

**9. Continuing to prevent suicide and its impact on children, young people and families
(Getting advice and Signposting, Getting Help)**

Named Leads: Emily Walmsley

Key Achievements in last year:

- Provided immediate suicide prevention guidance to key settings within the context of COVID-19, to support them in providing effective advice and support to CYP, adults and families who may be distressed or in crisis
- Carried out suicide audit and completed a “deep dive” on the characteristics (including risk and protective factors) of CYP up to and including 25 year olds that have taken their own life by suicide
- Commissioned a self-harm e-brochure to equip parents and carers with information and knowledge on how to support their CYP.
- Supported the continuation of No Limits support to young people in A&E (UHS) that present as a perpetrator or victim of violent crime and who have mental health (including suicidal thoughts and behaviours) need

No.	Key deliverables
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2021/2022

- | | |
|---|---|
| 1 | Roll out of wave one and two suicide prevention innovation funding to voluntary, community and faith sector organisations in Southampton to develop suicide prevention initiatives, including those focussing on children and young people as follows: <ul style="list-style-type: none"> • No Limits: mental health training for youth workers, delivery of mental health (including self-harm and suicide prevention) workshops, and a campaign to target those with eating disorders (a form of self-harm). • Re:Minds: workshops, peer support and resources for parents, carers and families, with a focus on supporting parents/carers to support their CYP. • R;pple: Using technology to embed prevention messages in social media, to support safe use and including by CYP |
| 2 | Roll out of training package that has been developed for primary care professionals to support the identification and support of people with suicidal behaviours and thoughts; led by GPs for primary care professions |
| 3 | Connect five suicide prevention commissioned training to be rolled out to key touch points over 2021 and into 2022 |
| 4 | Using the suicide audit, real time surveillance and other available data, complete a “deep dive” on the characteristics (including risk and protective factors) of CYP up to and including 25 year olds that have taken their own life by suicide |
| 5 | Commission and roll out of a suicide-specific bereavement support single point of contact service offer to families across HIOW |

2022/2023 onwards

- | | |
|---|--|
| 6 | Gain the commitment of key employers to promote mental health and wellbeing within their organisations |
| 7 | Continue to understand the data and pathways in relation to self-harm and identify areas for quality and service improvement |
| 8 | Next revision of Southampton’s Suicide Prevention Plan to more explicitly state how suicide will be prevented in CYP |

10. Improving local intelligence and measuring of outcomes to determine what impact we are making and to inform future service development (Getting advice and Signposting, Getting Help, Getting more help, Getting risk support)

Named Leads: Phil Lovegrove / Laura Roughan

Key Achievements in last year:

- Solent and No Limits uploading activity data to the Mental Health Services Dataset (MHSDS) contributing to our national access target
- Dedicated Patient Engagement Lead appointed within CAMHS

