

Hampshire Local Transformation Plan 2018/19

Annual Refresh



Future in mind

Promoting, protecting and improving our children and young people's mental health and wellbeing



Local Transformation Plan Summary



October 2017

Make it worthwhile



A Joint Hampshire Strategy for Emotional Wellbeing and Mental Health (Children and Young People)
A strategy prepared on behalf of Hampshire's Children's Trust
2014 – 2017



Foreword

Children matter to us in Hampshire, we want to ensure they have the best possible start in life, have access to the right services at the right time that is responsive and meets their needs in a timely way. We recognise that in some of our mental health services demand has been high and we need to continuously review and re-design our services to ensure they are fit for purpose and provide the best possible outcomes.

Intervening early and supporting the mental health needs of our children and young people means they will be happier at home, learn better at school and more likely to grow up to enjoy healthy and fulfilling lives.

With this goal in mind, we are committed to working in partnership with a wide range of organisations to deliver the priorities set out in our annual plan. Working collaboratively we are stronger and more likely to succeed.

We are proud of some of the successes we have had with improving access to services for our young people, but much more needs to be done, through more aspirational and transformational agendas.

Our priority areas will respond to the feedback we have received from children, young people, professionals and partners. Children told us they wanted to 'make it worthwhile' ensuring every service made a difference and achieved positive outcomes. We want to fulfil that ambition and our vision is for all children in Hampshire to be happy, resilient, safe and experience good emotional wellbeing and mental health, both now and in the future.

Chief Executive

Director of Children's Services

Clinical Director

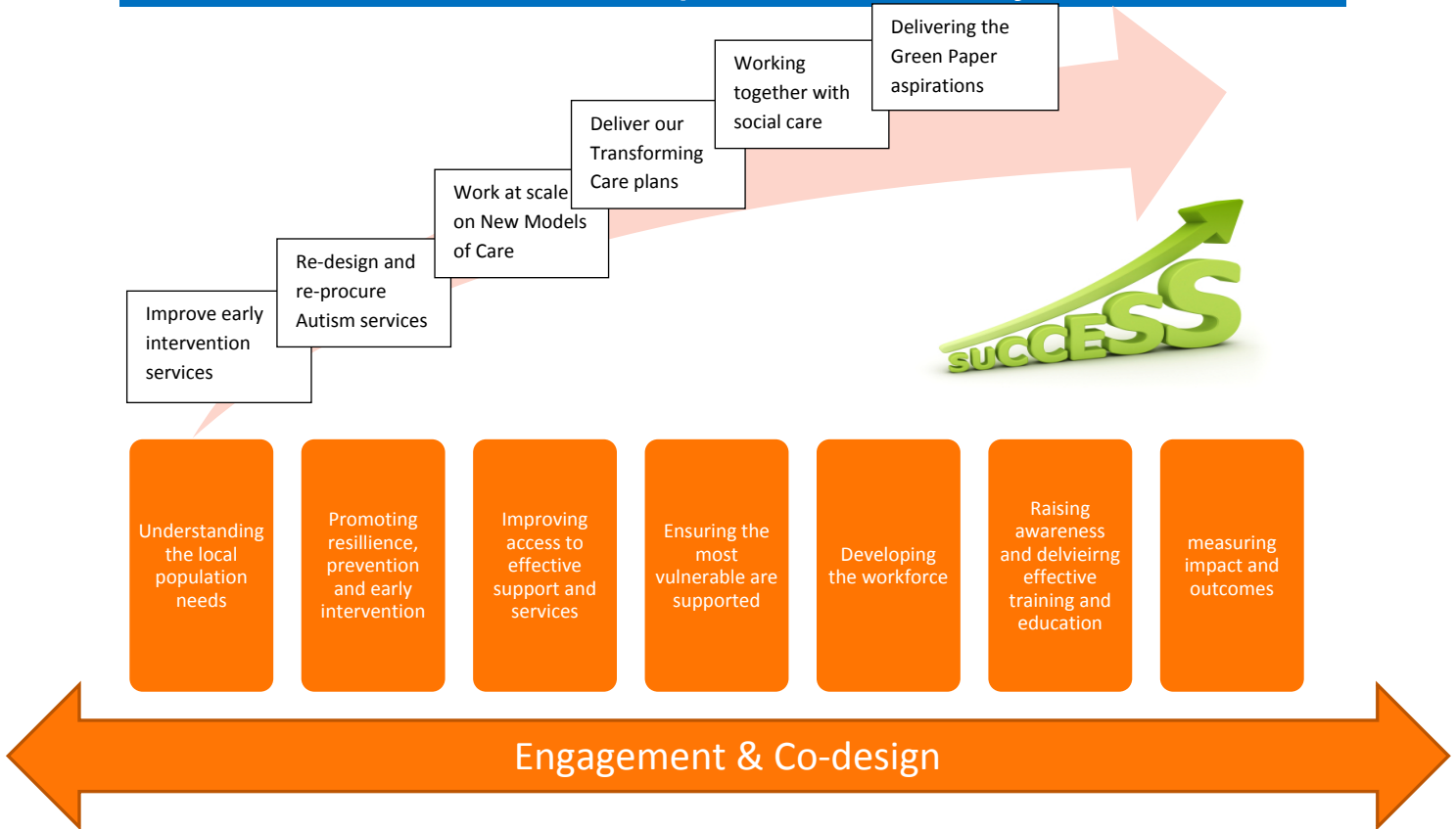
Maggie Maclsaac

Steve Crocker

Dr Andy Whitfield



The Five Year Forward View Road Map – Executive Summary



Our aspiration is clear; we want to build capacity within the system so that children get the best possible start in life. Need within the system will change over the life of our plan and we will adapt and modify our priorities to ensure we are focusing on areas of the system that needs the most transformation.

Our journey began by understanding our baseline so we knew where capacity was needed. We are constantly reviewing the needs of our population and modifying our plans to adapt to current challenges. We engaged with a wide range of parent/carers and young people to understand the needs of our communities and continue to listen to service user experiences to help inform our priority setting.

At the start of our transformational programme there were some key deliverables we wanted to prioritise which included more counselling services and more parenting programmes. Together they would start to build resilience and provide support through intervening earlier. Nonetheless, we recognise some people need more focused support, we have ensured we have effective perinatal mental health services in place, early intervention in Psychosis, eating disorder service that is working towards the 2020 standards and services focused on the most vulnerable of children including those who may have experienced sexual abuse. In addition to service modelling and commissioning, we have also worked hard to ensure the workforce and wider system have the right skills, knowledge and training to support young people at every stage in their journey to adulthood. We are committed to the roll out of Improving Access to Psychological Therapies training.



There is more to be done on our journey of transformation and some changes have occurred that we want to respond to. We work in an adaptive system and we need to be agile in our approaches to ensure we are focusing on need and opportunity. Our 2018/19 plans will focus on whole system transformation both locally and at scale and will build on the work we have been doing to understand demand and pressures in the system.

We want to re-design our counselling offer, to increase our reach, use different methods of delivery and support earlier intervention through closer working with schools. Most importantly we want to reduce waiting times for young people so they have access to services in a timely manner.

We know that Autism demand has been growing significantly over recent years, outstripping capacity. We want our children and young people to have access to a timely service when required and not have to wait unacceptable lengths of time to be seen. We have undertaken a detailed review and listened to what young people and other stakeholders have told us. We have a comprehensive plan as to how we can respond and re-design our service offer.

Our New model of care crisis programme has been a huge success; we want to build upon that success and do more at scale where it makes sense to do so. This will support our workforce re-modelling and ensure the services we deliver are sustainable.

Transforming Care for children with learning disability and autism is a key priority to ensure we are able to respond in a timely way to crisis intervention, but also to ensure the care they receive is closer to home.

Our work with social care is critical to ensuring our most vulnerable children have access to dedicated resource and support. Aligning our primary care mental health workers to social work teams will not only enhance the support young people receive but also support training and development of multi-agency teams.

Our most exciting opportunity is becoming a Trailblazer for the Green Paper. This is an area of work we are passionate about, we have done a lot of work already to work closer with our schools, becoming a trail blazer will enable us to roll this work out further and to share the learning across a wider geography.

Whilst transforming our system we will continue to deliver other priorities we have already started along our journey of transformation. We are in a continuous cycle of change and development and will continue to evolve and develop.

The refresh plan highlights some of the work we have started and the impact we have had so far and provides more detail about the next phase of our transformation journey.



Vision for service re-design



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.

Our approach will be to develop a wraparound system of care from the beginning. 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

Governance and Transparency

This document represents an update of completed, ongoing and planned work in the area of children and young people's mental health in Hampshire. It is prepared for and on behalf of the five Hampshire Clinical Commissioning Groups (CCGs):

- Fareham and Gosport CCG
- North East Hampshire and Farnham CCG
- North Hampshire CCG



- South East Hampshire CCG
- West Hampshire CCG

The North East Hampshire & Farnham CCG leads on the commissioning of children and young people's mental health provision on behalf of the five Hampshire CCGs, and works closely in partnership with Hampshire County Council and other key partners to ensure services are commissioned in order to address all levels of need - universal, targeted, specialist and acute.

The refresh is a comprehensive review of original plans submitted to NHS England in 2015; it contains information on progress made since that time, and identifies gaps and how these will be addressed over the lifetime of Future in Mind programme in Hampshire.

We look back on decisions made in 2017 to enhance and expand services, review how successful these service developments have been and the difference they have made, and identify what we still need to do to ensure that the system addressing children and young people's mental health undergoes truly transformative change to be fit for the future.

In Hampshire, there is a local focus on improving health outcomes through more effective education, prevention, early intervention, promotion and resilience building. This is enshrined in Hampshire's Strategy for Improving the Public's Health – Towards a Healthier Hampshire. There is also a system-wide commitment to effectively address health inequalities across all age groups by reducing stigma, committing to parity of esteem with physical health, recognising and removing barriers to accessing services and identifying and filling gaps in provision.

The Make it Worthwhile strategy for children and young people's Emotional Wellbeing and Mental Health, prepared on behalf of the Hampshire Children's Trust, states that 'we want all children in Hampshire to enjoy good emotional wellbeing and mental health'. It also recognises that children with good mental health do better. Their outcomes – whether in education, at home or in the community – are better, and they are more likely to develop into healthier adults making a positive contribution to society. Make it Worthwhile identified the Local Transformation Plan priorities, and underpins all the work that has been undertaken since the original submission in Hampshire.

Partnership working

There is evidence of increasing demand for child and adolescent mental health services. Nationally, this is being reported as between 30-40% in the last 12 months. As commissioners and providers we have come together to transform services for young people to ensure we build resilience, have effective prevention strategies and provide appropriate interventions in the right place at the right time, as early as possible. This requires us to take a system-wide approach and our transformation plan demonstrates how we do this.



