

# Summary of Southampton's Transformation Plan for Children and Young People's Mental Health

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This summary document should be read in conjunction with the original transformation plan which contains much more depth and detailed plans, it should also be read in conjunction with the mental health matters consultation feedback. Links below to both documents

<http://www.southamptoncityccg.nhs.uk/mental-health-services>

<http://www.southamptoncityccg.nhs.uk/news/decisions-made-on-the-future-of-mental-health-services-in-southampton-789/>

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## 1. Introduction

- 1.1 Southampton City Clinical Commissioning Group, Southampton City Council and their partners from both the health and voluntary sector are committed to “promoting, protecting and improving our children and young people’s (CYP) mental health and wellbeing”. Whilst there are already areas of very high quality provision within the city we recognise that dramatic and significant changes and improvements are needed in order to ensure that all children and young people in Southampton, including those with particular vulnerabilities, can easily access high quality, outcome focussed, and evidence-based services appropriate to their need, when required.
- 1.2 This document is an updated summary of the full Transformation Plan and sets out how we will as a city, follow the national guidance set out in Future in Mind to develop services and an over-arching service model which responds to Southampton’s specific needs and vulnerabilities and makes best use of its strengths.
- 1.3 Southampton City CCG was successful in a bid to NHS England (made in 2014) to lead and accelerate collaborative commissioning arrangements for CYP’s mental health. This included work to build on the joint commissioning arrangements between Southampton City Council and Southampton City Clinical Commissioning Group further developing the work started by the formation of the Integrated Commissioning Unit (ICU). Key aims of the work were to improve joint commissioning across health, social care and education at Tier 2/3 and to also look at collaborative commissioning across the transition age span to 25. Following this piece of work and the release of Future in Mind, the CCG and City Council have completed ‘Mental Health Matters’ a review of mental health services across the City.

## 2. Mental Health Matters Southampton

- 2.1 In 2014 Southampton’s Health and Wellbeing Board decided to instigate a full review of mental health services for all age groups, due to concerns being raised about current services and a wish to focus on early intervention and prevention services. As part of the review a mental health matters workshop event took place in December 2014. This event was attended by individuals from NHS, private and voluntary providers, service users, carers and public health. The main feedback from this event was that people wanted the opportunity to be part of the review and have a ‘blank page’ approach.
- 2.2 In August 2015 engagement officially started with the publishing of Mental Health Matters which set out proposals (offered as a first draft) for mental health services in the city and requested the views of all stakeholders to help us to shape it further. Great effort has been taken to ensure we have engaged with all stakeholders including CYP, parent/carers, schools and GP’s and with hard to reach groups.
- 2.3 This review will help strengthen our transformation plan and provide a strategy that has been shaped by CYP and their families.
- 2.4 The engagement process ended on 16th October, the information and views collected have helped to design and inform new models across mental health for all ages. Formal consultation took place between December 2015 and April 2016. Final analysis of the consultation has now been undertaken and the final document published. This will enable implementation of new models.

## 3. Transformation Plan Investment

- 3.1 Due to the timelines for the Mental Health Review most of the initial year’s Transformation Fund money was dedicated to ‘system enabler’ schemes that were designed to allow providers to be best placed to undertake the large scale change that is required to deliver on the vision of Better Care Southampton, the Mental Health Matters review and Future in Mind. Ongoing recurrent use of the Transformation Fund will focus on crisis care, one stop shops/community based treatment/early intervention and treatment, and the development of a 0-25 CAMHS team.

3.2 The local priority work streams identified for this year (2015/16) as shown below:

Work stream	Budget Allocation	Recurrent Investment	Details
1	£50,000.00	£50,000.00	<b>Navigators</b> - to support children, young People and their families to access the services most appropriate to their needs. This navigation function will also support professionals and 'hold' clients through periodic check-ins.
2	£65,000.00	£65,000.00	<b>Community solutions</b> - including a worker, peers support and grants/training
3	£50,000.00	£50,000.00	<b>EIP</b> - Supplement existing EIP team with CAMHS clinicians to become evidence compliant and to ensure that CYP are being seen within EIP teams and not remaining in CAMHS. MDT sessional input and pathway development to include CAMHS consultant psychiatrist sessions, mental health nurse and Systemic Family Therapy sessions.
4	£140,000.00	£140,000.00	<b>CYP ED Service</b> - Supplement of existing team to ensure compliant. Includes dietician, prescribing nurse, CBT-E therapist and occupational therapist, full details in chapter 6.
5	£120,000.00	£120,000.00	<b>Early Intervention</b> - Extend primary care mental health worker role to all schools in the city and develop a Schools Forum for primary schools. Introduction of engagement worker role within CAMHS to assist with these priorities and engagement including with hard to reach groups, some focussed work for training of public health nurses.
6	£80,000.00		<b>Community Group work</b> - Piloting of expanding existing Teen Safe House service (age bracket and scope of provision). Piloting of new community based support groups to support larger cohort of children and young people in the community. (Continuation of pump priming initiatives )
8	£152,500.00	£152,500.00	<b>Crisis Care Services</b> - Improvements to crisis care services for children and young people
8	£40,000.00	£40,000.00	<b>Counselling Provision</b> - Pilot options for expanding counselling provision including opportunities to develop digital streams and collaborative work with schools
9	£100,000.00		<b>Waiting times</b> -Supplement existing CAMHS teams to tackle current waiting times. Focus on Autism assessments and CBT which currently still have long waiting times. Pilot Saturday clinics and extension of working hours, evaluate patient feedback and take up of these services. (Continuation of pump priming initiatives)
10	£60,000.00	£60,000.00	<b>Commissioning</b> - supplement exiting commissioning resources to enable smooth implementation of transformation plans and continued commissioning capacity
11	£17,500.00	£17,500.00	<b>Mental Health Alliance</b> – Contribution to ageless alliance to bring together service users, carers and providers
	£875,000.00	£695,000.00	Total
	£695,000.00		Transformation budget
	£180,000.00		Other additional investment

