



Southampton City Children and Young People's Emotional and Mental Health Wellbeing Plan: 2021 - 2024

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1. Introduction: Our Focus and Approach

1.1 Southampton City Strategy (2015-2025) – Improving Mental Health and Emotional Wellbeing

Improving children and young people’s mental health and emotional wellbeing requires a collaborative approach of all those working with children and young people and is firmly recognised in Southampton as a shared priority across all agencies working in the health, social care and education sectors, public sector and community and voluntary sector, embedded in the city’s partnership plans: Southampton City Strategy 2015 - 2025, Southampton City Five Year Health & Care Strategy 2020 – 2025 and the Health and Wellbeing Strategy 2017 – 2025 and the Children and Young People’s Strategy 2021-2026 that is being updated in 2021.

1.2 Our Vision for All Children and Young People

We want all children and young people in Southampton to get a good start in life, live safely, be healthy and happy and go on to have successful opportunities in adulthood

1.3 Child Friendly Southampton

Southampton’s vision is to become a Child Friendly City starting in 2021 and working towards the goal of accreditation with UNICEF by 2024/25. Our values as a Child Friendly City are to:

- **Be Inclusive** – by becoming a participative city in which children experience meaningful engagement in the design, delivery and place shaping of Southampton;
- **Listen** – by implementing a participation framework for children within Southampton City Council’s democratic processes within which consultation with children takes place;
- **Learn** - by ensuring all strategy and policy is informed by the active engagement of children, with new strategic commitments expressed in child friendly terms to support children’s inclusion and participation in civic policy creation.

1.4 Raising Living Standards and Confronting Deprivation

Southampton is a relatively deprived city, with children and young people disproportionately affected. About 1 in 5 children are in low-income families and will experience poor housing, family debt and financial anxiety, and food insecurity. The COVID-19 pandemic has led to an exacerbation of deprivation and inequalities. This plan contributes to a robust strategy which will steer local services in their work to raise living standards and confront deprivation.

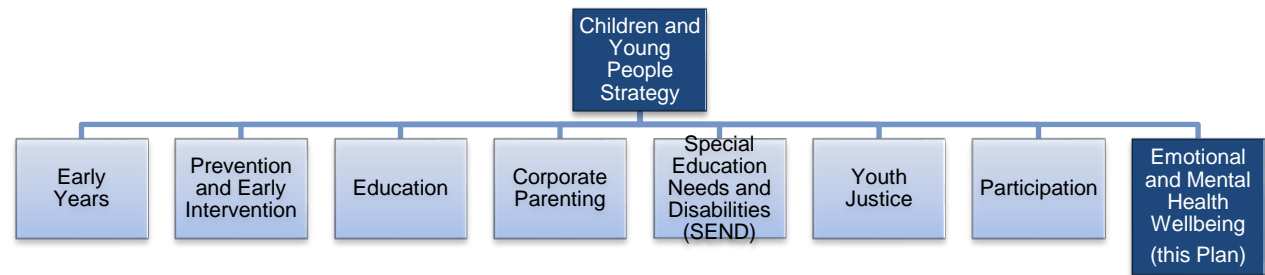
1.5 Southampton Children and Young People’s Strategy (2022-2027)

Southampton’s overarching Children and Young People’s Strategy has four key priorities and is underpinned by eight strategic plans (including this one); alongside a range of service delivery and improvement plans that supports the achievement of these priorities either directly or indirectly through service specific goals and actions..

Our Four Key Priorities



Our Eight Strategic Plans



How will we achieve this?

The overarching principles that we are working to and which you will see in this plan are:

- **Early intervention, prevention, and inclusion:** We will invest in prevention, working with schools and communities to identify needs and deliver services as early as possible, to meet needs at the right time, in the right place and in the right way. We will promote educational inclusion and focus on preparing children for transitions and independence.
- **Relationship based work:** We will build and sustain relationships of trust to build on successes, strengthen the quality of practice and make change together with: All children, young people, families and carers; Each other; Schools and colleges; Partners (health, police, voluntary and cultural sectors) and local communities.
- **Locality working:** We will bring our services closer to the communities they serve by changing how and where we work. We will use local knowledge and intelligence (e.g. data and feedback) to ensure communities can access the services they need from us and partners, closer to home.
- **A skilled and stable workforce:** We will build and develop confident, multi-skilled teams and future leaders through a strong learning and development offer and “high support, high challenge” culture, enabling more consistent relationships with children, families, schools and partners.

The draft Southampton Children and Young People’s Strategy (2022-2027) can be viewed [here](#).

1.6 Delivering our Strategic Plans

Each of our strategic plans sets out the outcomes that we want to achieve; the targets that we will need to deliver against to do this and how progress will be monitored.

2. Southampton's Children and Young People's Emotional and Mental Wellbeing Strategic Plan Vision

Southampton carried out a full refresh of its Children and Young People's (CYP) Emotional & Mental Health Wellbeing Local Transformation Plan in [Oct 2018](#) and [Oct 2019](#) reviewed its progress and the next steps to continue to improve the emotional and mental wellbeing of Southampton's CYP in line with the recommendations of Future in Mind and the NHS Long Term Plan published in 2019.

This Plan sets out our vision for the city around emotional and mental health wellbeing and also informs Southampton's contribution to the Local Transformation Plan. It continues to be informed by and consistent with the strategic vision set out in national policy and best practice, including Future in Mind 2015, the Five Year Forward View for Mental Health, National Child and Adolescent Mental Health Green Paper 2018 and more recently the NHS Long Term Plan, all of which describe an integrated whole system approach to driving improvements in children and young people's mental health outcomes by working in partnership across the NHS, public health, voluntary and community sector, local authority children's services, education and youth justice sectors.