Hampshire Children and Young People's Plan reflects a shared commitment to improve the lives of children and young people in Hampshire, and to make Hampshire an even better place in which to enjoy a good childhood. The Plan contains the vision, principles and key priorities of the Hampshire Children's Trust Board. The current priorities are:

- Being healthy
- Staying safe
- Enjoying and achieving
- Making a positive contribution
- Achieving economic wellbeing

In addition to the Children and Young People Plan, Hampshire has the Joint Health & Wellbeing Strategy which takes a life course approach to improving the health of the local population.

- Starting well - So every child can thrive
- Living well - Empowering people to live healthier lives
- Ageing well - Supporting people to remain independent, have choice, control and timely access to high quality services.
- Healthier Communities - Helping communities to be strong and support those who may need extra help.

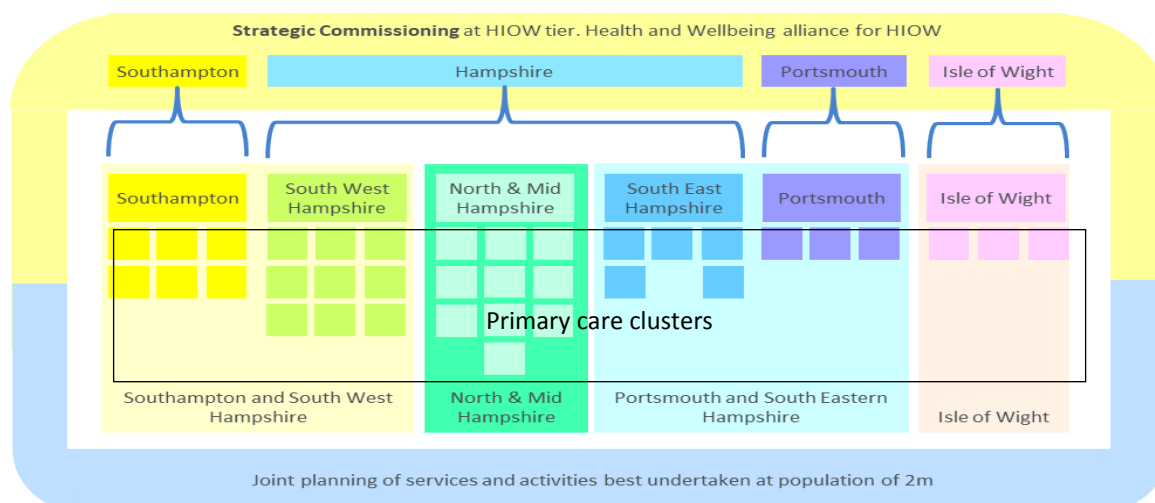
Progress against the implementation of the Starting Well - Emotional Wellbeing and Mental Health Strategy for Children and Young People in Hampshire 2018-21 will be reported to the Health & Wellbeing Board, Children's Trust Executive group and to the Children's Trust Board.

Both the Children and young people plan and the Health & Wellbeing Board Priorities acknowledge the importance of partners working together in order to improve health outcomes for children including mental health. Partnerships will reflect the wide range of organisations required to implement the strategy including involvement of adult mental health, to support action on transition from children's to adult services but also to ensure system wide input into prevention and early intervention, promoting good mental health and to encourage all to take responsibility for their own health and wellbeing.

By working together to implement this plan it will facilitate discussions between key stakeholders to ensure that any changes to service provision are better coordinated and that central to this will be to design services reflecting the needs of Children and young people.

The governance structure operating at Sustainability & Transformation Partnership level provides an opportunity for Hampshire to work with partners at scale and to share learning and best practice. There are key priorities within the Sustainability & Transformation Plan for Hampshire & Isle of Wight.





Across the system primary care is organising itself in to clusters, this provides an opportunity to ensure local delivery for local need. We recognise this as an opportunity to develop further our delivery models both at scale and locally.

As part of the NHS England assurance process for Local Transformation Plans, we are required to provide a statement which outlines how local plans align. This demonstrates our commitment to ensuring governance processes are robust, and there is sufficient consideration given to priorities in different plans.

“The Hampshire and Isle of Wight Health and Care System recognise the importance of good emotional wellbeing and mental health in children and young people, not only during childhood and adolescence, but also as predictors for positive mental health outcomes in adulthood. As such there are a number of strategic commitments / work streams across the Sustainability and Transformation Plan which directly affect children and young people’s mental health.”

Across the system we work with a wide range of stakeholders

- Hampshire County Council
- Hampshire Parent Carer Network
- Autism Hampshire
- Barnardoes
- Third Sector
- District Councils
- Schools
- Police
- Primary care
- Hampshire CAMHS
- Private providers
- Health Watch
- Parent Voice
- Solent NHS Trust



Mental Health Alliance

The Sustainability and Transformation Plan is committed to working towards parity of esteem for mental health services, reviewing and aligning mental health care pathways, out of area pathways, and crisis care. Each Local Transformation Plan gives more local-level detail for these priorities and how they affect children and young people. A key focus of this work stream is to ensure that effective crisis services for all ages are provided.

Hampshire and the Isle of Wight Sustainability Transformation Plan (STP)

The Hampshire and Isle of Wight Health and Care System recognises the importance of good emotional wellbeing and mental health in children and young people (CYP), not only during childhood and adolescence, but also as predictors for positive mental health outcomes in adulthood. As such, there are a number of strategic commitments/work streams across the STP which directly affects CYP mental health. Examples of this include the Core Programme 6 - Mental Health Alliance and Enabling Programme 9 – Workforce.

Core Programme 6 - Mental Health Alliance

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

Enabling Programme 9 – Workforce

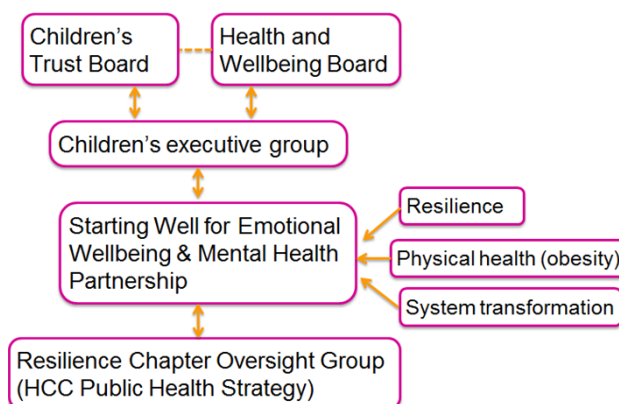
A comprehensive review of mental health workforce requirements is currently under way across the HIOW STP footprint, with a commitment to moving towards a flexible workforce shared across geographical and organisational boundaries, enabling care to be more responsive to CYP needs.

The Children's Programme undertakes to:

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



As well as the commitment through the Sustainability & Transformation Partnership, locally there is a strong partnership commitment to driving forward change through the Health & Wellbeing Board and the Children's Trust Board.



The Starting Well for Emotional Wellbeing and Mental Health Partnership is formed of a multi-agency group; this partnership will monitor and track performance against priorities and shape future transformation planning agendas.

The principles of how we will work together are set out below

Place Based Commissioning

Hampshire created a statement of Intent and reform principles to work towards as part of our commitment to place based commissioning, we are committed,

- To improve population health and wellbeing across Hampshire by joining up a range of support and care services to achieve the outcomes, benefits and experiences that matter to individuals, their carers and families.
- To ensure people have more say and control over their health and wellbeing, care services will be collaboratively planned and delivered in a co-ordinated way that makes best use of resources, including increased use of technology solutions and is focused on prevention and early intervention.

Adopting collaborative approach to the planning,

- Redesign and delivery of services for value, integrated commissioning will maximise opportunities to spread innovation enable the monitoring of sustained quality of improvement across the local population.
- To enable placed based whole system reform across Hampshire we need to ensure the wider reform principles drive out commissioning activity and that we firmly embed this new approach in the way that we work
- Principles build on progress to date and create the long term changes we seek for our population.



Overall reform principles

- There is a new relationship between public services, communities, charitable organisation and providers that enables shared decision making democratic accountability and voice, genuine co production and honest delivery of services. This relationship removes barriers that have prevented effective collaboration in the past.
- There is a placed based approach that redefines services, utilises knowledge and skills of the wide range of service partners and puts individuals, families and communities at the heart. Our asset based approach also recognises the importance of the support provided by our communities, families and unpaid carers. This approach shapes services around common understanding of the outcomes that are important to people.
- We recognise the importance of developing approaches to reform community based models of care which will work best when they reflect communities of identity and interest and the diversity of our local population.
- We focus on driving the behaviour change in our communities that builds on independence and supports residents to be in control of their own health and wellbeing.
- Models of care will support and respect peoples broader sense of wellbeing, retaining personal control of their lives, reducing dependencies and isolation and will ensure seamless transitions between different parts of the system and different sectors. Wellbeing, prevention and early intervention are priorities.

Commissioning principles

We will embed six core principles specific to commissioning for Hampshire residents

People and Places

- Our commissioning ambition has been to drive significant behaviour change. Our children, young people and their families need to be resilient and feel supported when they need help; our organisations need to think beyond their organisational boundaries. Our workforce needs to think differently.
- We need to have clarity about what can be delivered at scale, ensuring consistency and equity of access and outcomes whilst recognising and tackling inequalities.

Co-Design

- Commissioners, providers and families working together will create better proposals, a quicker route to successful change. We will adopt both strategic and pragmatic approaches that enable co-design solutions to achieve whole population benefits.

De-commissioning



- Our success will be defined as much by our de-commissioning decisions and our commissioning activity.
- We need to commission new models of care by embracing different approaches including the use of technology and agile systems. This will mean reviewing existing decisions and decommissioning those that are inefficient, not meeting standards or contributing to the health and wellbeing of our children and young people.

Commissioning at the right level

- To be successful we need to commission services at the most appropriate level. Our plans will be routed in having a solid understanding of our local population needs. We will seek to use strategic partnerships to maximise the skills and resources which voluntary and community sector partners can provide to support our approach.

Be Bold!

- To deliver improved outcomes and achieve financial sustainability we must be bold and embrace new commissioning models such as outcome based commissioning. As partners we must hold ourselves to account to deliver the actions we agree upon.

Commitment to evaluation

- We will measure the impact of the changes we make, quantifying health outcomes and ensuring that any change has positive impact on the health and wellbeing outcomes for the people we service.

The refresh considers how:

- local needs influence decision-making
- children, young people and other stakeholder views influence service design, development and implementation
- local plans and strategies align, and where there are common deliverables
- we identify, mitigate for and manage risk
- our governance arrangements evidence accountability and responsibility across systems
- we will deliver on our priorities

A series of strategies and publications underpin the Local Transformation Plan which is reviewed and refreshed annually. Some of these were in place at the time of the original submission, and some have been published since. The most relevant of these are:

- 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.

We undertook a comprehensive engagement exercise with children, young people, parents, carers and professionals across the county to inform the Make it Worthwhile strategy. 1647 responses were received as part of this consultation, half of which came from children and young people (87% of whom were aged 13-18).

These responses were referenced in the original Local Transformation Plan alongside an additional consultation which sought to gather views on what stakeholders thought of existing services and what they felt priorities for future service developments should be.

