

The NHS logo, consisting of the letters 'NHS' in white on a blue rectangular background, is centered within a light gray hexagonal shape.

# Hampshire Wellbeing Board

Starting Well Update



Hampshire  
County Council

March 2020

# Starting Well Priorities

---

1. Implement the Emotional Wellbeing & Mental Health Strategy recommendations

---

2. Increase mental health support in schools

---

3. Using technology to support better mental health

---

4. Promote physical activity

---

5. Reduce the proportion of women smoking at the time of delivery

---

6. Support breast feeding

---

7. Co-design, collaboration and procurement to enable system integration

---

8. Partnership working on continuing health care

---

9. Work with partners to build resilience in children and their families

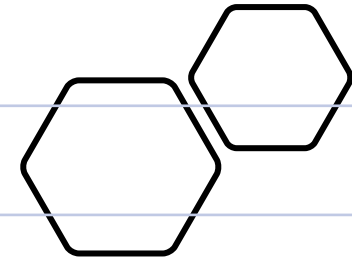
---

10. Improve support to families and young people with problematic drug and alcohol use to mitigate the impact of substance misuse and domestic violence

---

11. Improve outcomes for children in receipt of children's social care through technology-enabled care (TEC) and collaborative working

---



# 1. Implement the Emotional Wellbeing & Mental Health Strategy recommendations

## Baseline

When looking at PHE 3 year trend data:

- Hampshire currently have hospital admission for self-harm (10-24yrs) significantly higher than England 626.2/100,000 compared to 444.0/100,000 (2018-19)
- Hampshire currently has hospital admission rates mental health conditions higher than England 98.6/100,000 compared to 88.3/100,000 (2018-19)

## Aims

- Develop a strategy to reduce hospital admissions for self-harm and mental health conditions over the next 3-5 years to bring Hampshire into line with England rates for:
  - Hospital admission rates for self harm among children and young people (10-24)
  - Hospital admission rates for mental health conditions among children and young people (0-17)

## Activity Completed/Underway

- Hampshire EWBMH for CYP Strategy launched  
<https://documents.hants.gov.uk/public-health/EmotionalWellbeingChildrenYPStrategy.pdf>
- Communications plan in delivery to promote awareness of the strategy.
- Task and Finish group for each of the six Priority Areas established.
- Self-Harm Toolkit in development.
- Analysis of school survey response completed and shared amongst partners
- Launch of Hampshire Health in Education website providing information and advice, teaching resources and training.
- Progression of investment plans to transform contact capacity in Hampshire CAMHS and tackle waiting times for assessment/treatment.
- CYP loss and bereavement resource produced and shared
- Partnership established to embed consistent approach to Trauma Informed practice

## Post Covid Challenges

- Lots of different work going on to address need particularly in education settings. Need to establish good evidence base of scale of need, interventions and sustainability.
- Working at an ICS level to respond to Covid MH impacts upon children, young people and families
- Continuation of CYP Mental Health Transformation Board work streams to improve:
  - CAMHS Access and waiting times for assessment / treatment
  - Provision for children and young people in mental health crisis
  - Collaboration around commissioning for prevention, early help and targeted outreach services
  - Developing quality, outcomes and delivery of the NHS Long Term Plan.

# 2. Increase mental health support in schools

## Baseline

Historically Mental Health support in schools has been limited to liaison between specialist CAMHS services and schools, with additional paid for support relating to psychological wellbeing from Educational Psychology services.

DfE and the DoH have announced two national programmes to transform mental health support for schools and to enable schools to adopt a whole school approach to mental health: Mental Health Support Teams in Schools (MHSTs) and the Link Programme.

## Aims

- At least 25% of the schools' population covered by 2023 by the MHST programme. The Link Programme can be potentially all schools.
- Wave 3/4 expressions of interest focussed upon getting teams installed into schools in 4 CCG areas with no such provision at present. For HloW this means prioritising the following areas to complement the two MHSTs secured during Wave 2 in Gosport and Havant, which go live in January 2021.
  - North East Hants and Farnham CCG – Rushmoor – Expression of Interest Unsuccessful
  - North Hampshire CCG – Basingstoke – Expression of Interest Unsuccessful
  - West Hampshire CCG – Test Valley & New Forest – Expression of Interest Unsuccessful
  - Isle of Wight CCG – Island wide – Expression of Interest successful (2 teams)

## Activity Completed/Underway

- The Havant and Gosport teams have fully recruited into their two Mental Health Support Teams in schools that Hampshire successfully bid for in Wave 2.
- Training commenced in January 2020 and interventions start from January 2021.
- Mobilisation for existing teams is being overseen by Sussex Partnership Foundation Trust (SPFT) - Hampshire CAMHS.
- SPFT have already trained some school ambassadors who will link in with MHSTs as these are key to the collaborative model for partnership.
- Anna Freud centre is rolling out the school Link programme across England. The CCG Partnership's Maternity and Child Health team is coordinating this across a further four groups of schools during the Autumn 2020 term (focussed on Fareham and Gosport and South East Hampshire to complement the MHSTs offer and test the approach. Other areas will be the focus from Jan 2021.