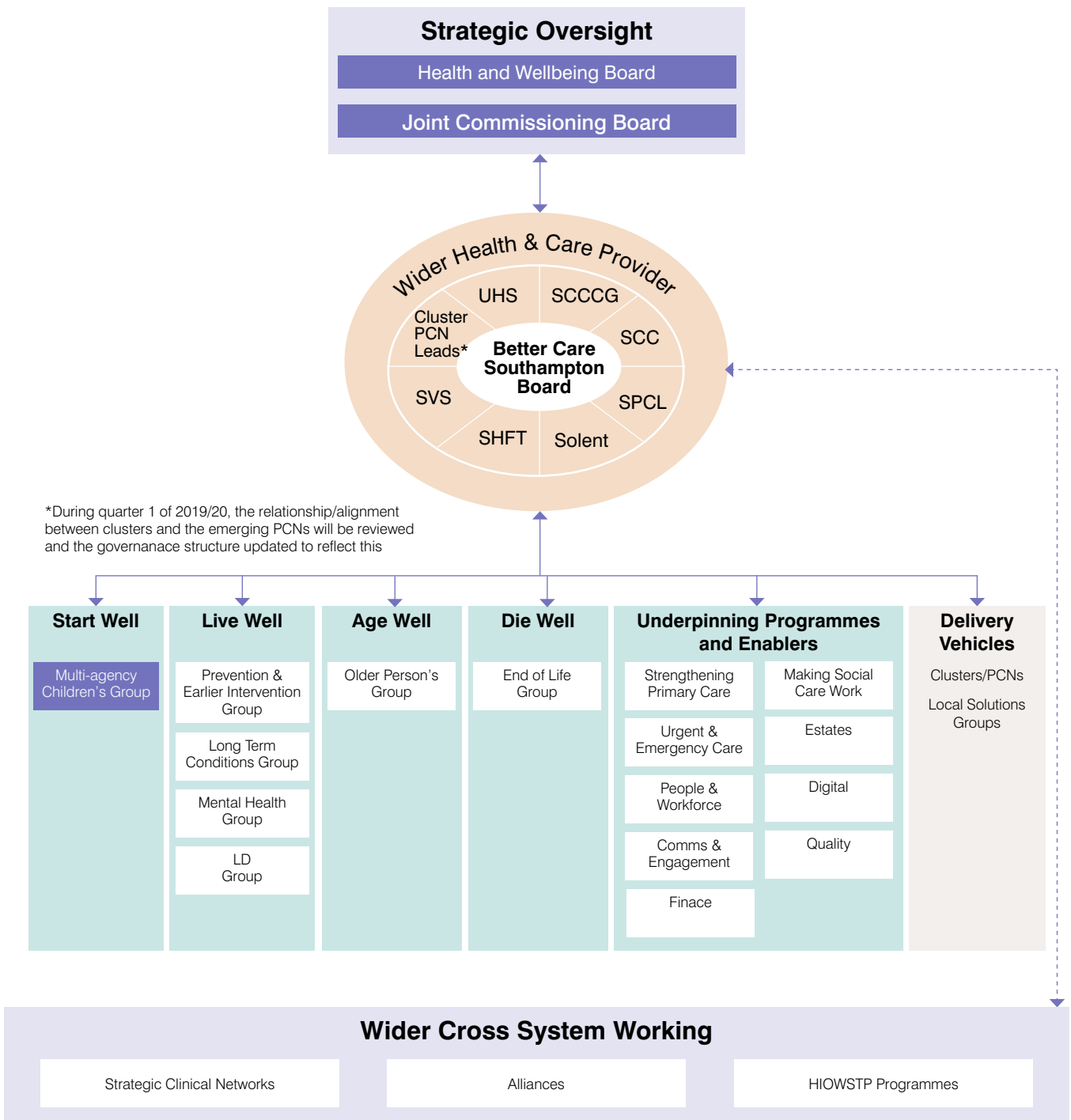
No.	Key deliverables
2021/2022	
1	Work together to develop key indicators and outcomes to better understand local demand and how well we are meeting the needs of CYP as a city including a CYP Emotional and Mental Health Partnership Scorecard
2	MHST upload information to the MHSDS in line with national standards and the use of outcome measures from the MHSTs to inform and develop the whole school approach
3	CAMHS report using Systematized Nomenclature of Medicine Clinical Terms (SNOMED-CT) codes and upload outcomes data to MHSDS
4	Further embed co-production and service evaluation with CYP and families in review and development of services – at an individual and forum level
5	Embed service level quality assurance audit process to improve practice and the quality of the service we provide, and to improve outcomes for children and young people through a process of continuous learning.
6	Publish Hampshire and Isle of Wight Mental Health Needs Assessment - this is being led by Hampshire County Council Public Health
2022/2023 onwards	
7	To develop a common approach to CYP outcome measures across the City to ensure a consistent approach, monitor impact of interventions and improvement in CYP outcomes