Fundamental to this approach is the importance of partnership working and that social and emotional mental health becomes 'everyone's business' in the same way as safeguarding is 'everyone's business' across Southampton City.

We want all children and young people in Southampton to have the best start in life and enjoy positive emotional wellbeing and mental health. We will achieve this vision by:

- Supporting professionals working with children and young people to have a shared understanding of positive emotional wellbeing and mental health in their work
- Ensuring that children and young people have access to a range of early interventions to support their emotional wellbeing and mental health needs which will prevent difficulties escalating and requiring specialist mental health services
- Ensuring a clear needs-led model of support for children and young people which will provide access to the right help at the right time through all stages of their emotional and mental health development
- Improve equalities in access, experience and outcomes for groups faring worse than others or more at risk of poor mental health

This in turn will support the delivery of Southampton City Children's Services Destination 22 transformation programme which sets out the key areas of transformational work across the system over the next two years. A robust approach to promoting positive emotional wellbeing and mental health and delivering timely support to effectively address mental health problems are key to delivering the Destination 22 four work programmes: Redesigning the service offer for Young People; Reshaping the Accommodation Pathway; Strengthening the Early Help offer and Reimagining the offer to children and young people with SEND (Special Educational Needs and Disabilities).

Principally this will involve embedding a strong emotional and mental health early help offer within each locality as part of the Extended Locality Model.

3. Our Local Picture

Number of Children and Young People in Southampton with a Mental Health Diagnosis

There are an estimated 6,878¹ (12.0%) CYP aged 2 – 19 years old with a mental health diagnosis in Southampton City based on national prevalence rates and registered population based on the prevalence rates within the 2017 Mental Health of Children and Young People Survey. This is projected to increase by 232 CYP (+3.4%) by 2023 based purely on demographic trends; this does not take into account increases due to other factors for example (this is not an exhaustive list): COVID, high levels of deprivation/child poverty, relatively poor primary prevention and protective factors

Identification of need, protective and primary prevention factors

Based on information available, Southampton generally compares poorly with our nine closest nearest neighbours for identification of need, protective and primary prevention factors (see rank in brackets). For example:

- Identification of need: % pupils with Special Educational Needs and Disabilities (SEND) who have Social, Emotional and Mental Health (SEMH) needs (highest), self-harm admissions aged 10-24 years (2nd highest)
- Deprivation: Southampton is the 3rd (of 64) most deprived Local Authority (LA) district in the South East (SE) and 55th in England (IMD 2019), it is also within the 4 most deprived LA districts in the SE for 3 out of 7 subdomains and both supplementary indices.
- Protective Factors: % 15 year olds reporting positive life satisfaction (2nd lowest), Mean Score of Emotional, Mental Health and Wellbeing Statements (lowest)
- Primary Prevention (Adversity): Free School Meals (FSM) Uptake (4th highest), Repeat Child Protection Cases (highest)
- Primary Prevention (Vulnerability): Children in Care (3rd highest), % school aged SEN pupils (2nd highest).

CAMHS Activity: 2020/21

- 2,670 (55%) individual children and young people aged 0-18 received treatment by NHS funded community services – this was significantly above the 35% national target. Southampton had the highest access out of the 8 former HIOW CCCs
- 1,623 CAMHS referrals received compared to 1,568 the previous year – a 4% increase however it should be noted that referral numbers were very low during the start of COVID and during the closure of schools
- 87 Eating Disorder cases compared to 45 the previous year – a 93% increase
- 177 Southampton children and young people seen via the CAMHS Community Crisis Care pathway

¹ [GP Registered population – December 2020](#) extrapolated based on prevalence reported within the [Mental Health of Children and Young People in England, 2017](#)

CAMHS Current Waiting Lists and Staffing

The CAMHS waiting lists and staffing as at the end of July 2021 are:

- Staff vacancy rate is 12-15% at present time with certain post being particularly challenging to recruit to
- Initial Assessment: Waiting times are increasing. From 1st Sept 2021 there are 100 initial assessments booked in up to December, of those 48 will have been waiting over 14 weeks by the time they are seen
- Treatment/Interventions (excluding ADHD/ASD): 305 CYP are waiting for interventions, with an average waiting time of 25 wk from assessment. Below are examples of current waiting times as at Aug-21 for different interventions from assessment:
 - Current longest wait time for anxiety groups is 30 weeks, with 47 children and young people (CYP) waiting
 - CBT waiting time is 11 weeks, with 16 CYP waiting. These will increase when our current Recruit to Train (RTT) posts come to an end.
 - DBT (Dialectical Behaviour Therapy) waiting time is 20 weeks, with 13 children and young people waiting
 - Psychiatry longest waiter is 35 weeks with 59 children and young people waiting

CYP Eating Disorders: 2020/21

- Significant pressure within Eating Disorder services with a 93% (+42) increase in cases during Apr-20 to Mar-21 compared to 19/20 (87 compared to 45)
 - 25 Urgent cases (60% seen in 1 week) in 2020/21 compared to 6 in 2019/20 (+317%)
 - 62 Routine cases in 2020/21 (84% seen in 4 weeks) compared to 39 in 2019/20 (+59%)
- Southampton has the highest number of cases per population in Hampshire and Isle of Wight (79.5 Soton, 63.5 Ports and 43.3 Hants) whilst investment per population is 40% less than IoW, 44% less than Hants and 45% less than Portsmouth
- Southampton cases have increased by 93%, this is higher compared to +52% in Hampshire and +31% in Portsmouth

Neurodevelopmental Pathways

ADHD and Autism Pathways were both temporarily closed during COVID to enable the service to divert resources to support the crisis pathway with a 7 day service. The ADHD pathway reopened in May 2021 and the Autism pathway is due to reopen in September 2021.

