

**Children & Young People's Mental
Health Update – 22 November 2022**

HCC Children's Select Committee



Executive Summary



Children and Young People's Mental Health and well-being is one of the fastest growing areas of health and social care across the country with unprecedented demand for care and services seen by partners across the system. Pressures have existed within services for several years but the COVID-19 pandemic increased this further. This was a particular problem Hampshire which already had long waiting lists.

Across Hampshire, whilst we are confident that our services offer high quality care, we know we don't have enough of it to meet demand; this had bred long waits for most and deterioration for some of those awaiting help. Addressing this capacity gap is at the heart of our plans to improve CAMHS services.

Improving children's mental health and emotional wellbeing will require a collective effort. No one agency can address it alone. Hampshire and Isle of Wight and Frimley Integrated Care Boards are both committed to working in partnership with Hampshire Health and Wellbeing Board to deliver this. Both Frimley and HIOW made children's mental health and wellbeing a key area of focus in their first meetings as Integrated Care Boards.

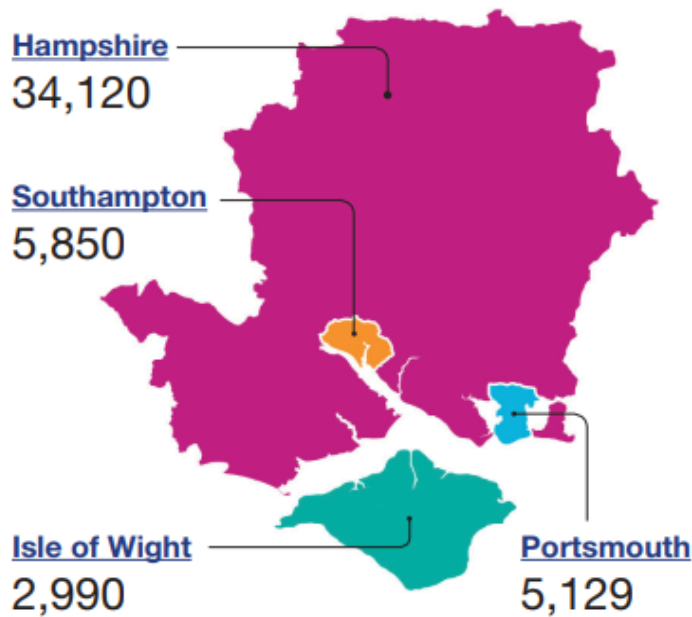
The HIOW and Frimley Integrated Care Boards have committed to:

- Supporting the prioritisation of Children and Young People's Mental Health care as a priority for the ICB alongside local Health and Wellbeing Boards
- Bring together key NHS, local authority and VCSE leaders in a collective strategic approach to continue to improve care and support to children and young people with mental health difficulties, and their families/ caregivers
- Support the development of an eating disorder model for the most complex of our patients enabling a care pathway that supports children and young people to remain as close to home as possible whilst receiving care
- Support the development of further alternatives to crisis pathways to enable children and young people to step down the care pathway as quickly as possible and be supported in their usual place of residence wherever safe, possible and appropriate
- Working with those leading our system response to improving children's mental health services to ensure regular updates on the progress being made, and the further steps and resources necessary to progress this as quickly as possible



Joint Strategic Needs Assessments have been done in each place and across Hampshire and the IOW informing us of the challenges facing our children and young people

As at the 2011 Census, there were 577,119 CYP aged 0-24 in HloW. The number of CYP reported to have a MH disorder is rising, in 2020 1 in 6 (16%) CYP nationally aged between 5 and 16 were found to have a probable mental health disorder, this proportion rises to 17.4% across the South East. This translates to the following numbers of CYP aged 5-16 with a probable mental disorder across the HIOW ICS:



Parental Mental Health

Parental MH has a big impact on parent-infant attachment and can have long term effects on the development of infants.

Overall, 10-20% of women are affected by MH difficulties in the first year after birth equating to 2130-4270 women in HloW ICS.

The prevalence of MH problems is thought to be around three times higher in mothers under

the age of 25. The proportion of births to mothers under 20 is higher than the national average in Portsmouth, Southampton and the IoW.