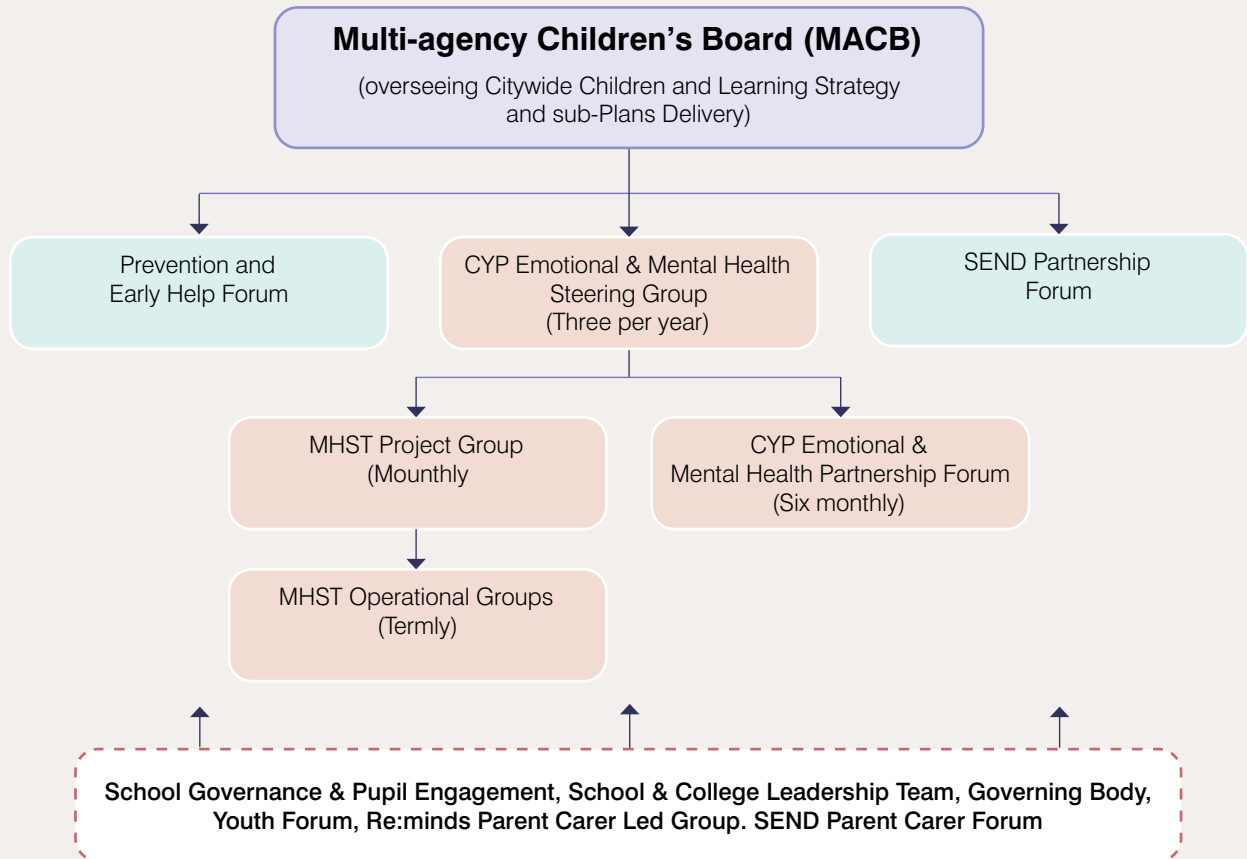
8. Delivery Plan (2021-2027)

In order to ensure delivery of the city's vision and key strategies through strong partnership working, including those specifically relating to improving outcomes for children and young people, we have developed a strong multiagency governance structure with a joint commissioning board. This structure is outlined below.