3.3 The updated finance for 2016/17 is shown below for the increased budget allocation of £652,981:

Work stream	Budget Allocation	Recurrent Investment	Details
1	£50,000.00	£50,000.00	<b>Navigators</b> - to support children, young People and their families to access the services most appropriate to their needs. This navigation function will also support professionals and 'hold' clients through periodic check-ins.
2	£65,000.00	£65,000.00	<b>Community solutions</b> - including a worker, peers support and grants/training
3	£50,000.00	£50,000.00	<b>EIP</b> - Supplement existing EIP team with CAMHS clinicians to become evidence compliant and to ensure that CYP are being seen within EIP teams and not remaining in CAMHS. MDT sessional input and pathway development to include CAMHS consultant psychiatrist sessions, mental health nurse and Systemic Family Therapy sessions. Existing members of staff will be used and an increase in consultant psychiatrist time (3 sessions) has been recruited to.
4	£140,000.00	£147,156.00	<b>CYP ED Service</b> - Supplement of existing team to ensure compliant. Dietitian and prescribing nurse recruited to with CBT therapist and Occupational Therapist out to advert.
5	£202,678.00	£202,678.00	<b>Early Intervention</b> – Two early intervention workers recruited (Band 5) with a further one out to advert (Band 6). Extend primary care mental health worker role to all schools in the city and develop a Schools Forum for primary schools, recruitment of 3 primary support workers 17/18 and option to extend by a further 3 in 18/19 with further increase in CAMHS Transformation Funding.
6	£59,034.00	£59,034.00	<b>Crisis Care Services</b> – Crisis care lead recruited and will oversee further changes within crisis services
7	£40,000.00	£40,000.00	<b>Counselling Provision</b> – Extend existing counselling provision to include developing digital streams and collaborative work with schools
8	£36,800.00	£36,800.00	<b>Learning Disabilities</b> – Increase psychology and nurse input into learning disabilities team
9	£60,000.00	£60,000.00	<b>Commissioning</b> - supplement exiting commissioning resources to enable smooth implementation of transformation plans and continued commissioning capacity – service development officer recruited
10	£17,500.00	£17,500.00	<b>Southampton Mental Health Alliance</b> – Contribution to ageless alliance to bring together service users, carers and providers
11	£20,000.00	£20,000.00	<b>Peer Support</b> – Group work with embedded peer support development
12	£51,969.00		<b>Community Group Work</b> – Continuation of pilots to test market needs and inform future needs.
	£792,981.00	£748,168.00	Total
	£792,981.00		Transformation budget

## 4. Promoting resilience, prevention and early intervention

4.1 Southampton is a city committed to prevention and early intervention, our Primary Prevention and Early Help Joint Commissioning Strategy states that Southampton's vision is "An Early Intervention City with multiagency service provision that works to ensure children's needs are met at the earliest stage. Where possible, and children's welfare is assured, these needs will be met within their family and community resources."

- 4.2 The Southampton Healthy Ambition service replaced Southampton's school nursing service in April 2015. It delivers public health nursing, and leads delivery of the 5-19 year old elements of the Healthy Child Programme. One of the key priorities for the service is emotional wellbeing and mental health.
- 4.3 Better Care Southampton have developed a pilot to test out the role of Community/Family Navigators. The role of this navigation is to receive and make referrals from/to primary care and cluster teams and provide information about how to access and where necessary directly link people community resources. They will also provide the point of contact to access other universal services, provide active follow up to discover if the identified solution is working or if the person needs additional support to take action or other solutions. Furthermore to map community resources and local organisations, encourage people to up load information on to either the Southampton Information Directory (SID) or Placebook and identify through a process of coproduction gaps in community resources to improve health and wellbeing. The intention is that this will then be rolled out more extensively across Southampton and will cover mental health more fully.

### Key Priorities

#### Current

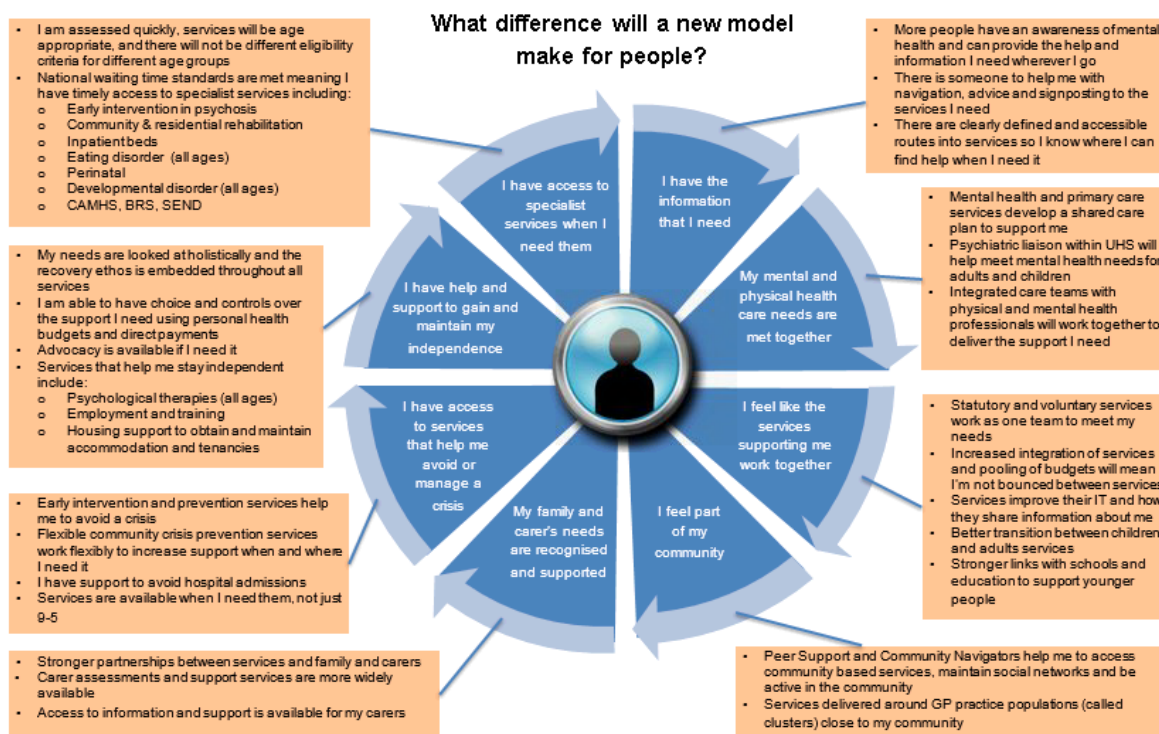
1. Continue to develop whole school approaches to promoting mental health and well-being.	
1.1. On-going evaluation and development of Southampton's new Healthy Ambition service to ensure school nurses are leading and delivering the Healthy Child Programme 5-19 and working effectively at community, family and individual level and that the Emotional Health & Wellbeing workers are fully embedded in the service and linking to the CAMHS team.	G
1.2. Work with schools to ensure a more consistent use of counsellors and the Department for Education's guidance on evidenced-based school counselling across the city.	A
2. Develop prevention and early intervention services, including harnessing learning from the new 0-2 year old early intervention pilots.	A
3. Complete planning and execute a citywide anti-stigma event with Time to Change for the autumn to coincide with World Mental health day.	G
4. Develop whole family approach and whole family service offer available within the city.	A
5. Continue to explore opportunities to reduce incidence and impact of post-natal depression including monitoring and potential service development of, midwifery, health visiting and FNP services and the NHS commissioned specialist perinatal service.	A
6. Explore opportunities to better utilise links with PSHE networks to develop whole school approach the prevention and early intervention agenda.	A