Our stakeholders told us they wanted:

- better communication between services and families
- better coordination across health, education and social care services
- schools and school staff to benefit from training about mental health and how to support CYP experiencing difficulties
- clarity around what support was available to CYP diagnosed with Autism and their families
- better support for parents/carers to be able to help their children
- support to be made available in schools, whilst recognising that some young people will want to access help elsewhere
- more funding for CAMHS to help reduce waiting times
- someone to talk to face-to-face; this was felt more important than providing technological solutions
- more comprehensive information and education available through school on emotional wellbeing and mental health



The services that we commissioned as a result are reviewed within this document.

We are committed to continuing our work with children and young people, hearing and acting on their views about the services we offer. We do this through a range of participation opportunities led by each provider, as well as taking on board views of the Youth Commission of the Police and Crime Commissioner and of school-aged children who provide valuable insights into their experiences.

Financial overview

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

NEHF CCG	2015/16	2016/17	2017/18	2018/19
Provider				
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
Provider				
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
Provider				
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
Provider				
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
Provider				
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



In addition to the above spending commitment, the CCGs have responded to system pressures and need in a timely way. Recently this has included £0.9m investment in to Autism services to reduce waiting times and provides diagnostic services for children and young people. There has been £60k investment in to technology solutions supporting the Website design within CAMHS and additional investment in to the Third sector to provide training and support networks through Hampshire Parent, Carer Network. We have invested £1.6m in to the Eating Disorder service.

Workforce

A comprehensive review of mental health workforce requirements is currently under way across the Sustainability and Transformation Plan footprint, with a commitment to moving towards a flexible workforce shared across geographical and organisational boundaries, enabling care to be more responsive to children and young people's needs.

We know there are challenges with recruitment and retention we therefore need a multi-skilled workforce that have access to good quality training and support.

The Sustainability and Transformation Plan sets out our vision for delivery for 2020/2021 and beyond.

Through our commissioned services we have increased capacity of our workforce

- working with a consortium of 12 third sector providers to offer counselling services
- supporting parents through the Barnardo's parenting programme
- enhancing the capacity of our camhs workforce
- recruiting new staff for our eating disorder service
- additional staff have been recruited to work within the Willows Team to support children who have been sexually abused
- we have commissioned Psicon to deliver extra capacity for children with Autism
- there is a comprehensive programme of support through Hampshire Parent Carer network providing training and education peer support

We are committed to building and developing the workforce further and the Green paper trail blazer provides the opportunity to develop our schools workforce further.

Mental Health Support in Education – Green paper

We have submitted an expression of interest to be selected as an NHS England trailblazer site to deliver Mental Health Support Teams in schools in areas of Hampshire to transform schools to being emotionally healthy environments, so that they are places where our children have excellent support and receive timely and prompt help when needed. This will ensure that they have every chance of both meeting their potential and developing habits to achieve lifelong good mental health.

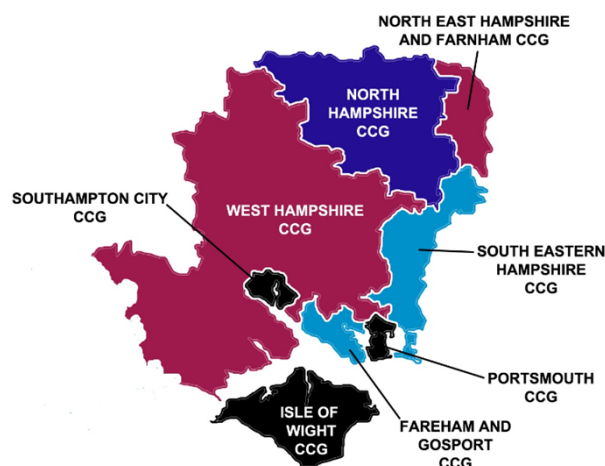


What our joint strategic needs assessment tells us

The aim of this health needs assessment is to provide an overview on the current population and look at how the population is predicted to change.

Within this report, 'children and young people' is used as an inclusive term for children and young people up to the age of 19 years, and up to 25 years for young people with SEND (special educational needs and disability).

GEOGRAPHY



DEMOGRAPHY

Estimates of the registered population are presented as aggregated numbers of 0-19 age groups, as well as age data in five year age groupings for each CCG. See tables 1 and 2.

Registered population

	Population aged 0-19
Hampshire:	
Fareham & Gosport	44,825
North East Hampshire & Farnham	51,820
North Hampshire	54,011
South East Hampshire	48,060
West Hampshire	125,054
Total	323,770

Source: Office for National Statistics, Small Area Population Estimates (SAPE)

Population by age group and CCG

The under-25 population is presented as five age groups – children under five, five to nine, ten to 14, 15 to 19. The 20 to 24 age group is included for SEND purposes.



Table 2: Children and young people population by age group and CCG

CCG	Age bands					TOTAL
	0 to 4 year olds	5 to 9 year olds	10 to 14 year olds	15 to 19 year olds	20 to 24 year olds	0-19 year olds
Fareham & Gosport CCG	10,681	11,637	10,940	11,567	10,955	44,825
North East Hampshire & Farnham CCG	13,544	13,748	12,594	11,934	11,027	51,820
North Hampshire CCG	14,088	14,580	12,908	12,435	10,387	54,011
South East Hampshire CCG	11,354	12,358	11,886	12,462	10,647	48,060
West Hampshire CCG	29,746	32,975	30,871	31,462	28,100	125,054

Source: Office for National Statistics, Small Area Population Estimates (SAPE)

Future forecasts

Hampshire County Council produces the Small Area Population Forecasts (SAPF) providing localised estimates of future resident populations, taking into account the number of dwellings. The 2020 SAPF based estimates of the number of children and young people in Hampshire, Isle of Wight, Portsmouth and Southampton are presented in table 5.

Table 5: Number of predicted children and young people in Hampshire and the Isle of Wight in 2020

CCG	Age bands				
	0 to 4 year olds	5 to 9 year olds	10 to 14 year olds	15 to 19 year olds	20 to 24 year olds
Fareham & Gosport CCG	10,465	11,366	11,456	10,156	10,013
North East Hampshire & Farnham CCG	12,185	13,111	12,840	10,276	9,782
North Hampshire CCG	11,387	12,069	11,299	9,163	8,242
South East Hampshire	6,555	7,538	7,806	6,845	5,172
West Hampshire	15,497	16,476	16,528	15,361	13,173

Source: Hampshire County Environment Department's 2016 based Small Area Population Forecasts (SAPF)



Births

In 2016, there were 14,379 live births in Hampshire. Currently, there is an overall downward trend in the number of births nationally and this is also reflected locally. From 2010 to 2016 there was a 3.96% decrease across Hampshire.

Source: Office for National Statistics, Births by mothers' usual area of residence in the UK

Maternal age at birth

Women at both ends of the spectrum of childbearing age are at increased risk of poor birth outcomes, including factors that are linked with low birth weight and prematurity. Reflecting national trends, Hampshire shows a shift in the age of mothers, with the highest number of births being born to women in the 30-34 year age group.

Table 4: Live birth rates/ 1,000 women in age group – Age of mother, 2016

Area of residence of mother	All ages	Under 18	Under 20	20 to 24	25 to 29	30 to 34	35 to 39	40 to 44	45 and over
England	62.5	5.6	13.5	55.6	98.5	112.4	67.5	14.9	1.1
Hampshire	61.6	4.0	10.0	55.4	107.6	125.5	65.6	12.8	0.7
Basingstoke and Deane	67.3	3.1 u	12.4	67.3	111.5	123.7	69.3	12.4	0.9 u
East Hampshire	55.2	1.4 u	6.1	46.9	96.0	132.1	68.9	14.4	
Eastleigh	61.1	3.8 u	8.6	58.1	98.2	124.1	60.3	9.6	1.3 u
Fareham	56.0	4.6 u	7.4	39.5	104.8	119.9	63.7	12.0	
Gosport	60.8	6.6 u	14.8	73.3	118.5	93.3	52.8	8.8	
Hart	60.3		4.0 u	44.5	93.9	154.2	69.0	17.5	
Havant	65.3	7.1 u	15.2	71.6	119.9	116.7	57.8	11.4	
New Forest	57.0	3.3 u	9.5	55.1	102.3	115.4	61.9	13.1	0.8 u
Rushmoor	71.2	5.0 u	14.2	70.0	118.6	125.9	67.7	12.5	1.1 u
Test Valley	68.0	5.8 u	12.1	70.1	124.2	141.1	63.7	11.8	0.8 u
Winchester	53.3	3.4 u	6.8	23.0	86.7	142.4	80.7	16.4	1.9 u

U = Denotes low reliability

Source: Office for National Statistics, Births by mothers' usual area of residence in the UK

DEPRIVATION

The evidence linking poverty with ill-health is unequivocal. Birthweights in the most deprived areas are significantly lower than in the richest, and children in disadvantaged families are more likely to die suddenly in infancy, to suffer acute infections, and to experience mental ill-health.

Source: Royal College of Paediatrics and Child Health 2018

The income deprivation affecting children index (IDACI)

The income deprivation affecting children aged 0-15 living in income deprived households, defined as either families receiving Income Support or income-based Jobseeker's Allowance or Pension Credit (Guarantee) or those not in receipt of these benefits but in receipt of Child Tax Credit with an equalized income (excluding housing benefits) below 60% of the national median before housing costs.

It is expressed as the proportion of all children aged 0-15 living in income deprived families. According to the 2015 Index of Multiple Deprivation (IMD), 38 out of 832 (4.6%) lower super output areas (LSOA) in Hampshire fall within the 20% most deprived areas in England for children living in income deprived families. To meet the



20% cut off point, a LSOA must have 36% or more children living with income deprived families in that LSOA.