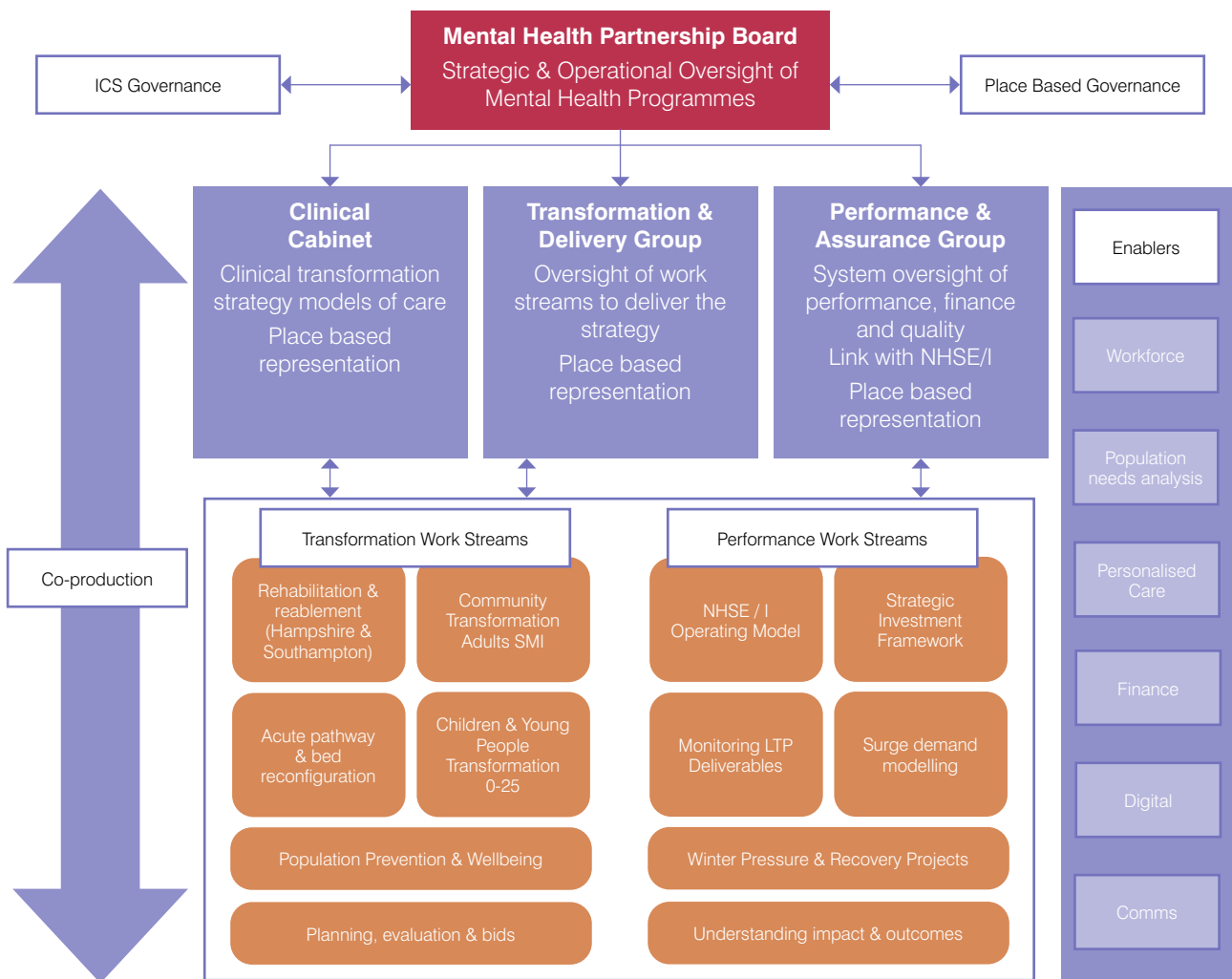
A1. Better Care Southampton



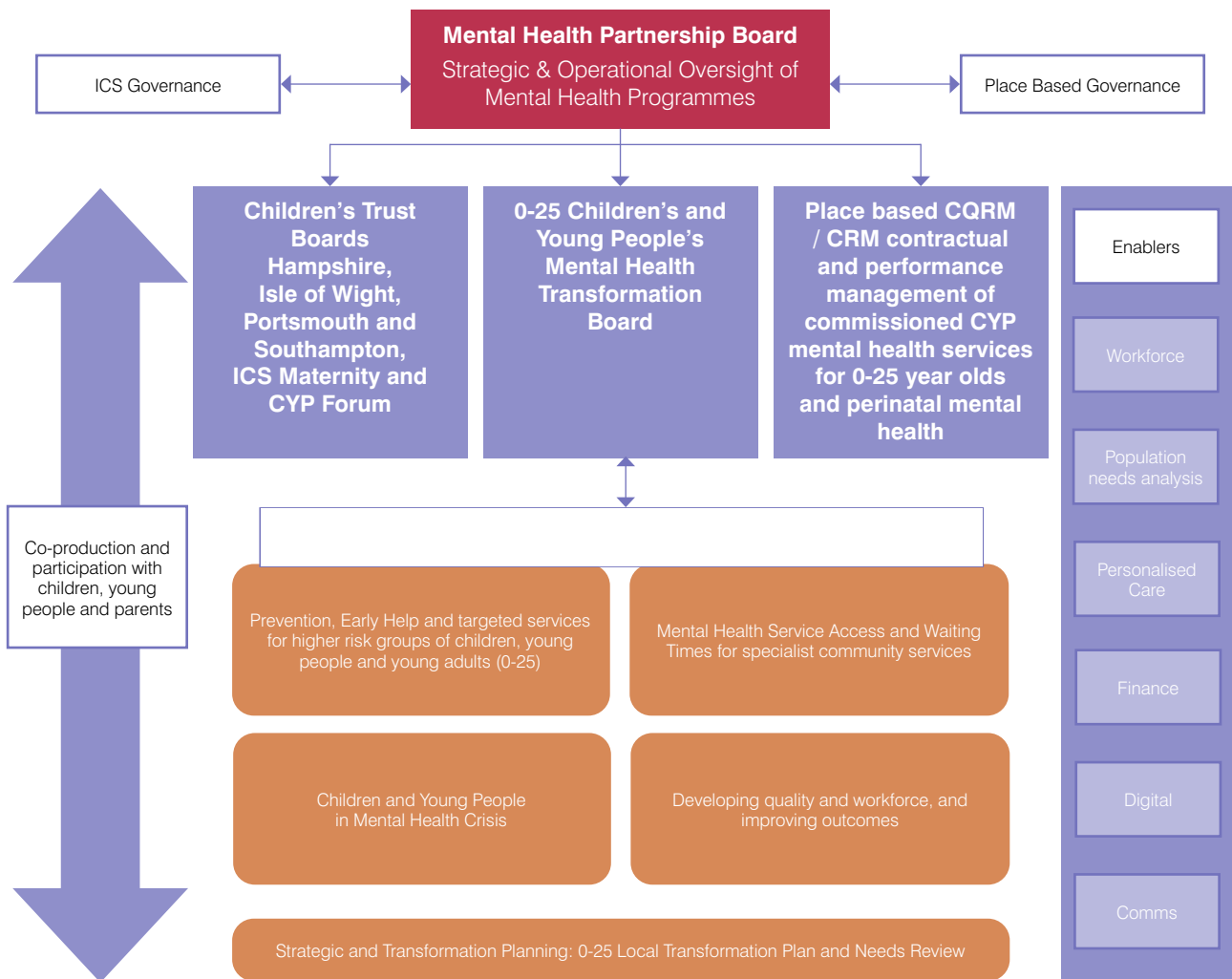
A2. Southampton CYP Mental Health Governance