At the end of July 2021, the current position for these pathways is:

- Autism: 200 waiting for an assessment with longest waiting of 18 months, this is compared to 511 waiting with a longest wait of 2 years & 23 wks before the closure. The service is currently out to tender for an estimated 200 assessments from a partner provider
- ADHD: 10 waiting for an ADHD assessment; this is compared to 331 with a wait time of >2.5 years before the temporary closure
 - 45 referrals pending a decision with the longest being 12 weeks, approximately 80% of these are connected with ADHD
 - 165 waiting for medication as a treatment option for ADHD with longest wait nearly 1 year

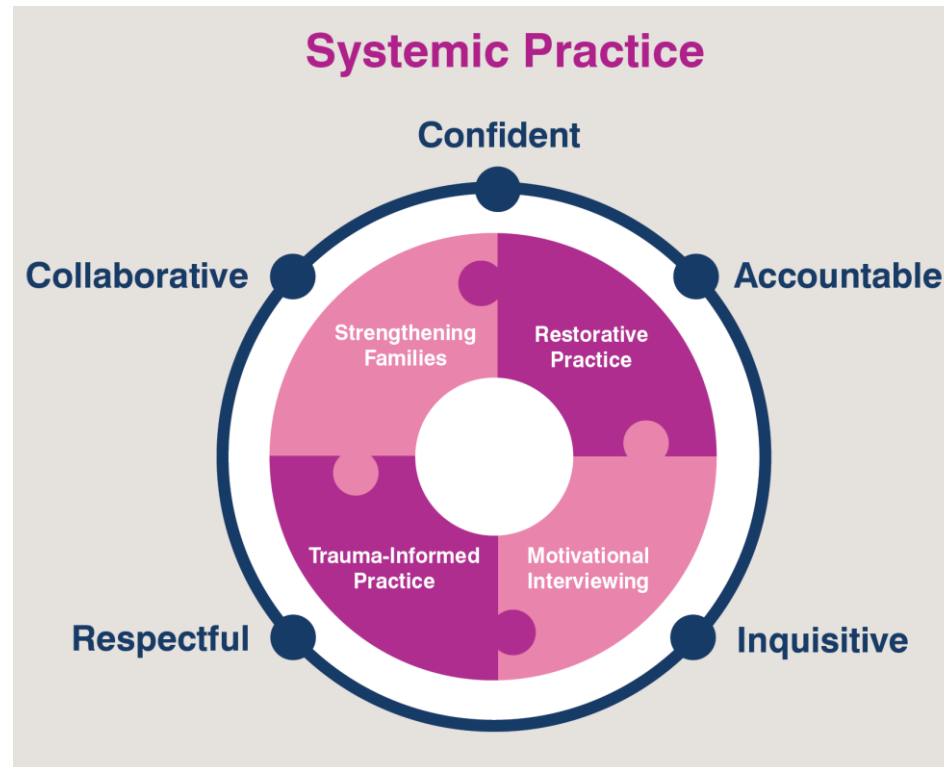
The temporary closure has enabled the service to reduce waiting lists/times and ensure capacity is utilising it in the most efficient and quality assured way moving forwards however there will remain a shortfall between the number of assessments and service capacity.

4. Our Approach

Southampton Practice Framework – Our Practice: Making the Difference

Southampton City has developed a Practice Framework for working with families which sets out the key theories, values, principles and approaches that inform the way we work with children and families, and how we work together as professionals.

Systemic practice is our overarching approach. It promotes the belief that families have the capacity to change. In this approach, challenges are seen to exist within the context of relationships, rather than being located within individuals.



What this means in practice.....

Relationship-based

Developing strong relationships between practitioners and families to make change

Self-reflective

Thinking about our own beliefs and values and how they influence our work

Evidence-based

Using evidence based interventions to support change

Confidently holding risk

Whilst working with families to minimise risk through change

Strengths-based

Doing more of what works and less of what doesn't, building on strengths

Supervision

Using supervision to generate ideas about how to make change

The reason we have adopted Systemic Practice as our overriding approach, because we understand that when undertaken with families with intent and purpose, this systemic exploration can create insight which enables families to create change in the way that they relate to one another. The underlying principle behind systemic practice is the ability to build open, honest and strong relationships with families, and to be able to develop a level of trust which will help them to create real and sustainable change. The person isn't the problem, the problem is the problem – helping families to look at things this way and change their perception of themselves and others becomes key.

Underpinning Systemic Practice the city has adopted the following four relationship based approaches:

- Restorative practice
- Trauma informed approaches
- Motivational interviewing
- Strengthening families

Restorative Practice is one of these approaches, this includes being explicit about the 'bottom line' to safeguard and protect a child. It overtly uses a 'high challenge' and 'high support' approach, which builds on strong relationship-based practice between children, families and professionals. This provides a way of working which is family led, jointly owned and created, achievable and builds sustainable change. It reduces the likelihood of dependency on professional services.

The use of Trauma Informed Approaches is central to our Children and Young People's Emotional and Mental Health Wellbeing Plan to ensure children and young people receive evidence based interventions, have access to the right help at the right time and reduce the risk of specialist mental health services becoming overwhelmed. Research into the effects of adverse childhood experiences (ACEs) has shown how ACEs can impact on the child/teenager/adult's brain processing response to dealing with life challenges and highlight that a person who has experienced significant ACEs may be hyper alert and in constant readiness to Fight/Flight/or Freeze in response to presenting situations, and not be as able to process information and reason. Some 'life choices' or behaviours may be linked to these self-preservation responses. Adopting a trauma informed approach supports a deeper understanding of the impact of past experiences, providing a foundation for effective, emphatic work with families.

We will implement a system-wide trauma informed approach to ensure children and young people receive evidence based interventions, have access to the right help at the right time and reduce the risk of specialist mental health services becoming overwhelmed.