#### Future

- 1. Enhancing existing maternal, perinatal and early years health services and parenting programmes
  - 1.1. Prepare for potential waiting times standards in relation to pregnant and post-natal women accessing Mental Health services, including mental health supervision and training for health visitors, IAPT drop-in at children's centres and outreach from P8T groups
  - 1.2. 0-2 year old early intervention pilots
- 2. Incentivise development of new apps to support self-care
  - 2.1. Continued development of CAMHS app BASE
- 3. Evaluate Community Navigation role with specific regard to CYP and families and to further extend this model throughout the City.
- 4. Develop a 'Southampton' PSHE curriculum

## 5. Improving access to effective support – a system without tiers

- 5.1 Mental Health Matters, the review of all mental health services within Southampton which has already begun, along with national and local policy and strategy will guide the redesign of our current model. We have already begun moving away from the tiered model in several areas and our future model will create new and develop existing pathways of care which work across the continuum of need from universal support through to the most intensive and targeted interventions including specialist inpatient.
- 5.2 The diagram below shows how our model will work in practice for our population ensuring that there is easy access to the most effective support for each individual's needs.



- 5.3 Many mental health services including many of those for children and young people will join with other health and social care services to form integrated teams based around GP practice populations (called 'clusters') as part of Better Care Southampton, putting patients at the center of their own care planning and taking a more whole person approach to care. There is a focus on prevention and early intervention and building on the role of individuals in managing their own health and wellbeing.
- 5.4 No Limits (Southampton's youth information advice and counselling provider) already has a 'one stop shop' service for under 26 year olds and from November 2015 Solent (Southampton's CAMHS provider) began a pilot of a single point of access (SPA) which incorporated the functions of initial telephone triage with families, choose and book system for appointments and telephone advice line.
- 5.5 A common theme that has been identified in Southampton is the need for all services to be identifying children that are living with parents with mental health problems and ensuring that all services work better to develop a whole family approach.
- 5.6 By undertaking a workforce review and developing a workforce strategy including training and development needs we will ensure that our future service model delivers a wide range of NICE compliant therapies including CBT and systematic Family therapy to meet our populations needs.
- 5.7 There is much on-going work engaging with hard to reach CYP in Southampton. We plan to re-evaluate learning and replicate some of the work done in 2013 by No Limits consulting with disadvantaged young children for the GP Champions Youth Health pilot which consulted with 43 young people who had multiple and complex issues.

- 5.8 Southampton has a significantly higher rate of mental health admissions than all of our statistical neighbours, this may at least in part be attributed to variations in admission policies between acute trusts but will need to be investigated further during our re-modelling.
- 5.9 Southampton also sees significant numbers of CYP self-harming and has recently analysed the numbers being seen by the DSH team in the emergency department but also those seen within the 'one stop shop' service provided by the voluntary organisation 'No Limits'. We plan to extend the DSH service within the city.
- 5.10 Developing stronger links between services for CYP with Learning Disabilities (LD) and mental health problems is also a priority for Southampton. The CYP disability service JIGSAW has recently been integrated within the 0-25 SEND service, there has been investment in this team and funds have been diverted to enhance both the CAMHS and SEND team. The addition of 3 sessions of CAMHS consultant time to support clinical supervision for the wider SEND team and also to deliver assessments, interventions and acting as a bridge for specialist/complex pathways such as autism and CYP with LD and complex mental health problems. There is also an LD nurse that works half their time in the SEND team and half within the CAMHS team. Developing a much clearer pathway between specialist SEND services and the new locality based Integrated Universal and Targeted services which are due to go live in April 2016 is a priority to ensure that these teams are much better supported to meet the needs of children with SEND in their local communities.