B1. Draft ICS Mental Health Programme



B2. Draft ICS 0-25 Children and Young People Transformation



10. Finance

Southampton CYP Mental Health Spend from 2015/16

The total funding related specifically to emotional and mental health services since 2015/16 is highlighted in the table below

(this excludes non-recurrent CAMHS funding, public health funded service e.g. school nursing or acute services funded via PbR e.g. Hospital Psychiatric Liaison).

	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22
CCG Funding							
CAMHS including Autism Assessment (Solent NHS Trust)	£2,473	£2,500	£3,046	£3,148	£3,372	£3,508	£3,868
Building Resilience and Strength (BRS) (Solent NHS Trust)	£652	£659	£660	£660	£669	£669	£669
Community Counselling	-	-	£40	£40	£65	£65	£65
Peer Support	-	-	-	£30	£31	£31	£31
Parenting Groups - Neurodevelopmental	-	-	-	-	-	£50	£50
Community Solutions	-	-	-	-	£8	£30	£30
Parent Carer Forums and Local Offer	-	-	-	-	£3	£10	£10
Acute Psychiatric Liaison (UHS)	-	-	-	-	£28	£28	£28
CETR – CYP (Southampton contribution)	-	-	-	-	-	-	£19
Subtotal	£3,125	£3,159	£3,746	£3,878	£4,175	£4,390	£4,770
Mental Health Support Teams in Schools - CCG and HEE Funding (CCG pick up funding when fully operational)							
Mental Health Support Teams in Schools - Wave 2	-	-	-	-	£206	£825	£825
Mental Health Support Teams in Schools - Wave 4	-	-	-	-	-	£206	£825
Subtotal	£0	£0	£0	£0	£206	£1,031	£1,650
Local Authority Funding							
CAMHS Grant contribution	£169	£169	£169	£169	£169	£169	£169
Building Resilience and Strength (BRS) – SCC	£490	£490	£490	£490	£490	£490	£490
Community Counselling	£39	£39	£39	£39	£39	£39	£39
Subtotal	£698	£698	£698	£698	£698	£698	£698
NHS England Health & Justice (Service Level Agreement via CCG)							
Youth Offending Service - CAMHS Nurse	-	-	£31	£31	£31	-	-
Subtotal	-	-	£31	£31	£31	-	-
Total	£3,823	£3,857	£4,444	£4,576	£5,079	£6,119	£7,117

Kooth is funded via 18-25 budget and not included above

²There will be additional budget for Autism Assessments for under 5s within the Solent CPMS Block contract but it's not possible to disaggregate the budget for Autism Assessments only. In addition there will be staff from other Solent NHS Trust services who contribute towards the MDT ASD Assessment process e.g. Speech and Language Therapy

Southampton CYP 0-18 Mental Health Investment Priorities from 2022-23

CCGs are required to meet the national Mental Health Investment Standard (MHIS) each year which aims to drive NHS investment in mental health services at a higher percentage than the overall increase in allocation to CCGs from NHS England each year. The Southampton growth allocation for children and young people is estimated to be £270.7k for 2022/23 and a further £302.2k in 2023/24.