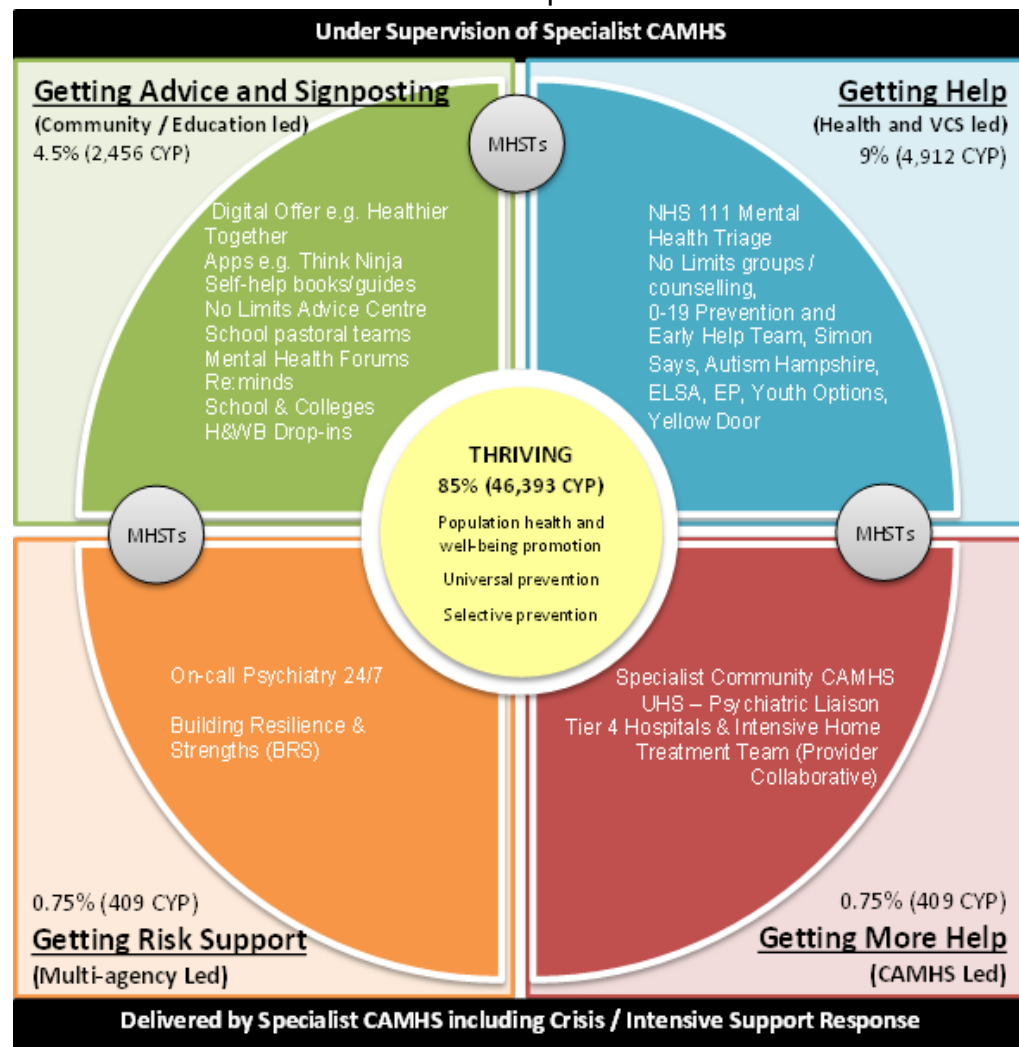
I-Thrive Framework for System-wide Change

To support this approach, we are also embedding the I-THRIVE framework across the City.

The framework:

- Is a nationally recognised one for planning and delivering mental health services for children and young people using an evidence-based approach
- Is person centred and needs led with an emphasis on prevention and early promotion of mental health and wellbeing
- Advocates for the role of all partners in the system to meet the needs of children and young people's mental health and wellbeing across five categories. These are
 - Thriving, Getting Advice and Signposting, Getting Help, Getting More Help and Getting Risk Support)

The I-Thrive Framework and its Principles that we will embed are outlined below.



MHSTs = Mental Health Support Teams in Schools & Colleges

| Principles | Description |
|-------------------------------------|---|
| 1. Common Language | Common conceptual framework (five needs-based groupings: Thriving, Getting Advice, Getting Help, Getting More Help, Getting Risk Support) |
| 2. Needs-Led | Approach based on meeting need, not diagnosis or severity. |
| 3. Shared Decision Making | Voice of children, young people and families is central. Shared decision-making |
| 4. Proactive Prevention & Promotion | Enabling the whole community in supporting mental health and wellbeing. |
| 5. Partnership Working | Effective cross-sector working, with shared responsibility, accountability, & mutual respect based on the 5 needs-based groupings. |
| 6. Outcome-Informed | Clarity and transparency from outset about CYPs goals, measurement of progress and action plans, with explicit discussions if goals not achieved. |
| 7. Reducing Stigma | Ensuring mental health and wellbeing is everyone's business including all target groups |
| 8. Accessibility | Advice, help and risk support available in a timely way for the child, young person or family, where they are and in their community. |

The framework was developed by the Anna Freud National Centre for Children and Families and the Tavistock and Portman NHS Foundation Trust (Wolpert et al., 2019).

5. How we will Measure Success

Ultimately, we want to see an improvement in the emotional health & wellbeing of Southampton's children and young people. This will be particularly challenging in the current context of a pandemic, and in the years beyond due to the economic fall-out, which is expected to be far-reaching and be felt for many years. (See Section 6 for more information).

The focus of the Plan is on improving the following key outputs and outcomes.