Risk factors for the development of maternal MH difficulties include a history of MH problems, those who have a traumatic birth, poor social support, alcohol or drug use or a poor relationship with a partner.

0-5 Years

Parental wellbeing is the biggest single factor influencing a child's wellbeing. Children whose parents have a common mental health disorder, those in a family with un-healthy family functioning or a household with a lower income are more at risk of developing MH disorders.

It is estimated that 3.3% of 2-4-year-olds in South England have a MH disorder, which gives

an estimate of:

- 1514 2-4 year olds in Hampshire
- 130 in IOW
- 250 in Portsmouth
- 311 in Southampton affected by a MH disorder

Boys (6.8%) are more likely than girls (4.2%) to have a MH disorder when aged 2-4.

Children under the care of mental health services when compared to peers:

- Almost 20 times more likely to enter the judicial system
- Leave school 18 months behind peers in terms of educational attainment
- Less likely to be employed as adults
- 75% will become adults requiring secondary care mental health services

5-19 Year Olds

Prevalence of MH conditions amongst CYP aged 5-15 is on the increase and in the South East in 2017 11.7% of 5-19 year olds had a mental health disorder.

At primary school age boys are almost twice as likely as girls to have a disorder however the opposite can be said for 17-19 yr olds

Girls have higher rates of emotional disorders and boys behavioural or hyperactivity disorders.

59.1% of those with a mental disorder reported being bullied in the last year, compared with 32.7% of those without.

Social support, parental mental health, adverse life events and family functioning were all associated with mental disorder.

Those with MH disorders were more likely to participate in risky behaviours.

Young Adults 16-25

Around 10% of 15-16-year-olds self-harm with 36% of 16-25 year olds self-harming at some point.

In particular there has been a 36% increase in the rates of hospital admission for self-harm for 10-24 year old females (for boys this has remained stable).

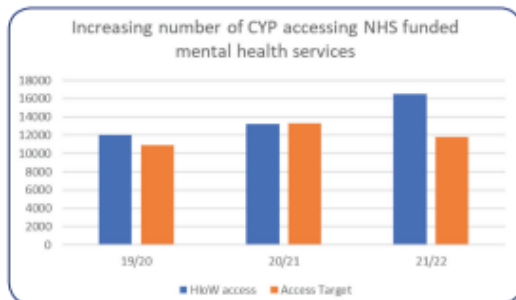
Locally we have seen increasing rates of self-harm in Hampshire & Southampton.

People who self-harm are 49 times more likely to die by suicide than those who don't.

The proportion of young people aged 16 to 24 with anxiety or depression is also increasing nationally.

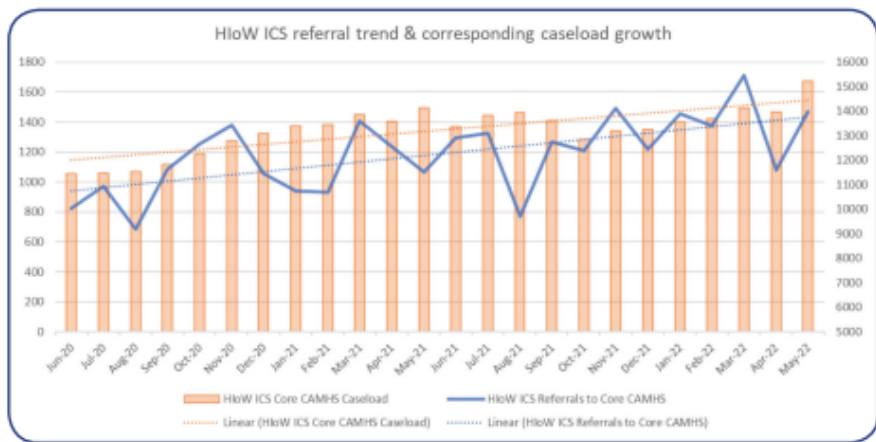
The demand for services both before the pandemic and particularly in the wake of the pandemic outstrips the capacity we have available

In 2021/22, 16,485 CYP in HloW accessed NHS funded mental health services. This exceeded the national target by 39% and is 4450 (37%) more children than pre-pandemic in 2019/20. The combination of increased referrals, and increased acuity for those young people open to CAMHS during the pandemic has seen numbers for those awaiting assessment, awaiting treatment and open to treatment all rise significantly compared to pre-pandemic levels.