Table 5

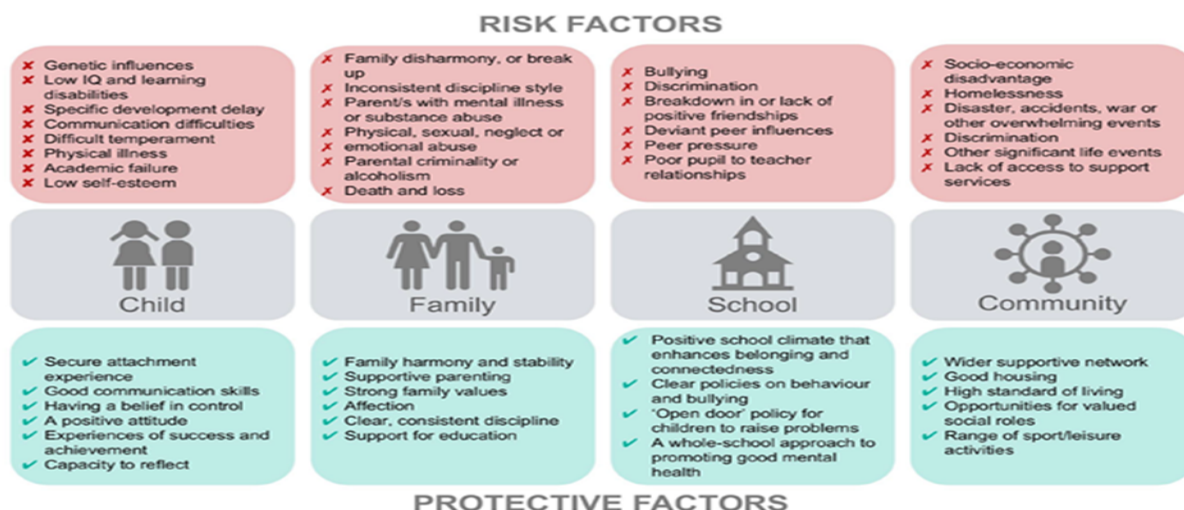
CCG	Proportion of children affected by IDACI, 2015
NHS Fareham & Gosport CCG	1.3%
NHS North East Hampshire & Farnham CCG	0.98%
NHS North Hampshire CCG	1.1%
NHS South Eastern Hampshire CCG	1.6%
NHS West Hampshire CCG	10.4%

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%). If population forecasts are realised, this may well increase demand for service provision, including mental health services for this cohort of children.

- Half of all **psychiatric disorders** start by age 14 and three quarters by age 24
- Hampshire's **population** of young people aged 10-14 is **projected to increase** between 2016 and 2023; this will impact on service demand
- 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
- Young people in Hampshire rated their **wellbeing** as being higher than the national average
- 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
- 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.

We know that among children and young people, 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.





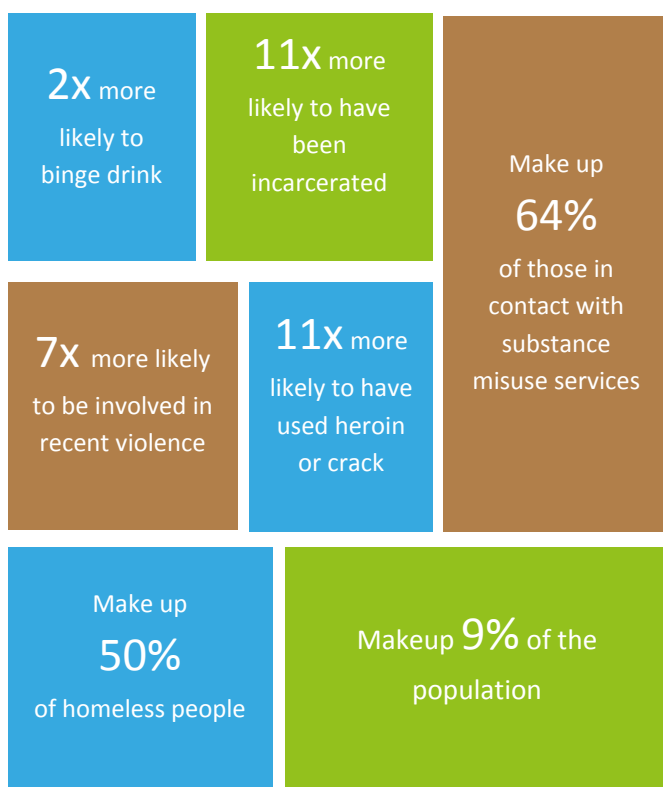
Adverse Childhood Experiences (ACEs)

One of the emerging pieces of research by the Centre for Disease Control and World Health Organisation is that children who suffer adverse childhood experiences are at increased risk of poor mental and physical health well into adult hood. ACEs include abuse, neglect and household dysfunction resulting in the activation of a stress response. Prolonged activation of this high level stress response can result in toxic stress which may result, over an individual's life course, in:

- Disrupted nervous, hormonal and immune development
- Social, emotional and learning problems
- Adoption of health harming behaviours and crime
- Non-communicable disease and disability
- Low productivity
- Early death



A UK study, published by Bellis in 2014, suggests that people with four more ACEs are:



In Hampshire the Public Health team commenced a series of workshops to raise professionals' awareness of the significant impact Adverse Childhood Experiences can have on Children and Young People – both during their early years and throughout the rest of the lives. Scoping work is also being undertaken to explore how the learning arising from this research may be practically incorporated into daily professional approach to wider care delivery, supporting strengths' based approach.

As part of our partner organisations' commitment to utilising emerging data and research to best inform our local pathway and policy development (see *Accountability and Transparency*), this

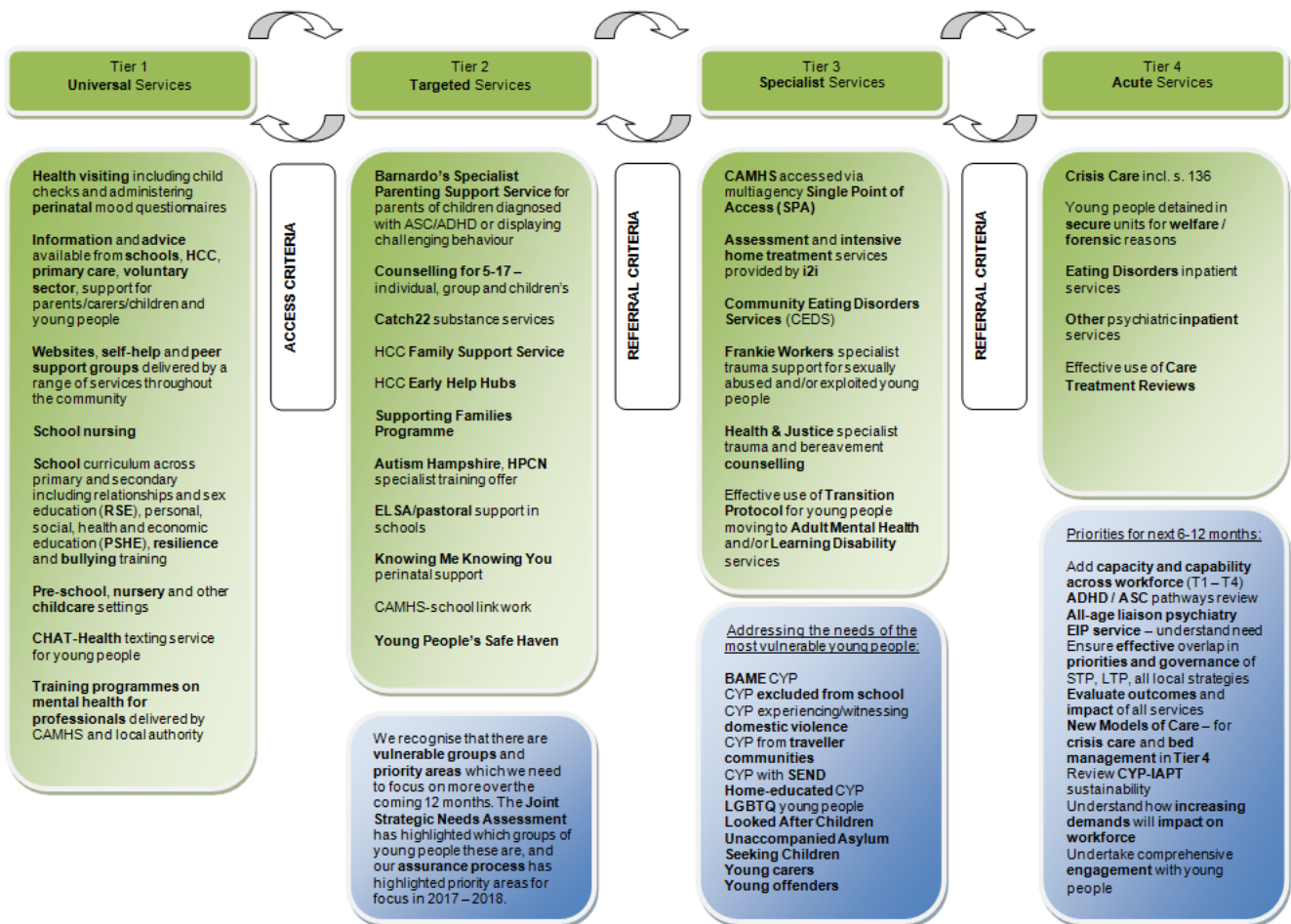
work being led by Public Health will be supported by the partners to this Transformation Plan and any emerging recommendations will be considered for incorporation into the next refresh cycle.

We recognise that there are many levels of need in Hampshire, and we place strategic importance on the mental health of all our children and young people.

Most children and young people will on the whole be well and require few targeted or specialist services. Universal services such as schools, primary care and community provision will be able to meet the needs of the vast majority of children and young people. These may be addressed through the provision of accurate and up-to-date information and advice, the teaching of relationships and sex education, school nursing provision, or the training and upskilling of professionals working with children and young people.



Increasing levels of need; some services span more than one 'tier'; children and young people can move between services depending on access and referral criteria



The above diagram outlines current provision for children, young people and families in Hampshire. It does not illustrate all available services, or the sometimes complex routes in and out of services.

It also sets out our commitment to prioritise the needs of certain vulnerable groups of children and young people, as well as the areas of work we will focus on in the next 6-12 months, identified through the Key Lines of Enquiry, Sustainability and Transformation Plan and other local strategies.



Our original plans highlighted the following services as areas we needed to prioritise, what happened and what has been the impact?