1. Improved resilience, emotional well-being and mental health of children and young people
2. More children and young people feel happy and healthy
3. Reduce the demand on specialist CAMHS and social care
4. Reduce self - harm and mental health hospital attendances and admissions
5. Good response times for young people's emotional and mental health support
6. Improved attendance at early years settings, schools and colleges and improved attainment
7. Strengthen inclusion and support mainstream schools in meeting the needs of pupils with SEND reducing the demand on SEMH Special Schools
8. Partner agencies have an increased awareness of their role to support children and young people's emotional well-being & mental health and the wider service offer
9. Skilled and confident workforce who feel empowered to engage with families, promote emotional well-being and respond to emotional distress and mental ill-health
10. More children and young people are engaged in positive activities
11. More children, young people and their families report that they are happy with the quality of the service they receive

6. COVID-19 and Impact on Emotional and Mental Health Wellbeing

COVID-19 (coronavirus) has caused a global pandemic and the biggest public health crisis that we have experienced since World War 2. It will have a long-lasting impact on society at large, from the economy to employment, to the way we interact. Emerging evidence highlights that there is a more significant impact on the most vulnerable young people and communities.

The COVID-19 pandemic has led to an exacerbation of deprivation and inequalities. In November 2020 16.7% of the working age population in Southampton were claiming universal credit – nearly twice that of January 2020 (8.8%), which will impact on Southampton's children and young people.

The Mental Health of Children and Young People in England, 2020: Wave 1 follow up to the 2017 [survey](#) highlighted that the rate of probable mental disorders have increased since 2017. In 2020, one in six (16.0%) children aged 5 to 16 years were identified as having a probable mental disorder, increasing from one in nine (10.8%) in 2017 – relatively this is a 48% increase.

There is evidence that coronavirus (COVID-19) and related interventions, such as social distancing and stay at home guidance including school and early years setting closures, have likely had a negative effect on some children and young people's mental health and wellbeing, it is unknown how long any impacts might last. There is evidence of some improvement since the most difficult periods for children and young people's mental health. There is also evidence that many children and young people seemed to have coped well. Life satisfaction appears to have only slightly reduced and children and young people's happiness appears to have been relatively stable.

'New' or increased anticipated needs as a result of Covid-19 due to loss of connectedness at school and in society, family functioning impacting on risk and protective factors, increased trauma are likely to include the following:

- Increase in crisis presentations including self-harm
- Increase in complexity of cases presenting to CAMHS including those with social care needs
- Higher volume of mental health difficulties including depression, behavioural difficulties and family relationship challenges
- Increased anxiety e.g. due to lockdown/virus fears, transition back to school, separation anxiety
- Worries about exam cancellation and moving into next phase of education
- Increase in mental health presentations will have a negative impact on wider family
- Later identification of emerging needs
- Increased incidents of domestic violence, and child abuse due to family/parental stress due to work/financial impact
- Increased number and severity of Eating disorders
- Bereavement and Loss
- Increase in violent crime – impact on mental health and aspirations

Evidence of the impact of COVID-19 on services locally includes:

- CAMHS referrals: 87% (+320) increase (690 compared to 370) from Apr-Jun 21 compared to Apr-Jun 19 (pre-COVID). Referral numbers are continuing to increase which will impact on waiting times.
- Higher Acuity: 'high level' referrals increased from an avg of 24% of all referrals at beginning of 2020 to 36% at the end of the year
- Community Eating Disorder: Caseload has increased from 37 in May 2020 to 88 in July 2021 – a 138% increase.
- A&E presentations (aged 12-17) with psychiatric conditions as primary diagnosis: 48% (+40) increase (123 compared to 83) from Apr-Jun 21 compared to Apr-Jun 19.

No Limits published “The Impact of Coronavirus on Children and Young People’s Mental Health – The New Normal” report in April 2021. The report is based on research with 462 children and young people aged 8-25, this was also carried out last summer. Both of these reports enable us to cast some light on how children and young people locally have coped and adapted to the different stages of the pandemic. Key findings include:

- 1 in 3 children and young people reported that their mental health got worse or continued to get worse when returning to school in the autumn
- 82% of all young people aged 15+ are worrying about their long-term future
- Almost two thirds of young people are worrying about their mental health
- 81% of young adults are worried about not having enough money to live on
- 36% of females feel they needed more support in returning to school, college or work compared with 24% of males
- 10% of young people felt they have nowhere to go for support with their emotional or mental wellbeing

The report highlighted that children and young people have experienced profound social isolation during lockdown, which have impacted negatively on their mental wellbeing including their relationships and engagement with work / education. Young people want a sense of control over their lives, things to do, and meaningful connections with others.

Lockdown has not only had an effect on the education of our young people but also their emotional and social development. In order to support young people’s reengagement, we need to be addressing the deficit in all three of these areas as we emerge from this third (and hopefully final) lockdown.

This highlights the need to develop the system and work in partnership to meet an increase in demand for mental health support for children and young people in both the short and long term and to improve the outcomes for children and young people in response to COVID. This will continue to be reshaped as new evidence emerges.

7. Plan - 10 Key Priorities

Our Emotional and Mental Health Wellbeing Plan continues to have the following 7 priority areas (as outlined in [Southampton City Children and Young People's Emotional and Mental Health, Local Transformation Plan 2019 Refresh](#))

1. Promoting resilience, building strong prevention and early intervention services
2. Improving access – ‘no wrong door’
3. Improving Services for children and young people with Eating Disorders
4. Improving care for the most vulnerable and reducing health inequalities
5. Improving crisis care
6. Improving the transition to adulthood
7. Developing the children and young people's workforce and different ways of service delivery, including maximising digital opportunities, to promote positive emotional and mental health at every opportunity and intervene early, whilst also meeting increased levels of demand (formerly CAMHS Workforce development)

Three further priorities have been added to our 2021-23 Plan:

8. Improving the evidence based support for CYP and families where there is behaviour that challenges and/ or a neurodevelopmental concern or condition.
9. Continuing to prevent suicide and its impact on children, young people and families
10. Improving local intelligence and measuring of outcomes to determine what impact we are making and to inform future service development

Impact of COVID-19: It is already clear that the overall impact has been significant and it has had a negative impact on emotional wellbeing and mental health and has increased demand on our Services. The pandemic has affected some groups much more than others. The impact of COVID-19 and our response to this is underpinned as a key principle across all of our 10 key priorities to address how we meet the needs of those most impacted.