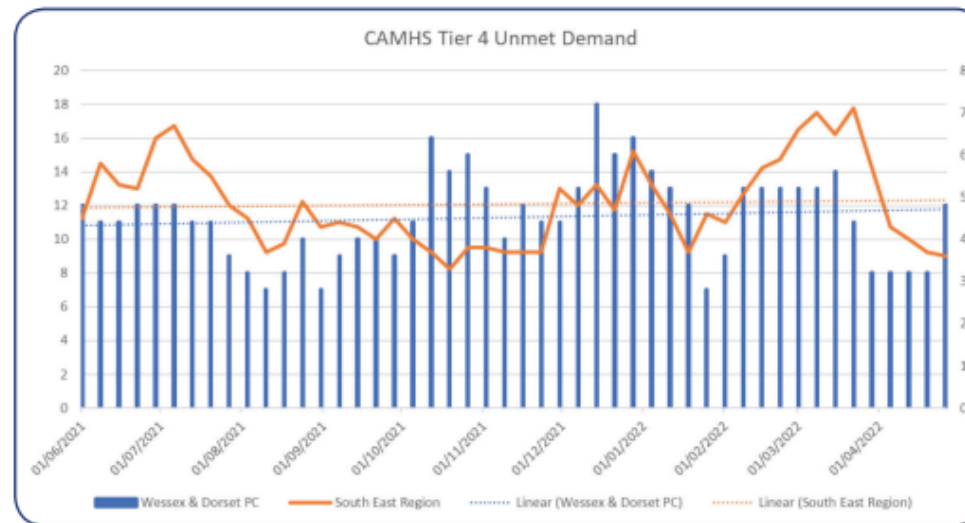


There has been a 295% increase in referrals to CYP inpatient services since the start of the pandemic (over 50% of this demand is for specialised Eating Disorder services)

The graph below shows the unmet NHS specialist care demand over time, with a regional fluctuating position, and fairly static locally. At the peak 71 CYP were waiting for access in the South East Region, 11 (15%) of these were within HloW. This number has reduced significantly across the region and as of 22nd June 20 CYP were waiting for specialist NHS care in the South East Region, with 7 (35%) of these CYP residing in HloW. Children with Eating disorders & disordered eating presentations continue to be the hardest place with the most complex needs.



The graph above shows the referral trend and associated caseload growth across our providers into core CAMHS services. In 2020/21, on average each month, referrals were 22% higher, and caseloads 9% higher, than the year previous. Due to population proportionality, Hampshire CAMHS saw the greatest increase in demand, receiving 3139 more referrals in 2020/21 than in the year previous.



The I-Thrive model is the commissioning and care delivery framework used across health and care in HIOW ICS and nationally

The planning and delivery of CYP Mental Health services in Hampshire and the Isle of Wight is framed around the I-Thrive model (replacing the previous Tiered model).

The THRIVE framework is an integrated, person centred and needs led approach to delivering mental health services for children, young people and families which conceptualises need in five categories. In contrast to the tiered model of healthcare, the THRIVE Framework emphasises cross agency and system-wide factors as key to ensuring that young people thrive, and that good quality care for psychological and emotional wellbeing is provided to CYP across all sectors – so emotional and mental health is ‘everyone’s business’



Improving and transforming our provision has been a constant and to address the issues we have set out will continue to be needed around collectively agreed priorities using the I-Thrive model to ensure consistency of approach

Getting advice – mild concerns (NHS & Local Authority)

Our transformation priorities/plans are:

- To jointly undertake with LA colleagues and other partners an engagement exercise with families & parents to understand their needs and what further early support we can offer them
- To develop and improve digital and other easy access content to help navigate self-help and management materials through accessible platforms such as Healthier Together
- To develop a "Parenting Support" Offer for families
- To commission and roll out of a suicide-specific bereavement support single point of contact service offer to families
- To design a schools-based training programme that supports schools to spot the early warning signs of disordered eating and promotes positive body image

Getting help – moderate concerns (NHS & Local Authority)

Our transformation priorities/plans are:

- To tender for a new and improved Young Persons Community Counselling Service across the HIOW ICB
- To improve shared care arrangements between Primary & community care including replicate the Adults Eating Disorders hub & spoke model for CYP
- Review Primary Care Networks (PCNs) with the most need to develop additional primary care support roles
- Develop solutions for 18-25 year olds who need support in moving forward to adult services.
- Increase CYP Mental Health early help and overall access through expanding and embedding mental Health Support Teams
- Co-produce with young adults (16-25) transition support information that prepares them for adult community mental health services
- To improve the community and voluntary sector (CVS) mental health offer through the development of the CVS MH Grants programme

Our transformation priorities/plans are:

Early Intervention & Admission avoidance

- To mobilise a joint Acute Paediatric / CAMHS Team & Outpatient Function (supported by virtual ward tech)
- Engage with national leaders in the field to review clinical delivery models and re-design our offer
- Continue the mobilisation of Closer2Home services

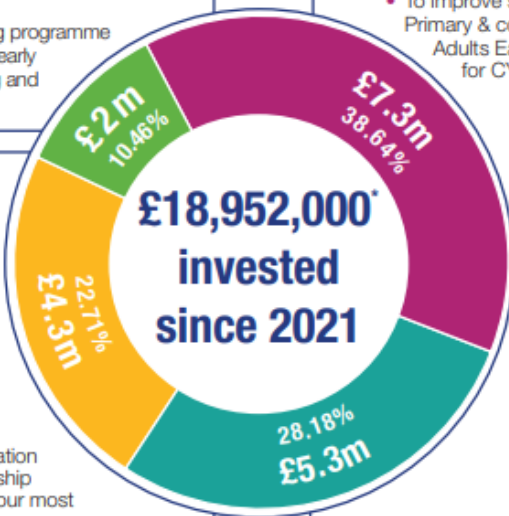
Supporting Acute Hospitals with shared management of CYP admitted to Hospital

- To develop a therapeutic approach framework for children with mental health needs in Acute Paediatric care in hospital
- To develop a training, education & support package
- To integrate, develop and embed all-age liaison services within our Acute Hospitals (including evaluation of Youth Workers in Emergency Department and Safe Haven)

Supporting CYP in Crisis

- Continue the mobilisation of additional intensive home treatment capacity in community CAMHS

- Extending the reach and take-up of NHS 111 mental health triage support and Rapid Response Vehicles to support CYP in the community
- Further extend the scope & reach of our key worker teams supporting CYP with learning disabilities & autism in crisis
- To mobilise a weekly joint escalation forum providing focused leadership supporting problem solving for our most complex children
- To review and revise the Leigh House Clinical delivery model – exploring a combined inpatient and day-service offer to increase the provision available locally
- To develop proposals for improved provision of safe spaces for discharge from acute hospital



Our transformation priorities/plans are:

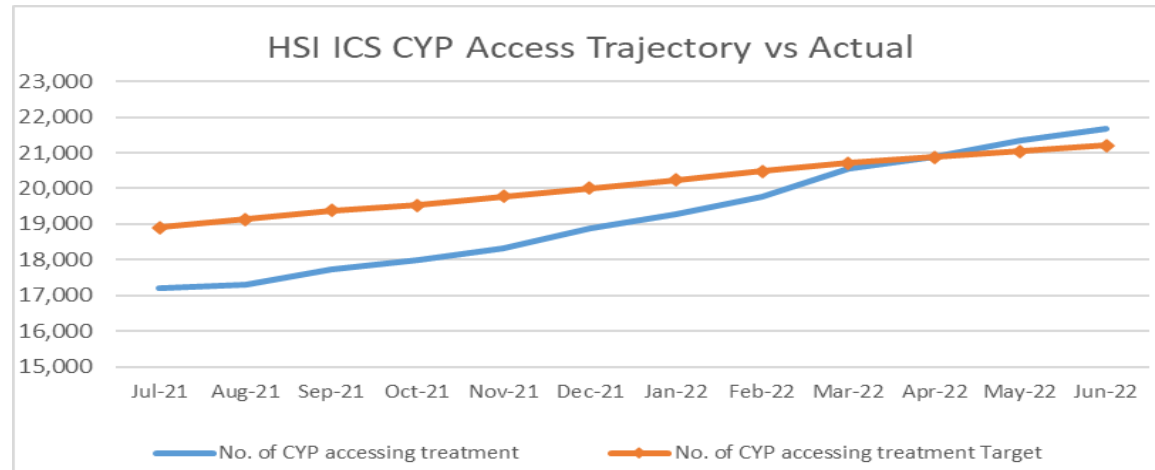
- To undertake detailed demand and capacity modelling across our CAMHS services (ideally supported by Public Health)
- To develop a more inclusive triage process tool incorporating both health & care factors to mitigate impact on specific vulnerable groups whilst waiting for access
- To scope need and pathway for Avoidant restrictive food intake disorder (ARFID) with support from NHS England
- To improve the capacity and resilience of children and young people's eating disorder services in line with the commitments in the NHS Long Term Plan Plan
- To design and implement an all age eating disorder services pathway
- To continue the roll-out of 0-25 offer to improve transition for young adults with mental health issues on leaving CAMHS service thresholds on turning 18
- To secure additional activity against the ADHD & Autism Provider Framework to enable additional assessment capacity and waiting lists reduced
- To fully mobilise planned additional capacity from confirmed investments in CAMHS Services through wider transformation of workforce enabling new role development.