### Key Priorities

#### Current

1. Expansion of deliberate self-harm service, increasing hours initially to six days a week but with an end goal of 7 day a week service.	A
2. Complete Southampton's comprehensive review of all mental health services and develop/re-model in-line with its conclusions and national and local strategy	G
2.1. Move away from tiered system to a more flexible needs based model based around seamless pathways of care and support.	A
2.2. Explore the expansion of one-stop shops from bases such as No Limits 3 centres within Southampton	A
2.3. Explore where and how CAMHS will fit within Better Care model in Southampton, multi-disciplinary teams, single points of access	A
2.4. Self-referrals in to all teams	R
2.5. Development and introduction of extended 0-25 CAMHS service.	A
3. Explore options to utilise work around school link pilot project – named points of contact within CAMHS, schools and GPs	A
4. Explore development of Joint training programme	G
5. Further develop and strengthen links between CAMHS and LD and SEND services including work around Care Treatment Review's.	A
6. Finish evaluating current peer support programmes and be led by service user engagement as to how this needs to be developed to more fully meet needs	G
7. Crisis Care Concordat local plans	G
8. Development of a Community Eating Disorder service	G
9. Evidenced based pathways for community based care	
9.1. Expansion of intensive home treatment teams	A



9.2. Develop clearer pathways including for step-down provision and discharge from inpatient care	A
10. Mental health and behavioural assessments in admission gateway for YP with LD/challenging behaviour	R

**Future**

1. Universal Local Offer
2. Waiting time standards for eating disorder service and early intervention in psychosis team
3. On-line information and support
4. Develop improved data around crisis/home treatment for under 18's and the use of section 136
5. Development of primary care mental health teams

## 6. Community Eating Disorder Service – Southampton, Portsmouth and the Isle of Wight

- 6.1 The children and young people's eating disorder access and waiting time standard was released in July 2015 and set the direction for improve access and waiting times and the evidenced based treatments offered. The model of care prescribed in the 'Access and waiting time's standard for children and young people with an eating disorder -Commissioning Guide, July 2015' is making recommendation for a viable evidence based eating disorder service which will engage with children young people their families and carers, delineating clear referral pathways, but also providing localised care, in a timely manner.
- 6.2 The recommended model requires a population footprint of at least 500,000. It is not currently possible to co-commission a Hampshire wide ageless eating disorder service due to the Hampshire CCGs being in the process of procuring a new provider of CAMHs services.
- 6.3 Portsmouth, Southampton and the Isle of Wight are therefore working together on a joint initiative that meets the criteria of minimum recommended population. The collaboration between Southampton and Portsmouth is further along due to sharing the same provider (Solent NHS Trust) and we are in the early stages of working with the Isle of Wight CCG. Due to obvious difficulties with the Isle of Wight being an island this will need a larger piece of work to consider how the services can work together to align current services. Our ambition in the longer term is to extend this collaboration further to include the rest of Hampshire and to develop a pan-Hampshire ageless service, which the Hampshire 5 CCGs are also committed to discussing further.

**6.4 Population Footprint of collaboration**

CCG	Weighted population
NHS Southampton CCG	245,755
NHS Portsmouth CCG	221,654
NHS Isle of Wight CCG	145,854
<b>Total</b>	<b>613,263</b>

- 6.5 The Eating Disorder money allocated to each CCG for 2016/17 is as follows:
  - o Portsmouth           £110,000
  - o Southampton       £140,000
  - o Isle of Wight       £77,000

**6.6 Current Service model in Southampton**

- 6.6.1 Currently specialised CAMHS in Southampton provides assessment and treatment for children and young people and their families or carers, with eating disorders, drawing on the best available evidence. A comprehensive package as recommended by NICE is available and includes Cognitive Behavioural Therapy (brief CBT and CBT – enhanced), Cognitive Analytical Therapy (CAT), Family/Couple Therapy, Carer and family Support Group. There is a nursing team who can offer more intensive community support, extended hours and input to parents via the parent group. There are also close links to specialist inpatient teams both at the general hospital and the local inpatient adolescent unit.
- 6.6.2 There is a multi-disciplinary team working closely and flexibly with children and their families and others that are important to them. Links with primary care (GPs, to ensure safe management of the physical risks that often accompany an eating disorder) and secondary mental health services are in place, in order to provide a comprehensive package of care. The out-patient service is open Monday to Friday from 8.30am to 5.00pm excluding bank holidays. The intensive community support services are more flexible working more extended hours and currently offering a parent group in the evenings 6-8pm.
- 6.6.3 A typical outpatient treatment package for anorexia nervosa might last between 20 and 40 sessions. For bulimia nervosa, the typical treatment packages range from 10-20 sessions, although these can be extended depending on individual need. Programmes are available for those stepping down from in-patient care or for those wanting more intensive support than that provided in out-patient treatment alone. The intensive community programmes offer nursing nutritional input, supported mealtimes and a range of therapeutic groups, aimed at supporting individuals to address the psychological issues underlying their eating difficulties. The nutritional dietary recommendations are based on the (weight gaining) plan delivered at Leigh House Hospital, (Tier 4 inpatient provision). Moderations are made to the plan when children and young people reach a position of their optimal maintenance weight. This is also undertaken in negotiation with the primary care services. These programmes are currently run in Southampton five days a week. The structure of the treatment allows time practised and integrated into everyday life. The process of admission and discharge is also supported, for those needing an episode of in-patient care.
- 6.6.4 There is a confidence that the package offered matches recommendations in the NHS England paper 'Access and waiting time's standard for children and young people with an eating disorder -Commissioning Guide, July 2015'. Waiting time compliance is already within the recommended timeframes, however more work is needed to accurately collect this information and capture it. Working with children and young people with eating disorders is integral to specialist CAMHS, which results in a comprehensive assessment, management of risk and governance, keeping skills updated for all staff.

**6.7 Outcome measures**

- 6.7.1 The service currently uses objective outcome measures: CGAS, EAT Questionnaire, RCADS, (for common co-morbidities). They also use height/weight checks and CT scans for delayed menstrual status in girls. The teams offer a variety of ways for users and carers to give feedback about the service development.
- 6.7.2 The parent support group in Southampton is actively involved in giving carer feedback and have been involved in writing a care package brochure given to newly diagnosed families. As part of the on-going service evaluation feedback is asked for at discharge.

**6.8 Number of Eating Disorder cases seen in Southampton – Please note data for 2016/17 currently being collated and 2015/16 investigated due to migration of computer system**

2012/2013	2013/2014	2014/2015
49 cases	46 cases	35 cases

**6.9 Current staffing levels in Southampton**

Professional group	Whole time equivalents	Work undertaken
Consultant psychiatrist	2 sessions	offering case management + mental health assessment + consultation/ liaison with professionals
Community nurses	3 full time band 6	offering community working in the homes, meal supervision in homes and schools, liaison with GP, +

		nutritional advice to families and professionals
Family therapist	5 sessions	offering family therapy + couple work + parent group
Psychologists	4 sessions	offering CBT –E individual therapy, + Supervision
Psychotherapists	2 sessions	offering individual CAT + family parent groups + supervision
Paediatrics in local general hospital	As required	offering physical assessment and short term admission
Nurse- led groups	1 session from 2 band 6 nurses	Offering short term anxiety group.