8. Delivery Plan (2021 - 2024)

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|--|--|
| 1. Promoting resilience, building strong prevention and early intervention services (Getting advice and Signposting, Getting Help) | |
| Named Leads: Phil Lovegrove / Jeanette Keyte / Sean Holehouse | |
| Key Achievements in Last Year: | |
| <ul style="list-style-type: none"> • Mobilisation and full recruitment to the Mental Health Support Teams in Schools (MHST) including self-referral pathway in response to COVID-19 • Successful bid to expand the MHST to cover a minimum 90% of the City • Re:minds Parent & Carer Group developed a new Parenting Course (NAP – Not Another Parenting Course) • Care Pathways for anxiety, depression and ADHD based on the I Thrive Framework were uploaded to the Solent Southampton CAMHS webpage to provide information to support children, young people and their families during COVID-19 • Wellbeing for Education offer to schools provided by Education Psychology • PSHE/RSE city wide quality assured curriculum co-produced with Southampton schools • CAMHS speakers and drop-in sessions with Re:minds including recorded YouTube channel | |
| No. | Key Deliverables |
| 2021/22 | |
| 1 | Wave 2 Mental Health Support Teams Go Live – Summer 2021 and mobilisation of Wave 4 teams |
| 2 | Development of Southampton's Whole School Approach Framework and pilot in schools |
| 3 | Review and development of the emotional and mental health early help offer in localities as part of the Early Help Review, with particular focus on promoting positive emotional mental health and wellbeing using the i-Thrive Framework and offer of Early Help representative in the CAMHS Single Point of Access |
| 4 | Mental Health Youth Champions rollout within MHST Secondary Schools |
| 5 | Embed emotional health work of Re:minds into local pathways aligned to I-Thrive framework |
| 6 | Successful promotion and rollout of Kooth Digital to Young People and Year 1 Evaluation |
| 7 | Healthy Early Years Award (HEYA) – development of module on wellbeing and mental health |
| 2022/23 onwards | |
| 8 | Embed MHST Teams across all schools and colleges across the city – 2022/23 |
| 9 | Roll-out of Whole School Approach to schools across Southampton |
| 10 | Further developing and embedding the emotional and mental health early help offer |

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|--|---|
| 2. Improving access – ‘no wrong door’ (Getting More Help) | |
| Named Leads: Chantal Homan / Phil Lovegrove | |
| Key Achievements in Last Year: | |
| <ul style="list-style-type: none"> • Multiagency CAMHS Single Point of Access with Voluntary Organisations (No Limits and Yellow Door) delivers a triage assessment which covers risk and function and also provides help, intervention and onward signposting as appropriate • Integration of CAMHS Early Intervention offer with Core CAMHS to enable a stepped approach with CAMHS pathways e.g. workshops, drop-ins, group work aligned to I-Thrive Framework • Emotional and mental health service directory developed including services across the City and self-help and apps • Development of digital offer – mixed face to face and virtual offer from CAMHS • Increasing number of CYP accessing CAMHS | |
| No. | Key Deliverables |
| 2021/22 | |
| 1 | Embed I-Thrive Framework within Southampton – series of workshops facilitated by Anna Freud and publication of clear local offer for each of the I Thrive needs based groupings: Getting advice and signposting, Getting help, Getting more help and Getting risk support |
| 2 | Development of Virtual Platform to share resources and updates with Schools and Colleges for MHST |
| 3 | Review of No Limits referral pathway – single point of access offer |
| 4 | Remodelling of Autism Assessment triage pathway |
| 5 | Scope a wider multi-agency single point of referral including early help |
| 6 | Scope CAMHS offer within Primary Care Networks (PCNs) |
| 7 | Ensure that equality of diversity is embedded within Service Delivery across the system to continue to reduce mental health stigma, reduce inequalities and improve access/outcomes for vulnerable groups. |
| 2022/23 onwards | |
| 8 | Evaluation of I-Thrive and how it has been embedded |

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|--|--|
| 3. Improving Services for children and young people with Eating Disorders (Getting more help, Getting risk support) | |
| Named Leads: Jo Barker / Zena Penny supported by Marie Woodhouse | |
| Key Achievements in Last Year: | |
| <ul style="list-style-type: none"> • Increased nursing capacity within Community Eating Disorder Service with £53k investment • Increased capacity through adapting our assessments and utilising clinician expertise within core CAMHS to flex demand • Flexible offer with core CAMHS team to meet increasing needs due to COVID including 7 day offer during COVID | |
| No. | Key Deliverables |
| 2021/22 | |
| 1 | Development of Shared Care Protocol, Tutorial and Webinar for GPs |
| 2 | Develop partnership with BEAT Eating Disorders to enhance care pathway |
| 3 | Scope raising awareness offer for schools, GPs and other community partners working with Hampshire and Isle of Wight (HIOW) colleagues |
| 4 | Continue to develop the Eating Disorder Service offer to fully comply with NICE guidance whilst working with the Hampshire & Isle of Wight Clinical network to explore opportunities for commissioning pathways/interventions across a wider geography where this will improve outcomes for Southampton Children and YP and provide better value for money |
| 5 | Avoidant restrictive food intake disorder (ARFID) – scoping need and develop locally defined clinical care pathway with support from NHS England |
| 6 | Alignment and development of pathways with Closer to Home model with Provider Collaborative |
| 7 | Work in partnership with other CCGs and Providers to deliver the South East Eating Disorder Recovery Plan |
| 2022/23 onwards | |
| 8 | Continue to expand Eating Disorder offer to deliver an evidence service for young people and families in-line with investment standard |