Services we prioritised	How many people have benefited	What has been the impact
Early Intervention services through evidence-based counselling/psychological support	Counselling support for children and young people aged 5 – 17 began in April 2016 under the umbrella of Hampshire Youth Access. The service supports children and young people presenting with a range of issues, and is able to offer short-term therapeutic support, primarily in community-based settings. Counselling is delivered by a partnership of 12 established voluntary-sector providers led by No Limits; each organisation covers a geographical area with relatively well-defined boundaries, although there are parts of the county with little or no access to face to face services. This is being addressed through focused service development and improvement.	<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>
Early Intervention services through evidence-based parenting programmes	Barnardo's Hampshire Specialist Parenting Support Services began delivering group programmes in September 2016. It offers programmes for parents of children and young people aged 5-17 that are diagnosed with Autistic Spectrum Conditions and/or ADHD, display challenging behaviours associated with mild-moderate conduct disorders or are teenagers displaying anti-social behaviour including child on parent violence. Practitioners work in close partnership with colleagues from local authority Family Support Services and the Supporting Families Programme in order to increase access to appropriate	60 parenting programmes during 2017-2018 have been delivered to 856 families.



	support for parents of children experiencing emotional wellbeing and mental health difficulties.	
Improved access to support for young people who have been sexually abused or exploited	<p>An innovative joint venture, Hampshire's Police and Crime Commissioner, together with the Hampshire 5 and Isle of Wight CCGs have funded a three-year dedicated specialist counselling service for victims of child sexual abuse and exploitation. The Willow Team are based within a dedicated Hampshire County Council children's services team, and are key to delivering on the local authority's strategy for missing, exploited or trafficked young people. The aim of the service is to prevent their trauma from developing into longer-term mental health problems. The service began delivery in the summer of 2017</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.
A new Eating Disorder Service to ensure compliance with new standards	<p>A new Community Eating Disorders Service (CEDS) was commissioned by the five Hampshire CCGs and is now fully operational in line with the Access and Waiting Time Standard. The service is signed up to the national quality improvement programme (Quality Network for Community CAMHS) and regularly reports to commissioners on service use. The service is seeing higher than anticipated numbers of young people; this is also reflected in the numbers of young people being treated for Eating Disorders as inpatients.</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</p>



<p>Improved access to technological solutions that support young people's emotional wellbeing and mental health</p>	<p>CAMHS website and app The CAMHS website has been re-designed and launched; the service has worked with designers and young people to come up with a weather-based theme, and the site went live in early 2018. Sussex Partnership NHS Foundation Trust has released a series of online interactive tours showing young people around Hampshire CAMHS clinics. CAMHS have worked in partnership with children and young people to develop a free app called Mind Your Head. It is designed to support young people manage their feelings around anxiety and low mood, and allows users to see which local services are available to them. The website also provides advice and guidance for children, young people, parents and professionals</p>	<p>national targets. The CAMHS website has received 2,378 views since it launched in early 2018.</p>
<p>Additional provision funded by the CCGs in addition to the Future in Mind funding grant</p>		
<p>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</p>	<p>Psicon Ltd has been commissioned to provide a service to c.1000 children from October 2018 – June 2019. Providing assessment for autism diagnosis. An additional £0.9m has been invested</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>



Other notable services that have been provided

The Fit Fest website is a product of CAMHS innovation and engagement work. It is directly aimed at engaging children and young people in Hampshire to become more aware, more motivated and more empowered to make choices that enhance their health and wellbeing.

The site provides information about events for young people, as well as for parents/carers and professionals, and has a dedicated area offering advice and signposting information to other local and national organisations. Fit Fest is a collaborative project between CAMHS, the Hampshire Cultural Trust, the Supporting Families Programme and others, and has been enormously successful in engaging young people and school communities, and parents and carers.

The Hampshire Youth Access website provides access routes into all counselling services; it includes information about geographical locations of the service, access criteria and an online referral form which, provided it has been filled in correctly, allows for safe and consented sharing of information between Hampshire Youth Access and CAMHS.

The website provides information and advice for young people, parents/carers and professionals and signposting to other local and national services.

It also has a dedicated entry point to the online counselling portal, open to young people aged 14-17. The platform is secure, and as well as offering counselling it signposts young people to services that they can access in crisis.

CHAT-Health text service although not a directly-commissioned services, our school nursing provider – Southern Health NHS Foundation Trust – has rolled out a texting service for young people where they can access safe, accurate and timely information about all aspects of health – including mental health. Additional information about this service can be found in the table section.

As well as investing in the above new services and developments, health and local authority commissioners have worked with existing providers to expand the range of support available to children, young people and families in order to meet need. Many of these service developments have come about due to innovative and creative ways of working, as well as through making some non-recurrent funding available.

Other developments have been driven at Sustainability and Transformation Plan level.

The CCGs have invested additional non-recurrent funding into CAMHS to enable the service to improve waiting times.

A multi-agency Single Point of Access (SPA) has been implemented; it is staffed by CAMHS practitioners as well as No Limits counselling staff and Catch22 substance



misuse specialists, enabling more streamlined access to these services for children, young people and families.

Additional central funding has been secured for two counsellors who are based within the Youth Offending Service, providing specialist trauma and bereavement support to particularly vulnerable young people; this service started in 2017.

Police staff and other professionals responding to young people in distress have received appropriate training to better manage such situations; Hampshire has designated places of safety for young people who are detained, and commissioners are currently working towards having one dedicated young people-only space.

There are crisis response plans and pathways in place across the Sustainability and Transformation Plan footprint, with a focus on intervening earlier wherever possible.

A Safe Haven for young people opened in May 2016; in the year to April 2017 146 young people and 66 parents/carers accessed the service, with the majority of young people presenting with anxiety and depression.

Specialist perinatal services and support groups are available to new parents county-wide.

The i2i intensive community assessment and treatment service has worked with colleagues in acute settings to raise awareness of how to effectively support and manage CYP admitted on the grounds of mental health difficulties.

Training has been made available through Autism Hampshire and the Hampshire Parent Carer Network to meet the specific needs of parents/carers with children diagnosed with Autism/ADHD or with learning or other disabilities.

Hampshire County Council Inclusion team notify CAMHS of any children or young people who are at risk of exclusion on a weekly basis. This allows CAMHS to review whether those young people are currently receiving support, or waiting for an intervention. Not being in school is a significant risk factor for young people, and support for those waiting is expedited.

Solent NHS Trust delivering the Sexual Assault Referral Centre (SARC)

This is known as Treetops, which is located in Cosham, Portsmouth, and whose remit spans across Hampshire and the Isle of Wight. Since the launch of the SARC in 2006, 2168 people have visited the centre and received expert care and support following their involvement in what can only be described as one of the most traumatic experiences a person can suffer.

More often, people who have been raped or sexually assaulted are taken to the centre after having reported the incident to the police, but they may also be referred by support services such as Rape Crisis or Inscape, or make a self-referral by contacting the centre themselves.



The centre offers a supportive environment where specially trained doctors and project workers can see a client through forensic examination, getting counselling and ongoing support, screening for possible sexually transmitted infections, or reporting the incident to the police.

Frankie Workers

The Police and Crime Commissioners launched a dedicated counselling service for victims of child sexual abuse with funding extended for 2019/2020. The service, called Frankie Workers is inspired by Frankie, an adult survivor of child sexual abuse. The Isle of Wight Frankie Worker service is provided by children's charity Barnardo's and accepts self-referrals.

The Frankie Worker offers outreach therapeutic counselling to those aged 0 to 18 years who are traumatised as a result of being missing, exploited, trafficked or sexually abused. Individuals are seen for around 14 weeks (one session a week) depending on need.

What are we most proud of?

New Models of Care Crisis programme. The pilot phase has shown excellent evidence of improved outcomes for young people.

DBT work stream

The Dialectical Behaviour Therapy (DBT) work stream had two specific aims within the project. The first was to support staff working in community CAMHS, acute hospitals and tier 4 inpatient settings to have improved skills and confidence in talking with young people who are distressed and in crisis. This was to be achieved by providing a two day mixed provider DBT informed training delivered by a nationally recognised trainer. It was expected that this work would enable children, young people and their families to have staff from differing providers talking a similar language and having a shared understanding of their difficulties and what might help.

The second aim of the training was to enable staff within a variety of health providers from the community, acute hospitals and tier 4 settings to share best practise for families through sharing experiences, resources and processes and with each other in a regular DBT meeting.

A total of 137 staff from across the providers had been trained by the end of the forth cohort. Training was provided geographically across Wessex and Dorset to support staff access.



What Has Changed?

- Improved clinical coordination of tier 4 beds, leading to admission avoidance, increased confidence of staff to deliver crisis care.
- New Clinical Coordination role reduces the current ambiguity within the pathway and allows for escalation only when all other avenues have been exhausted.
- Discussions and scrutiny prior to any admission looks as what can be done differently or what can be put in place to prevent admission. Allows for clinical oversight and constructive challenge to determine the least restrictive treatment options
- The same person looking for a bed provides a consistency that has led to much more efficiency and less confusion as opposed to bed searches being handed from person to another with various levels of detail being handed across.
- Alignment with the work of NHS England specialist commissioning Case Managers has allowed for additional capacity to be created reviewing those young people placed outside of the county.
- Perspective of NHS England Case Manager has been that it has made a significant positive impact.
- In terms of consistency and clarity for those involved and this has been demonstrated by the significant reduction of young people in inpatient beds.
- Proactive Case Management gives a forum to look at those currently in inpatient unit and provides the challenge and scrutiny for 'stuck' cases to find alternative solutions to facilitate discharge back to the community. Having social care involved allows the expectations of the Social Services team to be included in the planning discussions for care enabling quicker discharge through proactive health and social care intervention combined.
- From an i2i (Hampshire urgent assessment and home treatment team) perspective the introduction of the crisis project has made a positive impact to the service. It has been effective to have designated individuals in this role enabling protected time to deliver the home treatment element of the service role which supports the work of the project and provides better outcomes for families. The i2i team has benefited from being able to have reflective discussions with Clinical Coordinator and Bed Manager regarding young people in crisis and together formulated plans that have prevented admission or enabled a more appropriate inpatient placement. i2i have also found it helpful for others to be involved in the practicalities of sourcing beds and attending meetings regarding admissions, releasing clinical capacity within the service..
- It is really positive that the Oversight Board has such commitment from partners in mental health and social care along with commissioning support and input from NHS England and third sector and private providers. The shared ethos of improving the system and experiences for young people and their carers and families has enabled organisational politics to be put aside with a common goal and agreement on the way forward.
- The roll out of the DBT training has been well received, and is already being delivered in practice to improve outcomes.



Comparing with the admission data from Hampshire CAMHS alone the numbers of admissions within the last quarter of the year has had a significant decrease from the previous quarters.

Hampshire CAMHS admissions

	Q2 2017/18	Q3 2017/18	Q4 2017/18
Number of children admitted to Tier 4 CAMHS provision	33	41	13

The data from Hampshire CAMHS alone demonstrates a significant difference in the number of out of county placements in the last quarter of the year in comparison to the previous.

	Q2 2017/18	Q3 2017/18	Q4 2017/18
No of children placed in Tier 4 CAMHS provision outside Hampshire	11	28	2
% of children in Tier 4 CAMHS provision placed outside Hampshire	33.0%	40.0%	12.8%

24 admission avoidances savings c£1m and 6 young people repatriated back to the local area

The programme of work has shown huge benefits for young people and as a result of the success; NHS England is now in the process of devolving budgets down to the Community Providers to manage locally.

The next phase of the New Models of care are to reduce the variation across the system relating to intensive community support, psychiatric liaison 24/7 and further work to support the crisis care concordat work plan.

Partnership Working with Hampshire Parent Carer Network (HPCN) 'Futures in Mind' Parenting Support'

“you have saved my life. I felt so alone, like no one else was going through this. Now I know it’s not just me and I can see an end to it. I cannot thank you enough” Parent of 15-year-old young person struggling with significant anxiety and low mood.

- Futures in Mind was launched in Spring 2017 when Hampshire Parent Carer Network and Parent Voice first started non-judgemental and supportive monthly sessions at Basingstoke CAMHS.



- By bringing together parent carers and members of the CAMHS team, a locally cohesive and supportive group was created which encouraged parent carers to focus not on what was wrong, but on solutions.
- Since then, programmes have been rolled out in Aldershot, Eastleigh, Fareham & Gosport, Havant, the New Forest and Winchester & Test Valley.
- All across the County parent carers are reporting that since attending Futures in Mind they have become empowered by the realisation that, whilst they might not be able to change the length of their child's waiting time, they still have access to tools, information and choices.
- With the support of the CAMHS team in each area, Futures in Mind sessions are promoted to all parents and carers with a child or young person on the CAMHS waiting list. Basingstoke is the busiest group and regularly welcomes 25+ parent carers to a session. On average sessions have 12 people at each group.