Getting risk support (also known as Getting Crisis Support locally)

Getting more help – significant concerns (NHS)

*investment provided based on NHS spend - exclusive of local authority initiatives & CAMHS Provider Collaborative initiatives

Summary of Hampshire position against NHS Long Term Plan



Access to CYPMH Services (rolling 12 months data)

The graph shows a steady improvement against the trajectory over the last 12 months, with the target being met in both May (291 patients over) and June (466 patients over).

Please note that when the report was published there were no agreed trajectories for the one contact measure prior to July 2021.

Sources: Access data - NHS Digital Published Data, June 2022 / Target - LTP indicative Trajectory data via Future NHS Platform, June 2022

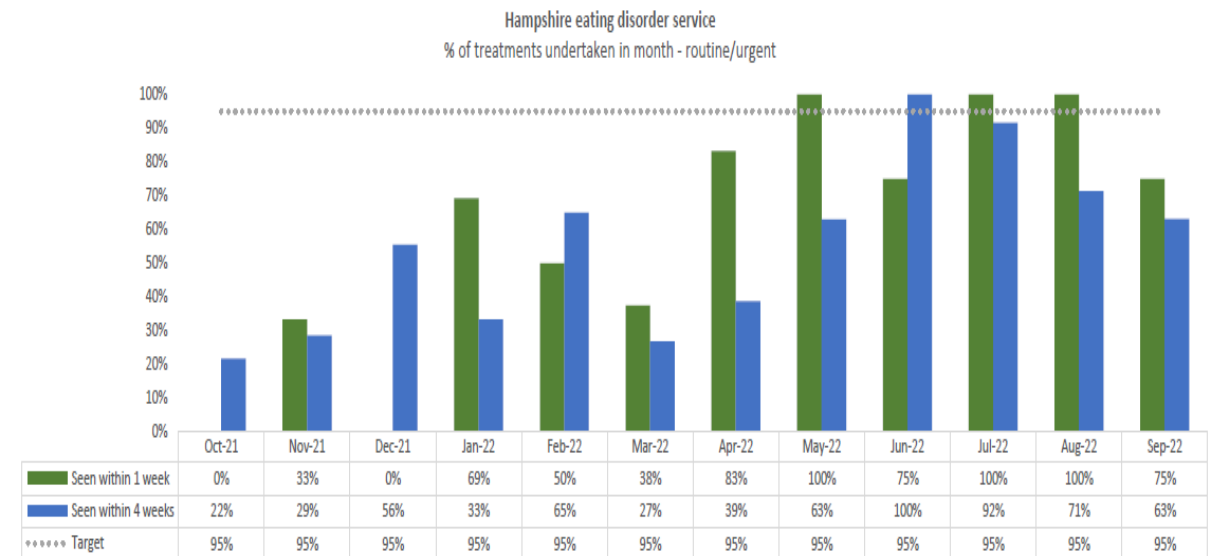
***NB July 2022 ICB data has not been published due to NHS Digital data issues – only national level data available.**

Children and young people Eating Disorder services

The Eating Disorder Service **received 6 new urgent referrals and 32 new routine referrals in September**, a significant increase on recent months. In line with the increase in referrals month on month, the number of CYP waiting to begin treatment has risen in September. The service has shared that the vast majority of these CYP referrals are for ARFID and we have requested to see the data split to identify those waiting for Eating Disorder treatment Vs ARFID.