**4. Improving care for the most vulnerable and reducing health inequalities
(Getting Help, Getting more help, Getting risk support)**

Named Leads: Jeanette Keyte / Lindsey Hunt

Key Achievements in Last Year:

- DBT Pathway established between Specialist CAMHS and Building Resilience and Strength (BRS) service
- Clinical Psychologist working with Foster Carers team to improve resilience and to secure long term specialist foster care
- Successful bid to support a pilot for CYP with complex need at risk of involvement with the criminal justice system
- Youth Offending Service (YOS) – increased CAMHS Nursing capacity and improved transition pathway between CAMHS and YOS
- 7 day and evening offer in response to COVID at BRS and CAMHS to improve crisis response during COVID mobilised at speed
- Continues to be no waiting lists in BRS and short turnaround times (<1wk) to MDT from referral and less than 24 hours for crisis cases

| No. | Key Deliverables |
|-----|------------------|
|-----|------------------|

2021/22

| | |
|---|---|
| 1 | Review and Development of citywide offer for young people with complex behavioural, social and mental health needs, including support for children in care, residential developments, crisis and intensive therapeutic pathways |
| 2 | Working with Vermont and Polygon SEMH Special Schools and The Compass School (Pupil Referral Unit) to roll out a whole school approach and targeted intervention for CYP with complex need at risk of involvement with the criminal justice system (NHSE/I H&J funding) |
| 3 | Improve Care, Education and Treatment Review (CETR) Process working with Re:minds |
| 4 | Increasing engagement within CAMHS of Black and Minority Ethnic groups as underrepresented locally - Re:minds and Parent Carer Forum project working with CAMHS |
| 5 | Scope developing a Positive Behaviour Approach pathway/model in the City to support children and young people with learning disabilities and behaviour needs - |
| 6 | Continued development of Children in Care Mental Health offer including embedding the NHS South East Practice Guide |

2022/23 onwards

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| 7 | Evaluation of CYP with complex need at risk of involvement with the criminal justice system pilot in 3 schools and roll-out to mainstream city schools (funding dependent) |
| 8 | Implementation of the outcomes from the Destination 22 Review - rollout of YP with complex behavioural and mental health needs service offer |

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| 5. Improving Crisis Care (Getting more help, Getting risk support) | |
| Named Leads: Phil Lovegrove / Chantal Homan | |
| Key Achievements in Last Year: | |
| <ul style="list-style-type: none"> • 455 young people have been seen in the interim self-harm community pathway developed by CAMHS to support acute system during COVID from Apr-20 to Jul-21 (7 day service – for all in crisis COVID response) • Embedded Delayed Discharge Process within Southampton Children’s Hospital and with key partners in SCC • Business Case agreed for development of Southampton Children’s Hospital facing Psychiatric Liaison Team • Youth Workers within Emergency Department has been piloted providing a Holistic offer for young people who present in crisis at the hospital e.g. support with emotional health, housing, relationships • NHS 111 Mental Health offer for Young People enabling advice, support and signposting to be provided 24 hours a day 7 days a week all year round for any young person contacting NHS 111, including direct signposting to No Limits young people’s service • Multiagency pathway for CYP at Southampton Children’s Hospital has been fully embedded with Children’s Social Care | |
| No. | Key Deliverables |
| 2021/22 | |
| 1 | Further development of 111 pathway with No Limits for under 25 year olds |
| 2 | Support implementation of the Intensive Home Treatment Team for South West Hampshire being led through the CAMHS New Care Models partnership |
| 3 | Ensure successful acute Psychiatric Liaison mobilisation |
| 4 | Evaluation of Youth Workers in Emergency Department and Safe Haven and embed with core Psych Liaison/Crisis Offer |
| 5 | Scoping need for extended hours for services to increase coverage |
| 6 | High Intensity Users pathway to be developed |
| 7 | Evaluate Dialectical Behaviour Therapy (DBT) offer and scope the extension of the pathway to cover Youth Offending |
| 8 | Development of Business Plan for Short stay Residential unit for Young People with complex social and emotional difficulties and/or Learning Disabilities/Autism in crisis |
| 2022/23 onwards | |
| 9 | Implementing recommendation around extended hours for services |
| 10 | Implementation of Short stay Residential unit if approved |

6. Improving the transition to adulthood (Getting advice and Signposting, Getting Help)

Named Leads: Debbie Sylvester / Satty Basra / Zena Penny supported by Marie Woodhouse

Key Achievements in Last Year:

- Ensuring that all young people transitioning from CAMHS to primary care have a transition care plan that includes a Crisis Risk Management and a Crisis Plan which is shared with the young person's GP
- Crisis support for all ages through our NHS 111 Mental Health Offer with CAMHS and Adult Mental Health available 24/7 for immediate assessment and support
- Re:minds (support group for parents of children with mental health problems and neurodiversity) have recently started to run monthly Adult Mental Health Advice clinics for parent / carers – this includes guest speakers from Adult Mental Health and Adult Mental Health services are now attending regular Re:minds drop-in sessions
- The roll out of Mental Health Support Teams in School and Colleges – this will cover all of our Colleges by January 2022
- MHST pathway agreed with IAPT for young people aged >17.5 years

| No. | Key Deliverables |
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2021/22