### 6.10 Current Waiting Times in Southampton

An initial review of waiting times for eating disorder referrals into our CAMHS service for 14-18 year olds in 2014 has highlighted that 68.9% of CYP are seen within 4 weeks but as yet we are not able to link this to classification of need at time of referral (see table below). As discussed above current data subject to more investigation due to migration issues.

Time till assessment	Number	%
Within 24 hrs	0	0
1 week	7	24.1
4 weeks	13	44.8
Over 4 weeks	9	31
DNAs	5	
Referrals	34	

longest wait 14.3 weeks

### 6.11 Identified gaps in the service

6.11.1 Currently there is no access to a dietician, which is recognised in the model of care NHS England have recommended.

6.11.2 The teams would seek closer links to our primary care services and schools which would enable streamlined and earlier presentation to clinics leading to better outcomes for the children and young people their families and carers.

6.11.3 The services would also work towards extending the hours of working towards initially six days a week and then to seven day services.

### 6.12 Proposal for the funding available in Southampton:

6.12.1 Sessions of a Dietician (in each of the CCG areas) who would be available to primary care services as well as provide advice the specialist team on nutritional care. This is not available in the current model of service provision.

6.12.2A full time Nurse Practitioner who would be available to build on the 'out of hours' services, supervising evening meals and visiting families in their homes, extending the working hours of the whole nursing team (from 8-8pm).

6.12.3A liaison nurse who would work with the GPs, primary care workers and schools to increase education and knowledge, this would enable earlier presentation to clinics for children, young people, families and their carers.

6.12.4A CBT-E therapist who would be able to provide sessional work over 2 days for young people to gain additional twilight sessions of therapy when college commitments and family life patterns prevent attendance at sessions during usual working hours.

### 6.12.5 Additional Staff Costing

Profession	Band Grade
Dietician - 0.2 WTE (Recruited)	Band 7
Prescribing Nurse -Full time (Recruited)	Band 6
Occupational Therapist 0.6 WTE (Out to advert)	Band 6
CBT-E Therapist – Full time (Out to advert)	Band 7
<b>Total Cost £147,156.00</b>	

### 6.13 Service KPI's

To record % of cases that received NICE concordant treatment within the standard's timeframes	69% seen within 4 weeks	75% seen within 4 weeks	Mar-16
To record % of cases that have outcomes data entered electronically on to the IT system	Not measured as new scheme	25% of active cases	Mar-16
To accurately record patient status as either routine, urgent and emergency in % of cases	Not measured as new scheme	95% of referrals	Mar-16

### 6.14 Progress to date

The funding is allowing the service to employ a dietician and increased Occupational Therapy time to work alongside those young people with an eating disorder. The extra nursing time allows for further meal planning and supervision to take place (over which the dietician will have an oversight). The extra staffing also means that a teaching package can be developed which would be presented to the wider CAMHS team to underpin existing knowledge and skill bases around this specific field of CAMHS intervention.

## 7. Care for the most vulnerable

- 7.1 There are groups of children and young people that we know are more at risk of poor mental health. In Southampton, there are high number of Looked After Children, children with Special educational Needs and Disabilities (SEND), young offenders, children and young people living in families experiencing domestic violence, under 18's admitted to hospital for alcohol specific reasons, and numbers of children living in poverty. All of these factors make children and young people more vulnerable.
- 7.2 Southampton's Multi-Agency Safeguarding Hub (MASH) and Early Help Teams are positive examples of creative integration designed to maximize the impact of diminishing public sector funding. They offer high quality evidence based support around which organizations from all sectors can align and develop additional services. There is a Solent NHS health navigator within the MASH team who can access any information on CYP held within the CAMHS service and also provide advice and on suitability of service referrals.
- 7.3 Hampshire Liaison and Diversion Service began operations on the 1<sup>st</sup> April 2015. There are two teams, one in Southampton and one in Portsmouth. The Southampton team operates Monday to Sunday 9am-9pm and includes all vulnerable adults and children, people with mental illness, substance misuse issues, learning disabilities, head injuries, autism or ADHD.
- 7.4 University Hospital of Southampton (UHS) provides a Paediatric psychiatric liaison service which is concerned with providing a bridge between acute paediatrics and psychiatric and psychosocial care for children and young people receiving treatment within the hospital where the presenting illness has a psychological component or where psychological distress is caused by the illness. While the hospital provides paediatric services for a larger population than Southampton city CCG and specialist services for the South West of

England there referral data included within Appendix P is useful in understanding the most common presenting issues in this vulnerable group of CYP.

### Key Priorities

#### Current

1. Develop policies and practices which ensure that children and their families who do not attend appointments are not just discharged from service.	R
2. Commissioners and providers across education, health, social care and youth justice sectors working together to develop appropriate bespoke care pathways	A
2.1. Continue work around links with Liaison and Diversion service. Further development of YOT multi-disciplinary team.	A
2.2. Explore the possibility of using some of the additional funding to progress unsuccessful school pilot extension bid which looked at developing specialist outreach teams to upskill school staff to be better equipped to support children dealing with trauma and to have mental health workers embedded within early help teams to work with families when children are on the edge of care.	A
2.3. On-going work with the BRS service which supports some of our most vulnerable children and families.	G
2.4. Further strengthening of mental health function within Families Matter and early help teams.	A
2.5. Continue work on pathways/referral processes and joint working between services including the City's CSE and Rape Crisis services	A
3. On-going development and expansion of multi-agency teams with flexible acceptance criteria for vulnerable children (need not diagnosis).	A
4. Working with lead officer for Childhood Sexual Exploitation within the city to ensure changing understanding and knowledge of need is met and clear and affective pathways are in place.	A
5. Work with SARC and NHS England specialist commissioner to ensure necessary links and pathways are working effectively.	A
6. On-going review of MASH and function of mental health staff within the team.	A
7. Development and expansion of Lead professional approach for the most vulnerable CYP with multiple and complex needs.	A

#### Future

1. Working with professional bodies to improve skills of professionals working with children & young people with mental health problems
2. Pilot – teams specialising in supporting vulnerable CYP
3. Development of tierless services with SPA and no referrals rejected but always signposted/aligned with an appropriate service.