Following 100% performance through July and August, the service reports a **fall in September to 75% of urgent cases being seen within the target timeframe of 1 week**. Routine performance against the four week target has also fallen for the third month running to 63% (against a target of 95% for both metrics)

Total ED caseload at the end of September was 340, a marked reduction from Dec 21-Feb 22 where it peaked at >400.



Steps taken to improve children's access to mental health services in Hampshire over the last year and improvements for coming year



Key successes over last year:

- Overall monthly contact capacity in Hampshire CAMHS core services over last 12 months 11,193, up 38% from the previous 12 month average
- Hampshire Community Children's Eating Disorders have cleared waiting lists and are getting close to 95% performance targets for urgent (1 week) and routine (4 week waiting lists)
- Five new Mental Health Support Teams in Schools (MHSTs) in Aldershot, wider Rushmoor, Basingstoke, Andover and New Forest
- Mobilising four new MHSTs in Eastleigh, Havant, Basingstoke and Winchester to start from January 2023
- Introducing Primary Mental Health workers in 9 Primary Care Networks by January 2023

Key areas of focus for improvement next year:

- Focus on reducing waits for Hampshire children for CAMHS services through additional capacity
- New strategy for improving access to Autism and Attention Deficit Hyperactivity Disorder (ADHD) assessments
- Focus on improving support and access to effective and timely help for our most complex and vulnerable children



Next Steps - 2023/24 priorities and investment plans



HIOW ICB has signed off investments set out below for 2023/24 in relation to development of Hampshire children and young people's mental health Local Transformation Plan. Providers are being asked to accelerate mobilisation of agreed investments to maximise impact of investments from as early as possible from April 2023. Focus on:

- Early mobilisation of agreed investments from the Local Transformation Plans, focussing on reducing CAMHS waiting lists
- Developing strategic plans for Neurodevelopmental services: Autism and Attention Deficit Hyperactivity Disorder (ADHD)
- Improving access to timely support for our most complex and vulnerable children when they are struggling most

Transformation Activity / Initiative	2023/24			
	NHS HIOW ICB Funding (Hampshire)	NHS Frimley ICB Funding (Hampshire)	Total NHS (ICB) Funding (Hampshire)	Funding from other sources
Hampshire ARRS Workers - Wave 2 (Net) + 9CWPs	£42,000	£4,000	£46,000	£321,000
Shortfall in Suicide Prevention Counselling service, PY Cost £12k in Jan-March 2023, FY Cost £50k in 23/24	£44,000	£6,000	£50,000	Suicide Prevention Counselling budget.
Transformation of Hampshire CAMHS capacity to reduce waiting lists and times for assessment and treatment in Hampshire CAMHS service and progress improvements for Children in Care and Children with Learning Disabilities and/or Autism.	£1,938,000	£267,000	£2,205,000	Additional to core Hampshire CAMHS budget
CYP MH Transformation contribution to Crisis Pathway transformation: enhancement of NHS 111 MH Triage and Mental Health Ambulance Rapid Response vehicle.	£65,000	£0	£702,432	£637,432
Hampshire CYP Mental Health Transformation Total (Baseline + Transformation) in Hampshire parts of HIOW ICB and Frimley ICB – 2023 MHIS and SDF Funding	£2,089,000	£253,000	£2,342,000	£321,000
Reallocation of 2022/23 funding for Primary Care Eating Disorders development in 2023/24 for additional investment capacity to reduce waiting times and times for assessment and treatment in specialist community Hampshire CAMHS services.	£175,000	£23,000	£198,000	2023/24 only
Total combined 2023/24 Hampshire Mental Health Transformation Total (including re-purposed 2022/23 funding in 2023/24)	£2,264,000	£276,000	£2,540,000	

This page is intentionally left blank