## Post Covid Challenges

- There is an emerging national concern relating to the recruitment of qualified NHS Band 7 mental health supervisors. Where this has become a problem it could undermine the efficacy of the model which is highly prescriptive. Commissioners are working closely with the SPFT service to monitor recruitment issues associated with future MHST waves. It was not a problem for Hampshire in Wave 2.
- The MHST selection process is competitive and there are fewer teams than CCGs. Rigorous competition will likely mean fewer MHSTs than we want. Three of the four expressions of interest for new teams in mainland Hampshire were unsuccessful.
- Whilst there are no specific caps on participation in the DfE/DHSC funded Link programme for schools, there are cost and resource implications for CCGs. CCGs are working with Hampshire CAMHS and IoW CAMHS to roll out the Link Programme from Autumn 2020. Hampshire CAMHS and commissioners are also working with HCC to support delivery of the Wellbeing for Education Return programme funded by the DfE.

# 3. Using technology to support better mental health

## Baseline

- Think Ninja Self Help Smart phone App – commissioned from May 2019. Up to 85,000 licenses for the App commissioned as a flagship digital component of Hampshire system-wide mental health offer service. Fewer than 1,000 licenses are currently activated.
- Healthier Together is an established digital platform, App and resource intended to provide easy access to information about the full range of health services for children and young people, including mental health resources. No reliable baseline of App downloads is centrally reported, but the service is now locally commissioned.
- DadPad is now available to all Hampshire families to support partners of new mothers in the months following a birth. Baseline of roll-out to be established in 2019-20.
- Specialist CAMHS referrals consistently above 674 capacity per month in 2019-20.

## Aims

- By December 2021 up to 85,000 children and young people will have been offered the Think Ninja app across Hampshire and the Isle of Wight.
- Ongoing increases in referrals to Community Counselling and Tier 3 CAMHS services will bring CAMHS referral levels to less than 674 per month to support more timely assessment.

## Activity Completed/Underway

- Schools introduced to Think Ninja, with support from HCC Inclusion Managers.
- Individual schools being targeted to act as champions for rollout of Think Ninja App.
- Comms are being developed to promote GP promotion of Think Ninja App.
- Opportunities to promote the Think Ninja App with community groups (Social Prescribing) are also being explored.
- Participation work planned with parents, children and young people around digital utilisation to inform future service design and investment in digital transformation interventions.

## Post Covid Challenges

- Promoting take up of the Think Ninja App, which has increased dramatically since March 2020. The timetable for delivery of the rollout may need to be revised and much greater take-up would be needed to see a reduction in referrals to CAMHS and community Counselling services.
- Contract monitoring of community CAMHS and Counselling services has been interrupted within the NHS by Covid-19 and are only now being reinstated.
- Digital take-up is behind schedule and more work is needed with children, young people and families to inform the utilisation of technology to support better health, including mental health. Work is being undertaken with the Healthier Together digital platform to standardise digital content around self help and management resources over the remainder of 2020-21.

# 4. Promote physical activity

## Baseline

- Year 2 data 2018-19
  - Number of CYP active every day (18.3%)
  - Number of CYP active every week (26.2%\*)
  - Number of individual respondents (2445)
- Numbers have remained broadly static – this is a new data set, working through schools randomly. It is premature to consider any trend. What we can say is that insufficient numbers of CYP are undertaking activity which would be beneficial for positive health outcomes.
- Next data set due to be published December 2020, which potentially will have been affected by COVID-19 school closures.

\* Data collection and reporting has changed for this indicator making comparison difficult. Clarification is being sought and revised indicator will be supplied)

## Aims

- Increase in the number of CYP active every day doing 60 minutes or more of moderate/vigorous activity (18.5% baseline)
- Increase in the number of CYP active across the week who are doing 60 minutes or more on any day (26.2% baseline\*)
- Number of schools selected to be part of the Active Lives (CYP) Survey completing the survey (Individual respondents 2527)

## Post Covid Challenges

- H&WB Board asked to note the development of new joint Physical Activity Strategy led by Energise Me (Active Partnership) and Public Health working with health (NHS) and other Children's Services teams. This will include CYP.
- Engaging schools to embed physical activity through whole school approach – culture, removal of barriers, training and confidence, participation in Active Lives CYP survey. Linking up being active in school, in families and in community – whole system approach.