## 8. Accountability and transparency

- 8.1 Southampton's Integrated Commissioning Unit went live in December 2013, and merged commissioning teams from Southampton City Clinical Commissioning Group, Southampton City Council Adult services and Southampton City Council Children's services. This integration has not only seen the introduction of lead commissioners for service areas across health and social care but has enabled much easier pooling of funds and co-ordinated strategic planning.

- 8.2 Southampton's Health and Wellbeing Board are responsible for driving forward improvements in mental health in the City and have strong links to all aspects of the Mental Health Matters review.
- 8.3 Southampton is committed to working with all partners to ensure that the most effective and integrated services are commissioned for the local populations specific needs. We will continue to work with colleagues from NHS England as well as neighbouring CCG's and local authorities, pooling resources where sensible to do so to ensure that services commissioned provide a seamless and holistic service provision which mitigates the risks of service users slipping through gaps, avoid duplication and offer the best outcomes for our residents.

The table below shows the spend for specialist commissioning for Southampton (original table 2014/15)

Hub Region	Provider Name	NHS Southampton CCG	Grand Total
London	East London NHS Foundation Trust	£40,592	£40,592
	Ellern Mede Centre for Eating Disorders	£157,668	£157,668
<b>London Total</b>		<b>£198,260</b>	<b>£198,260</b>
	Cygnets Health care Limited	£39,762	£39,762
	Dorset Healthcare University Foundation Trust	£7,286	£7,286
	Priory Group Limited	£353,347	£353,347
	Southern Health NHS Foundation Trust	£246,223	£246,223
<b>South Total</b>		<b>£646,618</b>	<b>£646,618</b>
<b>Grand Total</b>		<b>£844,877</b>	<b>£844,877</b>

Contract Title	Total Investment (NHS England, City Councils, Police and Crime Commissioners)
Liaison and diversion scheme (SE and SW Hampshire)	£1,045,647

- 8.4 Current CAMHS activity and waiting times (please note that 15/16 waiting times has been excluded due to the migration of data to a new operating system and the poor data quality for that year).

2014/15 CAMHS Waiting times		
<4 weeks	382	22.37%
4-11 weeks	620	36.30%
11-18 weeks	482	28.22%
>18 weeks	224	13.11%
<b>Total</b>	<b>1708</b>	<b>100.00%</b>

2016/17 Apr-Jul CAMHS Waiting times		
<4 weeks	198	56.25%
4-11 weeks	72	20.45%
11-18 weeks	12	3.41%
>18 weeks	70	19.89%
<b>Total</b>	<b>352</b>	<b>100.00%</b>

Referrals 2014/15

Accepted 1,351  
Rejected 324 (24%)

Referrals 2015/16

Accepted 1,474  
Rejected (data inaccuracies)

Referrals 2016/17 to date (Apr- Jul)

Accepted 395  
Rejected 129 (32%)

## Summary Transformation Plan for Children and Young People's Mental Health and Wellbeing

Referrals 2015/16		
Month of Referral	Referrals Received	Referrals Accepted
Apr-15		133
May-15		136
Jun-15		138
Jul-15		154
Aug-15		97
Sep-15		119
Oct-15		138
Nov-15		148
Dec-15		101
Jan-16		101
Feb-16		130
Mar-16		79
<b>2016 YTD</b>		<b>1474</b>

Referrals 2016/17		
Month of Referral	Referrals Received	Referrals Accepted
Apr-16	116	90
May-16	139	111
Jun-16	132	100
Jul-16	137	94
<b>2016 YTD</b>	<b>524</b>	<b>395</b>

With the continued recruitment to the early intervention and prevention team it is anticipated that rejected referrals will reduce significantly over 2017/18.

### Contacts

The tables below illustrates the new and follow up contacts throughout 2015/16 and 2016/17 to date. It should be noted that a significant amount of the CAMHS Transformation money in 2015/16 was spent on initiatives that were system enablers and schemes to reduce waiting times, alongside the migration to a new information system means that the data found in the table below should be viewed with caution.

Contacts 2015/16		
Row Labels	Sum of new	Sum of Follow_Up
Apr-15	536	754
May-15	347	963
Jun-15	317	1323
Jul-15	265	1236
Aug-15	141	882
Sep-15	207	964
Oct-15	148	481
Nov-15	164	814
Dec-15	87	671
Jan-16	130	787
Feb-16	154	876
Mar-16	72	856
<b>2016 YTD</b>	<b>2568</b>	<b>10607</b>

Contacts 2016/17		
Month	Sum of new	Sum of Follow_Up
Apr-16	90	786
May-16	102	822
Jun-16	82	845
Jul-16	78	840
<b>Grand Total</b>	<b>352</b>	<b>3293</b>