There are particular NHS commitments that CCGs are expected to deliver in CAMHS relating to access standards (waiting times and numbers accessing treatment), eating disorders and age-appropriate crisis services including intensive home treatment service aimed at CYP who might otherwise require inpatient care. The CCG's investment plans reflect a contribution towards the priorities identified in the Local Transformation Plan, which for the coming two years focus on developing the Eating Disorder Service provision (in line with the Long Term Plan commitments), developing support for children with neurodevelopmental conditions, strengthening crisis support as well as providing more support for vulnerable young people. This can be seen in the table below which presents draft plans for investment over the next two years.

	Costs in £,000	22/23	23/24	Total
Southampton CYP Mental Health 0-18 Projected MHIS Budget		270.7	302.2	572.9

No	Investment Priorities	Indicative Cost	Comments	Risk Log Reference
	Development of Community Crisis, therapeutic & LAC support and strengthening early intervention in localities (CCG only)	258	£60k non-recurrent funding confirmed in Aug-21 – jointly funded with LA – total £484k (£227k SCC contribution)	1, 2, 7, 8
2	Eating Disorders (to level up with HIOW)	158	To meet current demand and align with HIOW funding	5, 2
3	Mental Health support into residential short term unit	400	Spend to Save Business Case being developed	1
4	Autism Support and Assessment	300	Funded via LDA Programme	6
5	Youth Workers in Emergency Department and Safe Haven	90	Estimated Southampton contribution to fund into 2022/23	1, 2
6	Re:minds – parent led organisation supporting families	10	Contribution to work supporting families on waiting lists	3, 6, 7
7	ADHD Capacity	190	To manage increasing ADHD medication waiting lists	6
8	CAMHS Surge Demand	361	+87% referrals in Q1 21/22 compared to Q1 19/20.	3, 8
9	CAMHS Crisis Support in ED	43	Total is £72k - £43k is Southampton contribution	1
10	Improved Early Intervention MH Support for SEND	116	Recruit to Train posts due to graduate in Apr-22	6, 7
11	Extend IAPT Offer to 16-17 year olds	100	Align with Hants and Ports offer	7
12	Whole System Approaches to Support Early Intervention	273	PBS and DBT embedded throughout pathways	1, 7
	Total	2,299		

The level of investment through the MHIS alone is not sufficient to meet the totality of resources required to deliver all the city's priorities and so there is a need to explore alternative sources of funding, partnership contributions and invest to save opportunities, separate business cases for which will need to be worked up. Section 11 highlights the risks that are associated with these investment priorities.

11. High Level Risks and Issues

No	Description of Risk	Impact(s) of risk if realised	Current Risk	Mitigating actions
1	<p>ED and Paediatric Ward Presentations</p> <p>- Increases in ED and paediatric ward presentations and admissions over the winter (even as paediatric psychiatric liaison and other crisis services are mobilised and expanded) particularly due to ongoing impact of Covid-19</p>	<p>Paediatric wards and Emergency Dept. become overwhelmed with mental health patients whilst Hospitals are also struggling with care capacity and other serious illness. Patient risk insufficiently understood to support safe and clinically appropriate admission and discharge decisions pending mobilisation of additional psychiatric liaison and community crisis capacity, resulting in sub-optimal outcomes for young people</p>	<p>16 (V High)</p>	<ul style="list-style-type: none"> - Investments made into all acute hospital systems to set up paediatric liaison services and Youth workers in ED – already in place - 24/7 access to crisis care available to all children and young people via NHS 111 – already in place. - Youth workers in Emergency Department to work alongside staff, providing crisis and follow up support to young people with view to diverting any future return to hospital – already in place; however ongoing investment required to sustain – No 5* - Development of Business Case for Short stay Residential unit for Young People with complex social and emotional difficulties and/or Learning Disabilities/Autism in crisis to provide a more appropriate “Safe Space” away from the Emergency Dept./ hospital where CYP can be assessed by staff skilled in Trauma informed practice/Positive Behaviour Support and a plan developed to support them in the community, preventing hospital or residential admission or placement breakdown – investment required No 3* - Increased multiagency crisis support in the community to provide a more proactive approach – in place within BRS but requires additional investment to strengthen No 1* - Development and citywide offer for young people with complex behavioural, social and mental health needs – DBT and PBS pathways requires additional investment – No 12*
2	<p>Tier 4 Beds</p> <p>- Continued difficulty in accessing Tier 4 inpatient beds has significant impact on the resilience of the rest of the system, particularly beds in acute hospital paediatric wards which CYP often occupy until they can be transferred (unless it is safe for them to go home in the interim)</p>	<p>Additional pressure upon acute hospital inpatient provision for more complex CYP awaiting specialist assessment and treatment not available in acute hospitals. Risk of disruption, patient harm and stress upon provision not equipped for this patient group. S136 suite breaches.</p>	<p>16 (V High)</p>	<ul style="list-style-type: none"> - CAMHS Provider Collaborative working with neighbouring provider collaboratives and specialist MH inpatient providers and NHSE/I to maintain flow and optimise bed availability. - CAMHS Provider collaborative also working to improve step down arrangements from inpatient back to community and build on success of CETR project in HIOW system. - Close to Home Service – currently being mobilised – to provide intensive support to CYP in their own homes as an alternative to admission or prolonged hospital stay - project manager in post to begin mobilisation of service