"A parent attended three Futures in Mind sessions. He told us that his daughter is struggling with depression. He felt isolated and unable to share his worries with other parents who weren't experiencing the same things he was. With Futures in Mind he found the opportunity to voice his concerns, and hear from our CAMHS guest speakers the different types of therapies available within the CAMHS Centre. From this, he recognised a particular type of therapy would suit his daughter. Working with the CAMHS team, he began therapy with his child and has already seen improvements. This opportunity to learn about the different therapies wouldn't have been likely without Futures in Mind."

Futures in Mind Coordinator

Benefits & Outcomes

- **REDUCED ISOLATION:** Often first-time attendees are feeling isolated, already stretched and teetering on the edge of crisis. Sitting and sharing with other parents who 'get it' is transformative.
- **INCREASED EMOTIONAL RESILIENCE:** Parent carers are empowered through specialist knowledge and support. They start to take initiative and make decisions for their children. They cease to be victims of misinformation and a landscape they feel they cannot change.
- **STRATEGY BUILDING FOR PARENT CARERS AND THEIR FAMILIES:** Group discussions and specialist speakers provide strategies that can help whilst waiting for appointments.
- **INCREASED OPENNESS:** An individual who has remained unsupported on a waiting list for months can become disheartened and oppositional. Providing parents with support and understanding while they wait means they are more likely to be open to meaningful engagement with the CAMHS service when they do reach their appointment date. Individuals come to see the CAMHS department as an







entity that is ultimately trying to help and support their child. They are less likely to view the team as obstructive and with-holding in terms of access.

- **INCREASED REALISM:** Through Futures in Mind parent carers start to understand that one appointment with the CAMHS service cannot solve everything and that all the answers they are looking for cannot POSSIBLY be provided by one CAMHS team member in an hour-long appointment.
- **FOSTERING COLLABORATION:** By supporting parents, it becomes a collaborative experience, and one filled with hope. It becomes a landscape that recognises need, rather than diagnosis and redefines an appointment as PART of the process, rather than the ultimate destination, which it isn't and never can be.

Together HPCN, Parent Voice and CAMHS continue to engage families on the CAMHS waiting lists in a productive and empowering way, knowing that together, better outcomes can continue to be realised.



Impact and feedback – what have people told us

	<p>The majority of people who accessed the services said they received good quality support and a caring professional</p> <p>"I felt welcomed. I have learnt that other people are thinking the same as me, but it just takes a person to open up. I definitely want to pass on what I've learnt to others".</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>"Talk to me. Listen to me. Don't just pass me on." Young woman "Everyone has a way of coping. Some use self harm." Young woman "Self harm experience is unique to each individual. I did it to cope with anger, being out of control" Young woman "This can be scary stuff for some practitioners to handle" Practitioner "I worry that I can make things worse" Practitioner 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 need to teach life skills. Like how to best cope with what life throws at you, managing money and bank accounts, not just maths." Young woman "All schools need counsellors" Young man "Teach our children to be resilient" Practitioner "We need to make sure we use our limited resources effectively. Therefore we need to understand what works in school that improves mental health." Practitioner "Some young people, and parents for that matter, are losing the art of communication. Happy to use text but don't like speaking with someone" Practitioner "Some local schools are too quick to label child as difficult including mental health issues and undertake a managed move. Problem (child) just gets moved to another school, nothing changes. Some moves are helpful but most do not deal with situation. Often to do with bullying. School doesn't do enough to deal with bullying." Practitioner "We want school to be positive experience." Practitioner 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>"Mental health needs to be addressed the same way as a physical injury" Young Person "I feel disregarded" Young Person "Older people now tend to think that mental instability is an excuse for behaving badly, when they don't fully understand how it affects people" Young Person "Need other practical solutions on offer, not just counselling and CAMHS" Practitioner "Waiting times are ridiculous. Not helpful for anyone. Child, parent or service" Practitioner</p>



	<p><i>“Reform of services and attitudes is needed on a bigger scale. You need to be ambitious about change” Young Man</i></p> <p><i>“Show me that you care. Don’t need all the answers, just listen and care about me. If referred to CAMHS don’t stop supporting me whilst I wait to be seen.” Young woman</i></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>
--	---

Meeting the needs of vulnerable groups

We are committed to continuing our work for our most vulnerable groups. The Transforming Care Programme will be a critical driver of change to support some of our most vulnerable young people. We have already highlighted demand for services for children and young people with Autism is high, so ensuring we have good services in place both for young people and adults will be crucial to our success.

Transforming Care Partnership

The Transforming Care Programme was established in the wake of the Winterbourne View scandal to achieve a transformational change to service delivery and redress the health and care inequalities for people living with a learning disability and/or autism in England. The programme is underpinned by Building the Right Support, NHS England’s new service model for individuals with learning disabilities and/or autism, which outlines a move towards delivery models to support more individuals to live independently in the community, with specific plans to reduce the number of individuals living in residential and inpatient settings.

These principles are aligned with national and local strategic priorities as outlined within the NHS Five Year Forward View, (it is expected that the NHS 10 Year Plan will be published before the Government’s next Spending Review), the Care Act 2008, the Better Care agendas and the Strategic Transformation Plans (STP’s). The Southampton, Hampshire, Isle of Wight and Portsmouth (SHIP) Transforming Care Partnership (TCP) will contribute to the delivery of these key strategies, supporting the delivery of person-centred, strengths-based and co-ordinated health and social care, and support through delivery against its vision to “Build on a Child, Young Person’s or Adult’s unique strengths and abilities, getting it right for the person first time through ensuring there is the right care in the right place at the right time that is consistent across the SHIP TCP”.

This means bringing to an end the delivery of one size fits all solutions that do not meet individual needs, resulting in regular residential and hospital admissions along with restrictive regimes being put in place.



Specifically the Transforming Care Partnership is working towards:

- Implementing early intervention and prevention agendas to avoid people being admitted to hospital, this includes supporting good physical health as well as mental health and having learning disability friendly GP practices
- Improving access to timely assessment, diagnosis and support (which may be required life-long).
- Appropriate intensive and crisis support
- Increase the number of Annual Health Checks
- Improve health outcomes, e.g. via screening programmes
- Participating in the roll-out of STOMP (Stopping Over Medication Of People with a learning disability, autism or both)
- Closing the life expectancy gap between people with Learning Disability, and/or autism and the general population
- Reducing the number of inpatients in specialist learning disability units
- Reducing the length of stay for those individuals requiring assessment, diagnosis and treatment within inpatient settings.
- Improve the training, support and development of all support staff, including unpaid and family carers (including Learning Disability awareness training for mainstream and not just specialist services)
- Bringing people back who are living in residential placements out of the Hampshire & Isle of Wight area, reducing the need for care away from home, their families and communities
- Increase the offer and uptake of personal budgets
- Increase the number of personal assistants available in the region
- Work with providers to expand and build upon the use of Positive Behavioural Support rather than physical interventions as a means of managing behaviour that challenges
- Establish robust care planning processes, including relapse prevention strategies with pre-agreed funding in place either directly funded or via personal budgets to help keep people well
- Establish a community forensic rehabilitation service
- Develop a joint Regional approach to Housing Development and a portfolio of housing options for individuals.
- Care and Treatment Reviews (CTR's) are being carried out to reduce the number of children and adults being admitted to learning disability and mental health hospitals.



Some groups of children and young people have adverse childhood experiences, we are committed to ensuring we have specialist support in place to support these young people.

The Willow Team

The Willow Team is a multi-agency team that specifically addresses the needs of children who repeatedly go missing, or are at risk of exploitation and/or trafficking.

The team operates across the Hampshire Local Authority area and receives referrals from Hampshire's Multi Agency Safeguarding Hub (MASH) relating to children who are not currently open to Children's Social Care and where concerns are raised that they are at risk of exploitation/missing or being trafficked; and/or children who are in contact with known perpetrators of child exploitation. We will be continuing with our investment and partnership working with this service.

Solent NHS Trust delivering the Sexual Assault Referral Centre (SARC)

This is known as Treetops, which is located in Cosham, Portsmouth, and whose remit spans across Hampshire and the Isle of Wight. Since the launch of the SARC in 2006, 2168 people have visited the centre and received expert care and support following their involvement in what can only be described as one of the most traumatic experiences a person can suffer.

More often, people who have been raped or sexually assaulted are taken to the centre after having reported the incident to the police, but they may also be referred by support services such as Rape Crisis or Inscape, or make a self-referral by contacting the centre themselves.

The centre offers a supportive environment where specially trained doctors and project workers can see a client through forensic examination, getting counselling and ongoing support, screening for possible sexually transmitted infections, or reporting the incident to the police.

Frankie Workers

The Police and Crime Commissioners launched a dedicated counselling service for victims of child sexual abuse with funding extended for 2019/2020. The service, called Frankie Workers, is inspired by Frankie, an adult survivor of child sexual abuse. The Isle of Wight Frankie Worker service is provided by children's charity Barnardo's and accepts self-referrals.

The Frankie Worker offers outreach therapeutic counselling to those aged 0 to 18 years who are traumatised as a result of being missing, exploited, trafficked or sexually abused. Individuals are seen for around 14 weeks (one session a week) depending on need.



Social Care Transformation and meeting the needs of vulnerable groups

Moving forward, services to families will be delivered through multi-disciplinary teams/hubs. Social work teams will be supported through specialist staff from other partner agencies and organisations

Key principles of children's services approach to working with families:

- Whole family approach
- Based on developing trusted relationships between professionals and family members
- Variable intensity of support across phases – more intensive initially to engage and motivate the family then flex and scale to meet the changing needs of the family
- Intensive support will be provided through a specific role meaning more time spent with the family on a weekly basis over a number of months

Specialist support

- Available to families within priority cohorts and meet threshold for intensive support
- Delivered interventions through mix of 1:1 and group work
- Interventions will be evidenced based
- Nature of each intervention will vary and depend on specialist worker
- Can sign post to other services and support within the community
- Support social workers through training/awareness raising sessions and consultation – can be on any of their cases

For a 2 year period 4 FTE staff will be seconded from CAMHS to Children's Services. Current expectation is that specialist staff will be deployed across East and West areas of Hampshire meaning they can support priority families within any of the 4 districts within each area. This is to allow as much flexibility as possible in allocating specialist resource to families that will see the greatest impact.