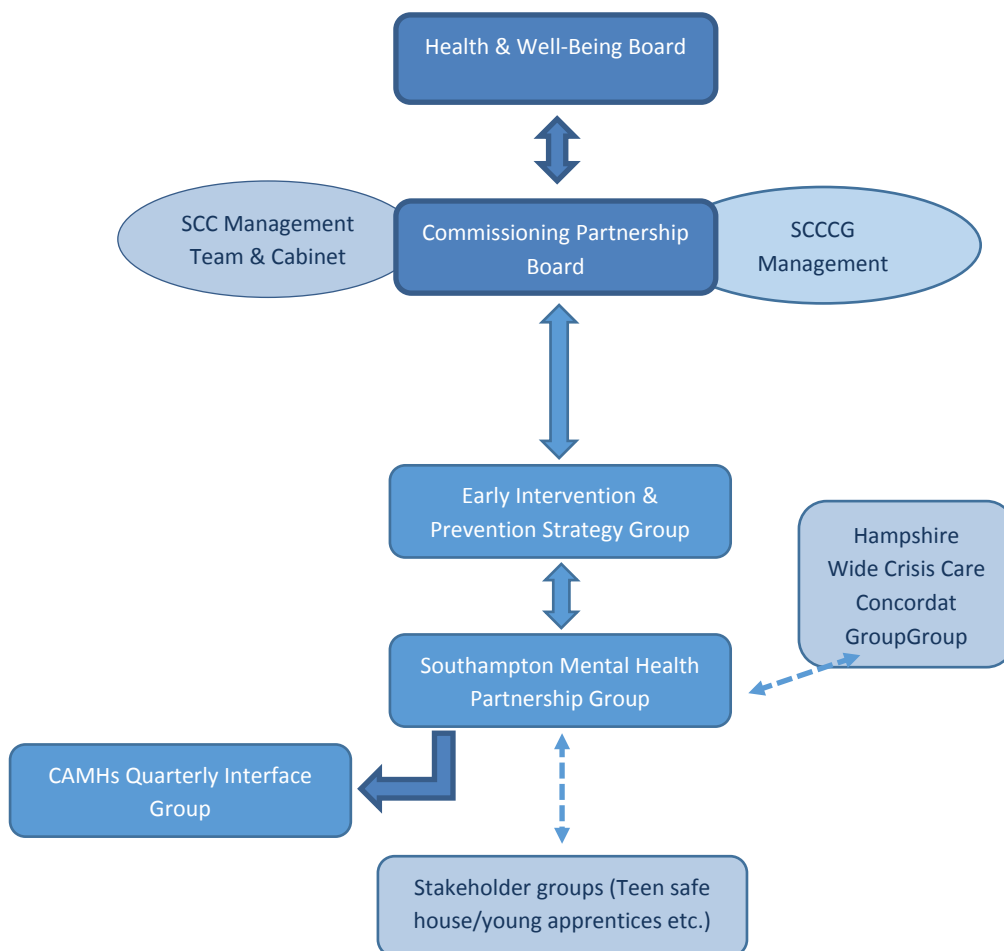
### Number in treatment

Number of children in treatment as at 31/03/2016	1,634
Number of children in treatment as at 30/09/2016	1,670

2016/17 will provide the baseline for meeting the 2018/19 target to increase the number of children and young people in treatment by 32%. Southampton's focus on early intervention and prevention will play a significant role in achieving this ambition. Currently 32% of referrals were rejected as they were either inappropriate or did not meet the current CAMHS Tier 3 criteria. With the development of the early intervention and prevention team it is anticipated that many of those currently rejected would meet the criteria for our teams.

Work is continuing to address not only overall waiting times but also to tackle the secondary waiting times that occur after an initial assessment has occurred. In addition to the money announced by NHS England this year to help reduce waiting times the Integrated Commissioning Unit have invested in reducing the CBT, autism diagnosis and counselling waiting times.

8.5 The diagram below illustrates the governance structure which will be applicable for decisions made in relation to this transformation



8.6 Throughout the Mental Health Matters review CYP, families and key stakeholders formed a huge part of both the engagement process and then the formal consultation with 56% of feedback received from service users and carers.

**Key Priorities**



**Current**

1. Continuation of consultation and engagement with CYP (including hard to reach groups), family and other relevant stakeholders whilst developing the transformation plan and Mental Health Matters review	G
2. Explore new opportunities and build upon existing co-commissioning arrangements with NHS England	A
3. Ensure NICE quality standards continue to inform and shape commissioning decisions	G
4. Increase in level of local benchmarking/monitoring data collected and reported on.	A
5. Waiting time standards for early intervention in psychosis and Community eating disorder service.	A
6. Monitoring access and wait measurement against pathway standards	A
7. Financial investment transparency	G

**Future**

1. Data collection and analysis
  - 1.1. CAMHS minimum dataset
  - 1.2. Routine outcome data collection
2. Prevalence survey

## 9. Developing the workforce

9.1 Current CAMHS workforce and skills – CAMHS currently has a multi-disciplinary team that offer a variety of NICE recommended and evidence based interventions. The Mental Health Matters review aims to work with the CAMHS provider and CYP their families and other key stakeholders to re-design the way current services are configured.

Specialist CAMHS workforce as at 31<sup>st</sup> March 2016:

Profession	WTE	Skills	
Staff Nurse	8.1	Individual CBT	
Specialty Registrar	4.9		
Specialist Registrar (Closed)	1.4		
Specialist Nurse Practitioner	3.5		
Psychotherapist	1.5	Psychodynamic Psychotherapy	
Nurse Manager	0.8		
Occupational Therapy Specialist Practitioner	1.6	Psychodynamic Psychotherapy	
Multi Therapist	2		
Healthcare Assistant	0.6		
Health Care Support Worker	0.8		
Consultant	4.1		
Clinical Psychologist	4.3	CBT Therapist (PGDip)	CBT Supervisor (PGDip)
Clerical Worker	7.9		
Assistant Psychologist	1.4		
<b>Total</b>	<b>43.0</b>		

Workforce BRS (Behavioural Resource Service)

Profession	WTE	Skills
Clinical Psychologist	4.3	CBT therapist (PGDip), Interpersonal therapy, CBT Supervisor (PGDip), Family therapy
Specialist Nurse Practitioner	3.4	Individual non-directive supportive therapy, Interpersonal therapy, psychodynamic psychotherapy, family therapy
<b>Total</b>	<b>7.7</b>	

## Child Adolescent Mental Health Services (CAMHS) Southampton – staffing Oct 2016

In terms of Banding and wte

**CAMHS Service Manager**  
Band 7  
1 wte

**Consultants**  
1 x 0.6 wte  
1 x 0.5 wte  
1 x 0.6 wte  
1 x 0.6 wte  
1 x 0.2 wte (0.8 wte  
medical student  
teaching)  
1 x 0.2 wte (0.3 wte  
medical student  
teaching)