No	Description of Risk	Impact(s) of risk if realised	Current Risk	Mitigating actions
3	<p>Increased waiting times as referrals continue to increase across services and also increasing demand due to demographic changes</p> <ul style="list-style-type: none"> - Projected 9% increase in 11-17 year olds in next 3 years - In Q1 CAMHs referrals increased by 87% since COVID and 48% increase in A&E presentations 	<p>Waiting times and lists increase which impacts on offer to children and young people.</p> <p>Risk of exacerbation of symptoms leading to young people presenting in crisis due to long waits</p>	16 (V High)	<ul style="list-style-type: none"> - CAMHS Provider has business continuity plans in place - Work with ICS colleagues to secure funding for surge demand based on increasing needs – requires additional investment – No 8* - Implement routine information reporting to continuously monitor impact on waiting lists - Wider staff training/development - Implementation of alternative forms of support, e.g. Kooth digital counselling platform
4	<p>Staff recruitment and retention</p> <ul style="list-style-type: none"> - National shortage of staff particularly within a number of key roles - High vacancy rates - Competing recruitment exercises in all parts of Region - Impact of COVID on workforce e.g. isolating 	<p>Waiting times and lists increase particularly in certain specialties due to challenges recruiting to certain roles – in particular Psychiatry and Family Therapy</p>	16 (V High)	<ul style="list-style-type: none"> - Work with ICS workforce programme and continue to explore how to diversify and train workforce - Provider continues to use Recruit to Train opportunities - Exploration of alternative roles/posts - Collaboration across providers on recruitment and retention
5	<p>Eating Disorders caseloads continue to increase</p> <ul style="list-style-type: none"> - Eating Disorder caseload increased by 132% - Increased acuity of cases - Inequitable funding for Southampton in HIOW 	<p>Unable to meet national access standards. Increasing waits lead to higher number presenting with acute needs</p> <p>Negative impact on core CAMHS as staff are diverted to support Eating Disorder pathway</p>	16 (V High)	<ul style="list-style-type: none"> - To aim to secure equitable funding for Southampton City to increase CYP Eating Disorder capacity – requires additional investment – No 2* - To work with ICS colleagues to deliver the CYPED Recovery Plan
6	<p>Neurodevelopmental Waiting Lists, Service Capacity and Support</p>	<p>Diagnostic waiting lists are currently low however capacity does not meet demand</p> <p>Long waits for ADHD Treatment since clearing diagnostic waiting list</p> <p>Continued perception amongst public and partners that diagnosis required to access support – risk that this is delaying access to support services whilst patients sit on waiting lists for assessment</p>	16 (V High)	<ul style="list-style-type: none"> - To identify gap between capacity and demand and develop business case for Assessment, Treatment and Support (ASD, ADHD) – Requires additional investment – No 4, 7 & 10* - Improve support offer to CYP and families (accessible with or without a diagnosis) with roll-out of parenting offer, Autism in Schools project and Autism Champions. And increased awareness raising/signposting to what is available working with schools and Parent/Carer forums – already underway, links to LDA Programme but requires investment to sustain beyond one year No 4*