## Activity Completed/Underway

- Partnership developed between Public Health, Energise Me, Outdoor Education (Children's Services), Early Years (Children's Services), Active Travel (Economy, Transport & Environment) and Health in Educational Settings and other agencies to increase number of active CYP.
- This partnership has considered the results from the Hampshire Schools' Surveys led by the Health in Education Settings lead, which provides some pupil and teacher insight into physical activity and PE. This is being developed into an action plan which it is anticipated will be taken forward as schools and early years recommence in September 2020.
- Supporting digital resources have been updated in light of COVID-19. For reference these include – [Daily Activity](#) (Energise Me) [Hampshire Health in Education](#) (Public Health) [Physical Education and Outdoor Education](#)(Children's Services) [Active travel to school](#)(Economy, Transport & Environment)
- Joint innovations between partners during COVID-19 and beyond:
  - 'With schools and early years settings affected by COVID-19 work to increase activity levels of children and young people has been challenging. Partners including Energise Me and Outdoor Education (HIAS PE) working with School Games Organisers have developed a digital PE offer which schools have been able to promote to pupils via parents and carers. This offer is continuing through the school holidays with the [Trek to Tokyo Challenge](#).
  - Active Travel have again worked on encouraging active travel for transitioning pupil year groups and have been supporting the return to school messaging.
  - The Annual PE Conference will now be offered to Hampshire & IOW schools as a digital event. The theme this year will highlight the positive impact physical activity has on emotional wellbeing and mental health.

# 5. Reduce the proportion of women smoking at the time of delivery

## Baseline

### In 2015/16

Smoking at time of delivery (SATOD) in Hampshire was **9%**. Approximately **53% (627)** of pregnant smokers were referred for stop smoking support by maternity services .

**8.2% (107)** set a quit date and **38% (41)** stopped smoking for 4 weeks

*(Data source: Hampshire Stop Smoking Service, Contract year 2015/16).*

## Target

As set out in the Hampshire Smoking in Pregnancy Strategy 2017-20:

- Reduce SATOD in Hampshire to 7% by 2020.
- Increase referrals of pregnant smokers to Hampshire stop smoking service to 100% using an opt out system by 2020.
- Increase the uptake of stop smoking support by pregnant smokers with 50% of referrals setting a quit date by 2020.
- Increase the 4 week quit rate to 55% and the 12 week quit rate to 25% of those setting a quit date by 2020.

## Progress on Targets – in 2019/20

- **A steady, but slow reduction in smoking in pregnancy, in line with a national trend.**
- SATOD in Hampshire is **8.7%**
- Vast geographical inequality in Hampshire SATOD rates remain, ranging from 1.6% to 25.7%
- Incomplete data\* for 2019/20 indicates increase in numbers of maternity referrals to the stop smoking service to **752**, with **360 (48%)** quit dates set, **148** pregnant 4 week quitters (**41%**) and **82 (23%)** pregnant women quit for 12 weeks

*\*Data source: Hampshire SSS, 2019/20 contract year – from Oct. 2019 to Sept. 2019 not yet complete*

## Activity/Project

- A strategic whole systems approach has been set up across Local Maternity System (LMS) areas, with established, multi-agency Smokefree Pregnancy Steering Groups coordinating activity.
- Referral Pathways to stop smoking services have been established with systems for auditing CO monitoring at 'booking-in' appointments.
- Midwives provided with new CO monitors and training to ensure a consistent message and approach.
- Evidence based, stop smoking in pregnancy support provided by SSS or in-house from the midwifery team.
- Launch due of a smokefree pregnancy communications campaign for pregnant women, families and professionals across Hampshire.

## Post Covid Challenges

- Support from senior management in each NHS Trust as part of a smoke free Trust approach; developing a Trust-wide offer of stop smoking support to meet requirements in [NHS Long Term Plan](#).
- Developing a joint strategic approach across Hampshire and Isle of Wight with co-ordination across the LMS and Wessex Academic Health Science Network (Patient Safety Collaborative, NHS England and NHS Improvement and Public Health commissioners).
- Ongoing difficulties with prioritising access to midwives for training, exacerbated by Covid
- Progress made with CO monitoring at appointments now challenged by restrictions in taking CO readings
- Discrepancies between effectiveness of maternity referral systems amongst trusts, exacerbated by redeployment of staff during Covid.
- Emerging trends in conception and smoking rates associated with the pandemic, that may have consequences for rates of smoking in pregnancy

# 6. Support Breastfeeding

## Baseline

- Number of partially or totally breast fed babies at 6-8 weeks remains consistent and is better than the bench mark. New way of recording data is demonstrating a higher rate of breastfeeding - most recent data 54%. (The target is 50% but efforts to increase breastfeeding continue).

