now?

These new models will take time to develop and embed. We are anticipating 18 to 24 months. We are at the beginning of this work.

WTE total additional posts	WTE offered	WTE started
103	78	40

correct as at 31 August 2021

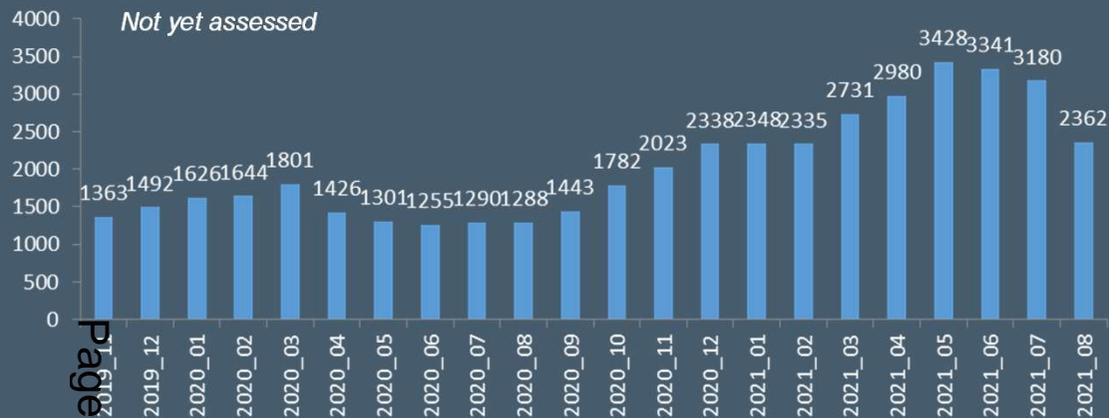
Page 19 Our main focus until recently has been recruitment. However, in recent weeks we have started to work through the detail of revising clinical care pathways, systems and processes to support the development of the new services.

We are anticipating that some services will start to become operational and deliver clinical activity by mid-September onwards. The clinical activity will increase over time although significant impacts will not be seen for a number of months. Fully recruited, we anticipate being able to deliver an additional 27,000 clinical contacts per annum across all Service areas.



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Challenges

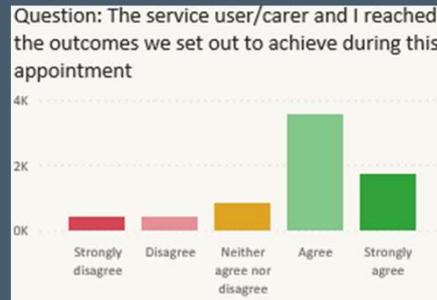
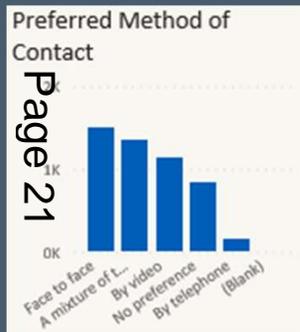
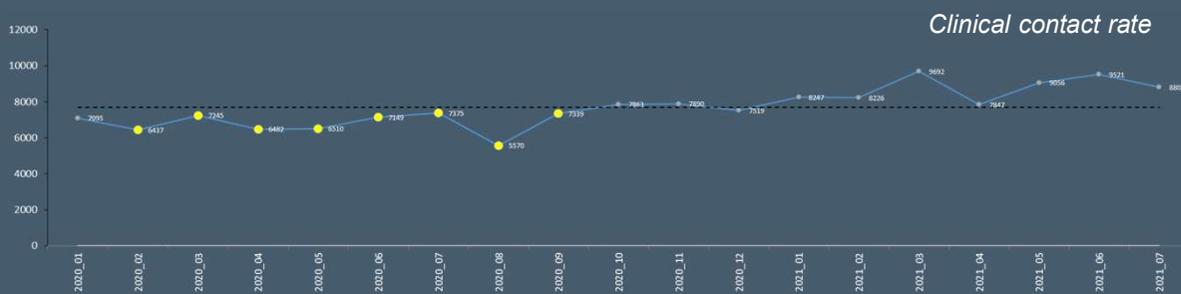


Our challenges

- Managing the service expansion in the context of a global pandemic and growing pressures on the existing Service
- Managing expectations on how quickly the expansions can be delivered
- Recruiting on a large scale and finding the right candidates
- Finding suitable and affordable clinic space for the additional staff
- Forecasts indicate that the level of additional resource may still not be enough to reduce our waiting times
- Expanding our operational and clinical leadership, supporting the induction, supervision and ongoing support
- Not being able to expand services sooner and children still waiting too long.



Successes



Successes

- Early and continued focus on forecasting and monitoring the effects of the pandemic on mental health
- Early consideration of response to the pandemic
- Quick move to virtual consultations in order to provide continuity of service
- Lots of feedback from young people and professionals about their use of virtual platforms
- Securing additional investments against the priorities established
- Starting the process of recruitment, including a successful virtual recruitment event
- Maintaining and subsequently increasing clinical contacts during the pandemic



Continue to monitor, review and support the Service throughout using our Business Continuity Framework as a basis



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