- To provide expert psychodynamic clinical consultancy, support anchored within a model of normal child development to staff working with Children and Young People both at high risk of entering care or already in care
- Direct therapeutic work with families, children and young people allocated to Children's social care
- Provide expert guidance and support to staff in children's social care teams in carrying out specialised assessments of the young people in their care
- To act as expert resource by providing consultancy, support and advice to managers responsible for providing services within the local authority
- Support to Health and Social Care Colleagues
- Participation in strategy, review and development meetings related to the Children in Care Mental Health Specialist Service
- Specialised psychological assessments of children and young people known to Specialist CAMHS and the CIC (Children in Care) Mental Health Service
- Direct therapeutic work with children and young people referred by Specialist CAMHS clinicians and managers
- Support to parents or carers of children and young people referred by Specialist CAMHS clinicians and managers



- Clinical Supervision to Specialist CAMHS colleagues either individually or as a group. Clinical Supervision to Health, Social Care Colleagues and Trainee Therapists
- Attend Professional CPD Meetings
- Participate in Clinical Supervision

Health & Justice

Specialist Trauma Counsellors x two (2) Specialist Trauma Counsellors based in the Hampshire Youth Offending Service/Team.

Mental health problems in children and young people cause distress, impact on educational attainment and social relationships, and life chances and physical health. 50% of lifetime mental illness starts by age 14, and 75% by age 18. Failure to address these problems can lead to problems that span a lifetime, with significant consequences for the individual and wider society.

Many of the children and young people, including unaccompanied seeking asylum children in contact with the youth justice system in Hampshire will also be known to children's social care and be among those children and young people who are not in education, employment or training. Addressing their health and wellbeing needs should help reduce health inequalities and reduce their risk of re-offending.

NHSE Health and Justice Work stream is focused on those children and young people who are in receipt of services from some or all of the following:

- In the Youth Justice System, including in custody and detention;
- Presenting at Sexual Assault Referral Centres;
- Liaison and Diversion;
- Welfare placements in the Children and Young People's Secure Estate

*Or children and young people whom may be at risk (before they present to one (or more) of the above.

Treatment can include: Somatic experiencing, CBT (cognitive behaviour therapy) and EMDR Eye movement desensitisation and reprocessing).

The Counsellor will provide effective and evidence-based interventions, for example; NICE Clinical Guidelines (depression), (anxiety) (Post Traumatic Stress Disorder) and (Attachment Difficulties).

Face-to-face therapeutic support will be child and young person centred and tailored to individual need and presenting problems. As such the Counsellor must be able to provide a range of different interventions.

All therapies/counselling will be delivered in line with the BACP (British Association of Counselling and Psychotherapy) or UKCP (UK Council for Psychotherapies) guidance and standards.



Early Intervention in psychosis

Southern Health Foundation Trust provides the early intervention service in Psychosis for children age 14 and over. Younger children are seen by CAMHS.

The service assesses treats and supports young people who are or who maybe in the early stages of a psychotic illness.

Treatment and support are offered in persons home and in local places in the community.

The team will carry out an initial screening followed by an assessment to find out more about any problems people may be experiencing and to establish what the needs are.

The treatment and support received will be tailored to individual needs. Some of the ways people get help include:

- Educating individuals, friends and family about psychosis
- Creating plans to help people through crisis
- Medication
- Working with families or guardians
- One-to-one support
- Supporting children in young people in education or employment
- Assisting children and young people to carry on with everyday life



Workforce (HIOW STP Workforce Work stream)

The Workforce and Organisational Development leads across HIOW continue to work together on programmes aligned to shared aims to:

- Improve workforce capacity and planning across the Hampshire and Isle of Wight system
- Redefine a sense of team for all within the Hampshire and Isle of Wight Health and Social care system
- Offer flexible and creative career options across Hampshire and Isle of Wight

COLLABORATIVE BANK



Finance Directors have been working together to develop proposals for a collaborative bank across the STP. This works with existing banks to offer a stage 2 alternative before organisations need to use agency staff.

Staff will be informed this is the route for them to work for any NHS Trust other than their own within the HIOW Health system. Similar plans are taking place within social care to ensure local authorities work together to avoid agency use unless absolutely essential.

Discussions are now taking place at Executive level within Trusts to ensure Boards are prepared for this initiative and the STP executive group will be discussing this for agreement/next steps in November.

This is an important piece of work because using conservative estimates of the impact of the proposed model on bank fill rates drawn from experience in other early adopters, we believe that this could deliver savings of over £5m over a three year implementation period and show a return on investment ratio of 5:15.

The anticipated 'go live' date for this is Spring/Summer 2019 allowing for a robust implementation plan

PORTABILITY



NHS trust staff can now move between similar organisations in HIOW and take with them their pre-employment checks (DBS, ID, Right to work etc) and statutory and mandatory training records.

This will not only save money but time and resources in undertaking this work and speed up the time to start work in the new role. This will be rolled out to CCGs shortly and discussions to progress within local authorities and general practice are taking place over the coming months



Key Milestones set in 2017 and how we did

Through the refresh process and Key Lines of Enquiry in 2017/18 the following milestones emerged and were delivered

Milestone	Target Date	Outcome
Completion of Joint Strategic Needs Assessment	end Nov 2017	Achieved
Sign-off of refreshed Local Transformation Plan at Health and Wellbeing Board	end Dec 2017	Achieved
Completion of Equality Impact Assessment to make explicit which health inequalities are being addressed by the Local Transformation Plan	end Dec 2017	Achieved
Review arrangements for all-age liaison psychiatry and make new recommendations / put plan in place to enact recommendations	end Dec 2017	Achieved
Ensure systems are in place for routine reporting of Early Intervention in Psychosis service access by young people aged 14-18 (non-CAMHS provider)	end Dec 2017	Achieved
Completion of children and young people's emotional wellbeing and mental health strategy 'Starting Well' and setting of priorities to address vulnerable children and young people's needs	early 2018	Achieved
Complete review of access to Children and young people Increasing access to psychological therapies (IAPT) training by non-health staff	March 2018	Achieved
Comprehensive review of workforce needs across the system including review of parallel work being undertaken by Health Education Wessex	April 2018	On-going
Review all provider contracts to ensure specific requirements about data flow to MHMDS are included	April 2018	Achieved
Review and include baseline data for all services using standard datasets	April 2018	Achieved
New Models of Care for Tier 4 will be evaluated to measure outcomes and benefits of the work programme	April 2018	Achieved
A comprehensive review of Neuro-developmental services will be undertaken. Recommendations will be considered and taken forward to reshape future service provision.	April 2018	Achieved



Managing Risk

As with all plans there are certain risks which we need to own, manage and plan mitigation. Responsibility for delivering on particular work streams is often delegated to a number of organisations, who in turn have their own risk management protocols. Multiagency governance arrangements oversee these.

Our directly-commissioned services are required to provide assurances regarding risk management for examples such as performance against targets or business continuity issues which are managed through contract monitoring.

Our 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 provides to ensure that accurate CYP Access date 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>



What Will We Do Next? Our Plan for 2019

The Service	Summary	What We Plan to Do	The Vision
Counselling Services for Children and Young People	From April 2016 we have funded counselling support for children aged 5 -17 across Hampshire. Although the service meets the needs of a substantial number of children by offering short term therapeutic support it has become clear that there are some gaps in provision, and we are reviewing alternative options to commission these services in a different way, to increase reach and support available.	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
Evidenced Based Parenting Programmes	Barnardo's Hampshire Specialist Parenting Support Services began delivering groups in September 2016. It offers programmes for parents of children and young people aged 5-17 that are diagnosed with Autistic Spectrum Conditions and/or ADHD, display challenging behaviours associated with mild-moderate conduct disorders or are teenagers displaying anti-social behaviour including child of parent violence. Practitioners work in close partnership with colleagues from local authority Family Support Services and the Supporting Families Programme.	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.



Support for young people who have been sexually abused or exploited	In an innovative joint venture, Hampshire's Police and Crime Commissioner, together with the Hampshire 5 and Isle of Wight CCGs have funded a three-year dedicated specialist counselling service for victims of child sexual abuse and exploitation. The Willow Team are based within a dedicated Hampshire County Council children's services team, and are key to delivering on the local authority's strategy for missing, exploited or trafficked young people.	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.
Autism services re-design pre and post diagnosis pathways	In July 2018 approximately 1000 children and young people were identified as waiting an unacceptable length of time for an Autism Assessment within the current Hampshire CAMHS service. The CCG procured a provider to work alongside Hampshire CAMHS and deliver a new Autism Diagnosis service for Hampshire. This new provider will clear the backlog by the end of July 2019 at the very latest.	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.
Vulnerable children	We recognise that across Hampshire there are particular groups of children are particularly disadvantaged and we want to implement a number of ways of working which will impact on their life chances.	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
New Care Models	We want to build upon the success of the New Care Models Crisis programme	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
Psychiatric Liaison	developing a 24/7 psychiatric liaison offer within each of our acute systems	working at scale we can develop a workforce model that enables	all young people in crisis have access to



		coverage and support at times when it is most needed	timely support and intervention
Adolescent Unit	We recognise that some children can have episodes of acute mental health trauma. These children don't always get the best possible service.	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
Workforce Development	We recognise our most important asset is our workforce. We need to ensure we have a sustainable and resilient workforce that can manage within the complex adaptive environment we operate within.	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
Engagement with children and young people	We understand the importance of learning from our service users and ensuring young people are engaged in the design of new service models	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
Review and deep dive of specialist camhs service	We know that young people have experienced unacceptably long waiting times. We want to review the service specification and demand and capacity within the system to ensure we are making best use of resources	We want young people to support our service review and re-design and we have appointed a Graduate Trainee to help us	Children and young people will be able to help share their experiences and ideas on service re-design



Key Lines of Enquiry (KLOE's)	LTP page ref	Rating
Will the LTP be both refreshed and republished by the deadline of 31 October 2018 with checked URLs, ensuring it is available on partner websites and in accessible formats for CYP, parents, carers and those with a disability?	N/A	
If the plan is not refreshed by the 31st October 2018 deadline, has the CCG confirmed a progress position statement on the refresh on their website?	N/A	
Is the LTP appropriately referenced in the STP? Does the plan align with the STP and other local CYP LTPs? (CCGs are requested to provide a paragraph on alignment)	32,38	
Does the LTP include baseline figures (15/16), updated figures (16/17, 17/18) and planned trajectories for:		
- finance (LTP investment and other wider investment that contributes to deliver of transformation)	14,24	
- staffing (WTE, skill mix, capabilities)	38,40,43,44	
- activity (e.g. referrals made/accepted; initial and follow-on contacts attended; waiting times; CYP in treatment) with a clear year on year plan that demonstrates how performance will improve in line with access targets and increase capacity to deliver evidence based interventions?	19,23,24	
Does the refreshed LTP clearly evidence engagement with CYP and their parents/carers from a range of diverse backgrounds, including groups and communities with a heightened vulnerability to developing a MH problem, including CYP with Learning Disability/Autism spectrum disorder/Attention deficit hyperactivity disorder (ADHD)?	31	
Does it evidence their participation and co-production in:		
- governance	40,5,8,12,40	
- needs assessment	16	
- service planning	28,34,38,40	
- service delivery and evaluation	12	
- treatment and supervision	36,5	
- feedback to inform commissioning and services	31	
Have the following relevant partners been consulted about the proposed key priorities of the refreshed LTP for 18/19:		
- the chair of the Health and Wellbeing Board and their nominated lead members	N/A	
- Children's Partnership arrangements	N/A	
- specialised commissioning	N/A	
- local authorities including Directors of Children's Services and Local Safeguarding Children's Boards	N/A	
- local Transforming Care	N/A	