No	Description of Risk	Impact(s) of risk if realised	Current Risk	Mitigating actions
7	Prevention and Early Intervention Offer Insufficient expertise available to support frontline workers in Early Help to support CYP at an earlier point before their problems escalate. Over-reliance on referral on to specialist services.	Children and young people who cannot access timely help appropriate to their needs suffer deteriorating MH. This increases risk of harm to them, increases the distress in families and impacts parental mental health, and also affects other services (e.g. primary care and schools) trying to support them but ill-equipped to meet their needs. It also puts increased pressure on Specialist CAMHS as a result of escalating needs which could have been supported and addressed at an earlier point	16 (V High)	<ul style="list-style-type: none"> - Kooth digital offer has been commissioned – already in place - Roll-out of MHSTs across 90% of Southampton City and to scope citywide roll-out and whole school approach – already in place - Increase early intervention offer with particular focus on bringing emotional and mental health expertise into front line Early Help locality teams to provide advice, training, consultation and joint case work and tackle problems earlier – Requires additional investment No 1*
8	Impact of Covid-19 - risk that this will continue exacerbate mental health and emotional wellbeing challenges and issues for children and young people	Continued pressures upon the services that support them in terms of additional demand and referrals. Impact on staffing due to having to self-isolate	12 (V High)	<ul style="list-style-type: none"> - To scope investment to address demand surges into CAMHS – Requires additional investment No 8* - Creation of blended digital and face to face team to support waitlist management and tackle some of the longest waiters on particular pathways (low mood/anxiety and ADHD) - Increase early intervention offer with particular focus on bringing emotional and mental health expertise into front line Early Help locality teams to provide advice, training, consultation and joint case work and tackle problems earlier – Requires additional investment No 1* - Implementation of alternative forms of support, e.g. Kooth digital offer already in place
9	Reporting of Outcomes Data to MHSDS	Unable to meet national target to upload data to MHSDS and evaluate impact on service and interventions	8 (V High)	<ul style="list-style-type: none"> - Work with Providers and CSU to monitor and upload outcomes to the MHSDS – already underway - Secure support from NHS England if required

Risk Score out of 16 with 1 being lowest and 16 highest (Impact 1-4 x Probability 1-4)
*requires additional investment –Investment Priorities (see p26)

12. Sign off process

This plan has been considered and approved at the following meetings:

Meeting	Date
Southampton Multiagency Partnership Board (MACB)	6 September 2021
Southampton Better Care Steering Board	7 September 2021
Hampshire and Isle of Wight (HIOW) Mental Health Partnership Board	16 September 2021
Hampshire, Southampton and Isle of Wight (HSIOW) CCG Quality, Performance and Finance Committee	22 September 2021



13. List of abbreviations and acronyms

A&E	Accident and Emergency Department
ACEs	Adverse Childhood Experiences
ADHD	Attention Deficit Hyperactivity Disorder
ARFID	Avoidant Restrictive Food Intake Disorder
ASD	Autism Spectrum Disorder
BEAT	BEAT - The UK's Eating Disorder Charity
BRS	Building Resilience and Strength service
CAMHS	Child & Adolescent Mental Health Services
CBT	Cognitive Behaviour Therapy
CCG	Clinical Commissioning Group
CETR	Care, Education and Treatment Review
CPMS	Community Paediatric Medical Services
CYP	Children and Young People
DBT	Dialectical Behaviour Therapy
EMHP	Education Mental Health Practitioner
FSM	Free School Meals
HEE	Health Education England
HIOW	Hampshire and Isle of Wight
HSIOW	Hampshire, Southampton and Isle of Wight
IAPT	Improving Access to Psychological Therapies
ICS	Integrated Care System
MHIS	Mental Health Investment Standard
MHSDS	Mental Health Services Dataset
MHST	Mental Health Support Teams
NAP	Not Another Parenting Course
NHS	National Health Service
PbR	Payment by Results
PBS	Positive Behaviour Support
PSHE	Personal, Social, Health and Economic
RTT	Recruit to Train
RSE	Relationships and Sex Education
SCC	Southampton City Council
SEMH	Social, Emotional and Mental Health
SEND	Special Educational Needs and Disabilities
SNOMED-CT	Systematized Nomenclature of Medicine Clinical Terms
UHS	University Hospital Southampton
WTE	Whole Time Equivalent
YOS	Youth Offending Service