## Aim

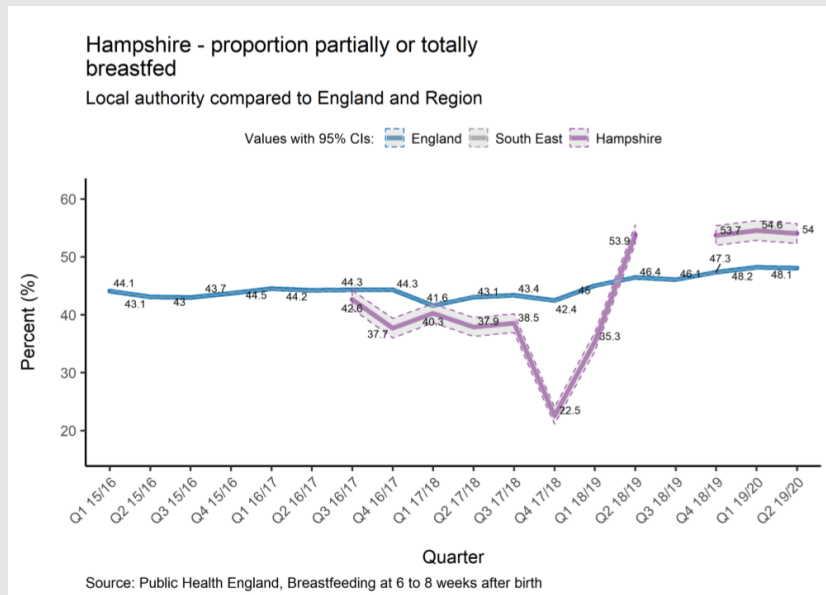
- Increase in mothers continuing to breastfeed at 6-8 weeks.

## Activity Completed/Underway

- Southern Health's Health Visitors are working towards Unicef Breast Feeding Initiative (BFI) Gold Status (the highest level of breastfeeding support).
- High Impact Area (HIA) Board infant feeding group led by Southern Health.
- The Local Maternity Service (LMS) have committed to maternity services working to achieve Unicef BFI accreditation. This will help align Maternity and Health Visiting approaches to supporting mums.
- The LMS are appointing a programme manager to lead their infant feeding group which will link in with the Hampshire HIA Partnership Board infant feeding workstream.
- Agreement of LMS funding for Hampshire/Isle of Wight wide Dadpad licence for 4 years includes breastfeeding information around how Dads can support breastfeeding mums. Work to localise the product is being led by HHFT.
- 0-19 Public Health Nursing Service, launch of [Hampshire Healthy Families](#) website providing advice and support in a timely way

## Post Covid Challenges

- Consistent messaging and advice around breast feeding from all professionals whom a mum / baby may come into contact with.





# 7. Co-design, collaboration and procurement to enable system integration

## Baseline

- Few jointly commissioned contracts for services, often of relatively low value and with short term funding agreements
- No pooled budgets
- Engagement during procurement stage, but limited at co-design stage

## Aims

- Establish an effective Joint Commissioning Board to facilitate identification of opportunities and provide shared accountability
- Identification of joint strategic commissioning priorities, starting with mental health crisis care and S117 wraparound support
- Where appropriate, evaluate opportunities for pooled budgets and shared resourcing.
- Apply to become a national Children and Young People's Integration Pilot site - Application deadline 15<sup>th</sup> April.

## Activity Completed/Underway

- Review and rationalisation of governance landscape between Children's Services, Public Health and the CCGs
- Joint Commissioning Board established and Terms of Reference approved
- Review of ICS governance and priorities underway.

## Challenges

- Tension between local versus at-scale development of priorities – local decision-making needs to be joined up at an ICS level to ensure equity of access to services across the county.
- Collaboration at a Hampshire and Isle of Wight level means interfacing with the multiple governance regimes of 3 local authorities (i.e Health and well-being Boards).
- Competing demands for resources across health and social care.

# 8. Partnership working on continuing health care

## Baseline

Number of children jointly funded

- Pre MARP 2018/19 Q3 11
- 2020/21 Q1 35

## Aims

- Governance and processes are in place to support joint decision making regarding eligibility and funding for Continuing Care and Section 117 After Care.
- The process for agreeing eligibility and funding for Continuing Care and Section 117 After Care is efficient and effective with clearly defined roles and responsibilities and decision making documented.
- One source of data is developed which shows the whole picture of children in the Continuing Care and Section 117 After Care pathway.