Partnerships		
- local participation groups for CYP and parents/carers	N/A	
Are there clear and effective multi-agency governance board arrangements in place with senior level oversight for planning and delivery and with a clear statement of roles, responsibilities and expected outputs?	7	
Does the plan evidence a strategy on how to track and improve progress over the plan's period that includes KPIs? i.e. show yr1, 2, 3 etc.	3 to 6	
Does the plan portray a culture of collaborative working across agencies and evidence of where stakeholders have worked in partnership to reduce fragmentation in commissioning and service delivery, including all key investment and performance information from commissioners and providers within the area?	3 to 6	
Does the plan demonstrate links with other key strategic reforms and plans for children and young people with MH conditions, for example Transforming Care and special educational needs and disability (SEND)?	3 to 6	
<u>2. Understanding Local Need</u>		Rating
Is there clear evidence that the plan was designed and built around the needs of all children and young people and their families locally who have or may develop a MH problem, including particular attention to groups and communities with a known heightened prevalence of MH problems, including CYP with LD/ASD/ADHD?	15	
Does the LTP demonstrate how the needs of disabled children and young people, including those with a learning disability, autism or both will be met?	26,32	
Does the plan evidence a strong understanding of local needs and meet those needs identified in the published Joint Strategic Needs Assessment (JSNA), whilst also identifying where gaps exist, with evidenced based plans in place to address these?	15	
Does the plan make explicit how health inequalities are being addressed?		
Does the plan contain up-to-date information about the local level of need and the implications for local services, including where gaps exist and plans to address this?	2 to 6	
<u>3. LTP Ambition 2018-2020</u>		Rating
Does the LTP identify a system-wide breadth of transformation of all relevant partners, including NHS England Specialised Commissioning, the local authority, third sector, youth justice and schools & colleges, primary care and relevant community groups?	3,4,5	
Does the LTP align with the deliverables set out in the Five Year Forward View for Mental Health with a clear vision as to how delivery will be different in 2020 and how this will be evidenced?	3,4,5	
Does the plan evidence the whole system of care including:		
- prevention and early intervention, including universal settings, schools, colleges and primary care	3,4,5	



- early help provision with local authorities, Public Health and Directors of Children`s Services	3,4,5	
- evidenced – based routine care	3,4,5	
- crisis care and intensive interventions	3,4,5	
- identifying needs, care and support for groups who may require alternative intervention types or settings or further outreach services, such as those who have experienced trauma or abuse, 3 or more adverse childhood experiences (ACEs), looked after children , children with learning disabilities, isolated communities, groups with historically poor access to mental health services, those at risk of entering the justice system. This is not an exhaustive list and will vary depending on area	3,4,22,26,35,39	
- inpatient care	24,27,28,23	
- specialist care e.g. CYP with learning disabilities or forensic CAMHS	34	
Where New Models of Care are being tested is there a commitment to continue to invest LTP monies beyond the pilot?	3,9	
Does the LTP evidence: a) commissioning practice and b) local operating procedures which promote and encourage prompt referrals and access to services? e.g. does the plan describe proactive work to support those working with CYP to promptly and appropriately refer to CYPMHS?	5	
Does the LTP clearly set out, based on the best available evidence, the expected and/or intended impact of local prevention services on the wider pathway and on the outcomes for CYP using the services?	5	
Does the plan map out services provided directly by schools to support emotional wellbeing and MH? Are these co-ordinated with services commissioned by CCGs and Local Authority?	15	
Does the LTP include work underway with adult MHS to link to liaison psychiatry in line with the requirements in the Five Year Forward View for Mental Health for CCGs to commission improved access to liaison mental health services?	39	
Does the LTP include joint agencies sustainability plans going forward beyond 2020/21?		
4. Workforce		Rating
Does the LTP include a multi-agency workforce plan or align with wider STP level workforce planning?	38,40,43,44	
Does this include schools and colleges?	38,40,43,44	
Does the workforce plan identify the additional staff required by 2020 and include plans to recruit new staff and train existing staff to deliver the LTP's ambition?	38,40,43,44	
Does the workforce plan include CPD and continued training to deliver evidence based interventions (e.g. CYP IAPT training programmes), including resources to support this?	38,40,43,44	
Does the plan include additional workforce requirements? E.g. to train and retain Wellbeing Practitioners for CYP and additional staff for CYP 24/7 crisis care and dedicated eating disorders services where this is not already in place?	38,40,43,44	
Does the workforce plan detail how it will train staff in skills to work with children with specific needs e.g. children and young	38,40,43,44	



people with learning disabilities, autism or both, ADHD, and communication impairments?		
Does the workforce plan detail the required work and engagement with key organisations, including schools and colleges, and detail how the plans will increase capacity and capability of the wider system?	38,40,43,44	
5. Collaborative and Place Based Commissioning		Rating
Does the LTP include concrete plans to develop and implement joint place based commissioning (between CCGs and specialised commissioning) for integrated urgent and emergency care, including admission avoidance?	10,11	
Does the LTP include the CYPMH pathway across an appropriate footprint, demonstrating the interdependency of the growth of community services aligned with recommissioning inpatient beds, including plans to support crisis, admission prevention and support appropriate and safe discharge?	10,11	
Is the role of the STP reflected in joint place-based commissioning plans?	10,11	
Is there evidence of clear leadership and implementation groups in place to oversee progress of place based plans?	10,11	
6. Health and Justice		Rating
Does the LTP detail how it is ensuring that there is full pathway consideration for CYP in contact with Health and Justice directly commissioned services and services being commissioned through the CYPMH Transformation Team, including those:	36,27,35	
-within and transitioning to and from the Children and Young People Secure Estate on both welfare and youth justice grounds	36,27,35	
-receiving specialist or forensic CAMHS (specifically high risk young people with complex needs)	34	
-Interacting with liaison and diversion services	36,27,35	
-presenting at sexual assault referral centres (SARCS)	26	
-in crisis care related to police custody	36	
7. Children and Young People's Improving Access to Psychological Therapies (CYP-IAPT)		Rating
Does the LTP evidence where CYP IAPT and its principles have been embedded across local CYP MHS in all sectors? These include: - collaboration and participation - evidence-based practice - routine outcome monitoring with improved supervision	37,39	
Are there local arrangements in place to support the participation of staff from all agencies in CYP IAPT training, including salary support? Does it include staff who are in other sectors than health?	37,39	
Are there sustainability plans for CDP to ensure existing and new staff continue to be trained in evidence based interventions?	37,39	



8. Eating Disorders		Rating
Does the LTP identify current performance against the Eating Disorder Access and Waiting Time standards and show improvement from the baseline measure?	3,15,24,37,40	
Where relevant, does the plan clearly state which CCGs are partnering up in the eating disorder cluster?	3,15,24,37,40	
Where in place, is the community eating disorder service (CEDS) in line with the model recommended in NHS England's commissioning guidance?	3,15,24,37,40	
Is the CEDS signed up to a national quality improvement programme?	3,15,24,37,40	
9. Data - access and outcomes		Rating
Does the LTP recognise the requirement for all NHS-commissioned (and jointly commissioned) services, including non-NHS providers, to flow data for key national metrics in the MH Services Data Set (MHSDS)? Does it set out clear expectations on all commissioned providers to flow data directly or via a lead information provider?	40,26	
Does it set out the extent and completeness of MHSDS submissions for all NHS-funded services across the area, and where there are gaps set out a plan of action to improve that data quality?	40,26	
Is there evidence local areas are implementing routine use of outcomes monitoring as recommended by CYP IAPT principles? And is there evidence of a plan to increase the number of paired scores in the MHSDS?	40,26	
Is there evidence in the LTP that data on key ambitions like access (and ED) are routinely monitored and used?	40,26	
Is there evidence of the use of local/regional data reporting and use to enhance local delivery e.g. local CYPMH dashboards?	40,26	
Is there evidence the Clinical Network or other expertise have been part of discussions on improving data and reporting?	40,26	
Does the LTP include evidence that all providers commissioned by the CCG are flowing accurate data?	40,26	
If not is there a plan described to ensure this happens?	40,26	
10. Urgent & Emergency (Crisis) Mental Health Care for CYP		Rating
Does the LTP identify (a) that there is a dedicated 24/7 urgent and emergency mental health service for CYP and their families in place or (b) that there is a commitment with an agreed costed plan, clear milestones, and timelines in place to provide a dedicated 24/7 urgent and emergency mental health service for CYP and their families?	24,26,27,43	
If no, does the LTP identify that there is a commitment with an agreed costed plan, clear milestones, and timelines in place to provide a dedicated 24/7 urgent and emergency mental health service for CYP and their families?	24,26,27,43	
Is there evidence that reasonable adjustments are being made to ensure there is appropriate urgent and emergency (crisis) mental health care for disabled children and young people particularly those with learning disabilities, autism or both?	24,26,27,43	



Is there evidence that the urgent and emergency mental health care for CYP has locally agreed KPIs, access and waiting time ambitions and the involvement of CYP and families, including monitoring their experience and outcomes?	24,26,27,43	
<u>11. Integration</u>		Rating
Does the LTP include local delivery of the Transition CQUIN and include numbers of expected transitions from CYPMHS and year on year improvements in metrics?	7	
<u>12. Early Intervention in Psychosis (EIP)</u>		Rating
Does the LTP identify an EIP service delivering a full age-range service, including all CYP over the age of 14 experiencing a first episode in psychosis and that all referrals are offered NICE-recommended treatment (from both internal and external sources)?	37	
<u>13. Green Paper</u>		Rating
Has the site applied to be a trailblazer site?	15	
If not, is there a plan to apply in future years?	15	
Is there evidence of how this will integrate with the existing transformation plan?	15	
<u>14. Other</u>		Rating
The LTP is a five-year plan of transformation. Does the plan include: <ul style="list-style-type: none"> - a transformation road map - examples of projects which are innovative and key enablers for transformation - examples of how commissioning for outcomes is taking place? 	3	
Does the plan highlight key risks to delivery, controls and mitigating actions? E.g. workforce issues, procurement of new services not being successful or delayed, issues related to MHSDS and flow of local data? Where risk had been identified is it highlighted within this plan?	40	
Does the plan highlight innovation that can be shared as 'best practice? In particular: digital innovation that is used with CYP, parents and carers, schools and colleges and other partners as a tool for tackling stigma, and promoting MH prevention and treatment?	24,25	
Does the plan state how the progress with delivery will be reported, encouraging the transparency in relation to spend and demonstration of outcomes?		
Does the plan show how funding will be allocated throughout the years of the plan?	14	