**EFA**  
1 x Band 8a - 1 wte  
1 x Band 6 - 1 wte  
  
**CAMHS/YOS**  
1 x Band 6 - 0.8 wte  
(maternity leave  
until June 2017)

**CAMHS Practitioners**  
  
**CAMHS Nurses**  
1 x Band 8b - 0.8 wte  
1 x Band 7 - 1 wte  
1 x Band 7 - 0.59 wte  
1 x Band 6 - 1 wte  
1 x Band 6 - 1 wte  
1 x Band 6 - 0.8 wte (going on  
maternity leave from October  
2016 returning October 2017)  
1 x Band 6 - 1 wte  
1 x Band 6 - 0.8 wte  
1 x Band 6 - 0.3 wte (maternity  
leave returning September 2016)  
1 Band 6 - 1 wte  
1 x Band 6 - 0.6 wte  
1 x Band 5 - 0.6 wte  
1 x Band 6 - 1 wte  
  
**Seconded Social Workers**  
1 x 1 wte  
1 x 0.6 wte

**Psychologist**  
1 x Band 8b - 0.4 wte  
(commencing October  
2016)  
1 x Band 8a - 0.4 wte  
1 x Band 7 - 0.37 wte  
(maternity leave  
returning September  
2016)  
  
**CBT Therapist**  
1 x Band 7 - 0.4 wte  
(maternity leave  
returning January 2017)  
  
**Psychology Assistant**  
1 x Band 2 - 0.64 wte  
(maternity leave  
returning June 2017)

**Therapists**  
  
**Psychotherapist**  
1 x Band 7 - 0.8 wte  
**Trainee Psychotherapist**  
1 x Band 6 - 1 wte  
**CAT Therapist**  
1 x Band 8a - 0.6 wte  
**Occupational Therapist**  
1 x Band 7 - 1 wte  
**Art Therapist**  
1 x Band 7 - 0.61 wte  
**Play Therapist**  
1 x Band 6 - 0.4 wte (Bank  
contract until Novemebr  
2016)  
**Drama Therapist**  
1 x Band 7 - 0.2 wte (Bank  
contract until December  
2016)  
**Family Therapists**  
1 x Band 8a - 1 wte  
1 x Band 8a - 0.6 wte  
**Counsellor**  
1 x Band 7 - 0.2 wte  
1 x Band 5 - 0.2 wte (Bank  
contract)  
**Behaviour Therapist**  
1 x Band 4 - 1 wte

**Recruited Future in Mind CAMHS posts**  
  
**Crisis Care Lead**  
1 x Band 7 - 1 wte  
  
**Early Intervention Workers**  
1 x Band 5 - 1 wte  
1 x Band 5 - 1 wte  
1 x Band 5 - 1 wte  
  
**Early Intervention in Psychosis**  
1 x Band 6 - 2 days a month  
1 x Band 8a - 1 day a month  
1 x Conusltant Psychiatrist - 1 session a  
week  
  
**Eating Disorders**  
1 x Band 7 - 0.2 wte  
1 x Band 6 - 1 wte

**CAMHS Vacancies**  
1 x Consultant Psychiatrist - 0.8 wte  
1 x Band 7 - 1 wte (Early Intervention Lead)  
2 x Band 6 - 2 wte (Core CAMHS)  
1 x Band 4 - 1 wte  
1 x Band 3 - 0.6 wte

**Proposed Future in Mind posts**  
  
**Early Intervention**  
1 x Band 6 - 1 wte  
**Eating Disorders**  
1 x Band 7 CBT therapist - 1 wte  
1 x Band 6 Occupational Therapist - 0.6 wte  
**Learning Disability package**  
1 x Band 7 Psychologist - 0.5 wte  
(Solent will contribute 0.5 wte to make this a Full  
time post and this post will sit across CAMHS and  
SEND)  
1 x Band 6 Nurse - 0.5 wte  
(Solent will contribute 0.5 wte to make this a Full  
time post and this post will sit across CAMHS and  
SEND)

**Speciality Registrars**  
4 x Full time on a yearly  
rotation

**Foundation Dr's**  
2 x Full time on a  
four month  
rotation

- 9.2 A comparison of the staffing at March 2016 to October 2016 illustrates that once all vacancies are recruited to there will be a real time increase of 12.71WTE within the CAMHS team. This is from the addition of new posts and as a result of workforce development and changes to the skill mix of the team following vacancies. This figure excludes admin, temporary posts and medical student teaching. It also excludes the BRS team.
- 9.3 CY-IAPT transformation programme – Southampton has joined a CYP-IAPT collaborative and is currently working with the collaborative to begin identifying staff with appropriate experience and qualifications are being invited to participate in training courses. Discussions have commenced with Solent NHS Trust and the Voluntary sector provider of our counselling services to look at future models. This is in response to the national guidance that by 2018 CAMHS develops a choice of evidence based interventions, adopting routine outcome monitoring and feedback to guide service design, working collaboratively with children and young people.
- 9.4 We will also work with the workforce development team within Southampton City Council to ensure that mental health training remains prominent within the programme of training offered to all practitioners within the city and look to develop this with them in conjunction with our CAMHS provider.
- 9.5 We will commission a robust and detailed workforce strategy which will include identifying any risks around not securing sufficient clinical CAMHS and mental health experienced clinicians. Southampton University and our CAMHS provider are a training centre for medics and succession planning is a priority at both undergraduate and post graduate levels – with dedicated personnel funded for this agenda. Solent NHS Trust are working closely with colleagues in learning and development and the university to ensure the programmes are fit for practice and will deliver against service needs.

**Key Priorities**

**Current**

1. Targeting training and continued professional development (CPD) of health and social care professionals to create workforce with appropriate skills, knowledge a values	A
2. National mental health commissioning capability development programme	A
3. CYP IAPT – joining programme, training	A
4. Develop comprehensive workforce strategy	G
5. Continue to develop this transformation plan in response to findings, outcome of mental health matters etc.	G

**Future**

- 1. CYP IAPT – joint programme, training
- 2. Develop comprehensive workforce strategy