## Activity Completed/Underway

- Introduction of a joint pathway for consideration of cases which require intervention from health, social care and/or education which has moved online successfully.
- The Hampshire Multi Agency Resource Panel (MARP) provides the forum for joint agreement regarding eligibility and funding contributions Continuing Care and Section 117 After Care.
- Processes are working well and next steps are to move towards standardising funding contributions to further streamline the process and continue to develop multi agency partnership working.
- An appeals process has been implemented for any professionals or service users wishing to challenge the MARP decision.

## Challenges

- The number of complex cases which require joint arrangements relating to challenging behaviour are increasing and may require a different eligibility assessment.

# 9. Work with partners to build resilience in children and their families

## Baseline

- 65% of families referred for an Intensive Worker/Specialist worker in 2019 had at least one trigger trio issue present.
- Emotional /mental health was the primary need identified in families stepping up from level 3 to level 4.

## Aims

- Increase family resilience thus reducing the demand for social care interventions by;
  - keeping more children and young people safely at home through prevention and reunification
  - working with partners to embed a whole family approach to meet the needs of both children and parents thereby improving safeguarding and improving outcomes for whole family.

## Activity Completed/Underway

- CAMHS / Substance misuse Specialist workers are co-located in social care delivering interventions to 'priority cohort' families.
- A successful test & learn project was completed with DWP worker co-located in a Care leavers Team. Partnership working, led by the DWP, is currently scoping community based Youth Hubs
- Scoping exercise has been undertaken in relation to current relationships between Adult Wellbeing Centres and children's social care.
- TSC Partnership Manager scoping opportunities to work with new and existing partners to meet identified needs.

## Issues/Challenges

- The impact of Covid on children's social care resources– both in terms of the anticipated increase of 10-15% in demand but also the increased need of existing families who have struggled as a consequence of Covid and seen an escalation of risks and issues
- There is no identified sustainable funding for the majority of Specialist roles after March 2021. This will impact on service delivery and therefore impact outcomes for families. Discussions are in progress to identify Children's Services requirements and partnerships to meet shared outcomes.

# 10. Improve support to families and young people with problematic drug and alcohol use to mitigate the impact of substance misuse and domestic violence

## Baseline

- Young people (under 18) in specialist substance misuse services - 437 (18-19)
- Number of young people whose parents are accessing substance misuse services offered support (Year to date) – 0 (no service in place (18-19))

## Aim

- Young people with problematic drug/alcohol use are able to access specialist substance misuse treatment. Target is for 315 young people to access treatment.
- Children are offered support where parental substance misuse is identified. Target of 30 young people access support.
- Increase number of substance staff trained in DA risk assessment

## Activity Completed/Underway

- 49% increase in young people (under 18) in substance misuse treatment - 651 (Q4 19-20)
- New young people's substance misuse service up to 25 years.
- Family Recovery Workers embedded working with Children's Services. Over 400 parents supported since the service began in July 2018.
- Bespoke service for children with substance misusing parents – 49 young people accessing support (Q4 19-20)
- All frontline staff in substance misuse service trained in use of DA risk assessment.

## Post Covid Challenges

- Managing capacity / level of demand of the Young Peoples Substance Misuse Service with an increased age (18-25 years) and complexity of cohort
- Reduction in referrals for targeted (short-term) support from Education settings during COVID-19
- Uncertainty of funding for FRW posts from April 2021.
- Managing capacity / level of demand (volume and complexity) on domestic abuse services with identification of C&YP being exposed to DA during lockdown.

# 11. Improve outcomes for children in receipt of children's social care through technology-enabled care (TEC) and collaborative working

## **Baseline**

- Since the service was launched in Children's Services in 2015, over 100 CYP have been assessed and there are currently 70 active users.

## **Aims**

- To enable greater independence, safety and welfare tracking whilst providing a cost effective alternative to physical support.

## **Activity Completed/Underway**

- Trailblazing pilot – UK's first Children's Residential Care TEC explored in Hampshire with confirmed benefits to the individuals and the Council.
- Ongoing positive feedback from families using TEC, and professionals referring for the service.
- Working with DCTs and OT to mainstream the service and fast-track eligible cases through CAP, including a new off-line referral form (coming out in May 2020).

## **Post Covid Challenges**

- Public perception of seeing TEC as a "money saving" scheme as opposed to its focus on improving outcomes could be impacting on uptake.
- Further education is required to increase the volume of referrals to the service.

Questions?