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| 1 | Work with Hampshire colleagues (ICS worksteam) around developing the 0-25 offer to meet the NHS Long Term Plan ambition with focus on Care Leavers, Learning Disabilities and Autism |
| 2 | Scope how the Recovery College could support young people transitioning to adulthood |
| 3 | Specifically scope what support is available across the city for young people with neurodiversity (ASD, ADHD) and improve pathways into this as part of the transition process |
| 4 | Develop and Sign off Transition protocol between CAMHS and Southern Health (Adult Mental Health Provider) |
| 5 | To implement recommendations from Service Improvement Project within Solent NHS Trust on Transition |
| 6 | Scope extended Improving Access to Psychological Therapies (IAPT) offer to 16-17 year olds |
| 7 | Work with Adult MH Services and PCNs as part of the No Wrong Door/community transformation initiative to develop solutions for meeting the needs of 18-25 year olds who don't traditionally meet AMH criteria |
| 8 | Working with primary care to evaluate the implementation and effectiveness of transition care plans |

2022/23 onwards

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| 9 | Continued roll-out of 0-25 offer |
| 10 | Schedule annual audits and quality checks of discharge summaries for young people transitioning to Primary Care from CAMHS |
| 11 | Strengthen relationships between the city's universities and young people's mental health support services |

7. Developing the children and young people's workforce and different ways of service delivery, including maximising digital opportunities, to promote positive emotional and mental health at every opportunity and intervene early, whilst also meeting increased levels of demand (Getting advice and Signposting, Getting Help, Getting more help, Getting risk support)

Named Leads: Stuart Webb / Chantal Homan / Mary Chisham

Key Achievements in Last Year:

- Development of digital offers from CAMHS and wider voluntary and community services during COVID-19 to respond to social distancing guidance
- Thematic newsletters designed by the MHSTs over COVID for primary and secondary schools - focussing each time on a specific area e.g. sleep, anxiety etc and providing evidence based strategies, along with
- Zoom Workshops based on a variety of topics from MHSTs, CAMHS and No Limits
- Continued roll-out of Restorative Practice training
- Re:minds YouTube channel
- Wellbeing for Education offer to schools provided by Education Psychology includes supervision for head teachers
- Recruited to Recruit to Train Posts in Specialist CAMHS/MHSTs to increase workforce and service delivery of Cognitive Behaviour Therapy (CBT) and fully recruited MHSTs
- Wellbeing drop in sessions for early years leaders, and access to support from Educational Psychology service
- Virtual music sessions for early years settings delivered by Southampton Music Hub

| No. | Key Deliverables |
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| 2021/22 | |
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| 1 | Review and embed findings from Health Education England (HEE) HIOW Workforce Development Project |
| 2 | Review of Skillsets / Workforce in Early Help offer in the City incorporated within the development of the Southampton Children and Learning Services Academy |
| 3 | Review of current training available to wider workforce to support emotional and mental health |
| 4 | Scope delivering training for Mental Health Leads in Education settings |
| 5 | Undertake a city wide trauma informed approach needs analysis and develop a multi-agency city wide trauma informed approach training offer |
| 6 | Roll-out of SilverCloud, online CBT offer, in MHST |

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| 2022/23 onwards | |
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| 7 | Reshape or commission training |
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8.Improving the evidence based support for CYP and families where there is behaviour that challenges and/ or a neurodevelopmental concern or condition (Getting advice and Signposting, Getting Help, Getting more help)

Named Leads: Laura Nisbet / Laura Roughan / Pippa Cook supported by Sam Nicolaou

Key Achievements in Last Year:

- Recruitment of additional staff for a waiting list initiative to reduce waiting times and number waiting for both ADHD and Autism Spectrum Disorder (ASD) has increased service capacity
- Agreement of non-recurrent funding to outsource assessments to significantly reduce Autism Waiting list and pilot a Parent/Carer advice line for parent/carers
- Development of the profile of need and Ordinarily Available Provision guidance.
- Development of Inclusion Charter
- ADHD Tutorial and Shared Care Guidelines developed to support Primary Care
- Launch of School Autism Champions – developing a Citywide Network of Champions as part of autism friendly school work

| No. | Key Deliverables |
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| 2021/22 | |
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| 1 | To review ADHD and Autism Pathways and remodel into a joint neurodevelopmental assessment, support and intervention pathway(0-18) including reducing Autism waiting lists by outsourcing referrals and developing a set of metrics and measurable outcomes across the assessment and intervention pathway that are easily obtained, accessible and meaningful |
| 2 | Development of Parenting Support Offer for families at from “Getting help” through to “Getting more help” levels |
| 3 | Launch of School Autism Champions – developing a Citywide Network of Champions as part of autism friendly school work |
| 4 | Development of all-age Autism Strategy (or Neurodevelopmental) aligned with publication of National and SE Autism Strategy |
| 5 | Autism in Schools Project -identification of schools for the Project and implementation of the three key pillars of the Project – training and development, further develop Parent Carer Forums and creation of a programme of specific support for schools |
| 6 | Development of Autism Peer Support working with Parent Carer Forum and Re:minds |
| 7 | Developing pathways to better meet the emotional and MH needs of CYP with LD and/or Autism. To include developing the PBS pathway and meeting the LTP ambition of reducing the number of CYP admitted to inpatient/residential settings by improving multiagency crisis prevention and support in the community (including the potential development of a “safe space” for assessment and planning) |

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| 2022/23 onwards | |
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| 8 | Wider implementation and evaluation of Parenting Support offer |
| 9 | Using the developed data sets to develop and improve the service. |
| 10 | Deliver the pathway offer across agencies. |

**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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2021/22

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| 1 | <p>Roll out of wave 1 and 2 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:</p> <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 | <p>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</p> |
| 3 | <p>Connect 5 suicide prevention commissioned training to be rolled out to key touch points over 2021 and into 2022</p> |
| 4 | <p>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</p> |
| 5 | <p>Commission and roll out of a suicide-specific bereavement support single point of contact service offer to families across HLOW</p> |

2022/23 onwards

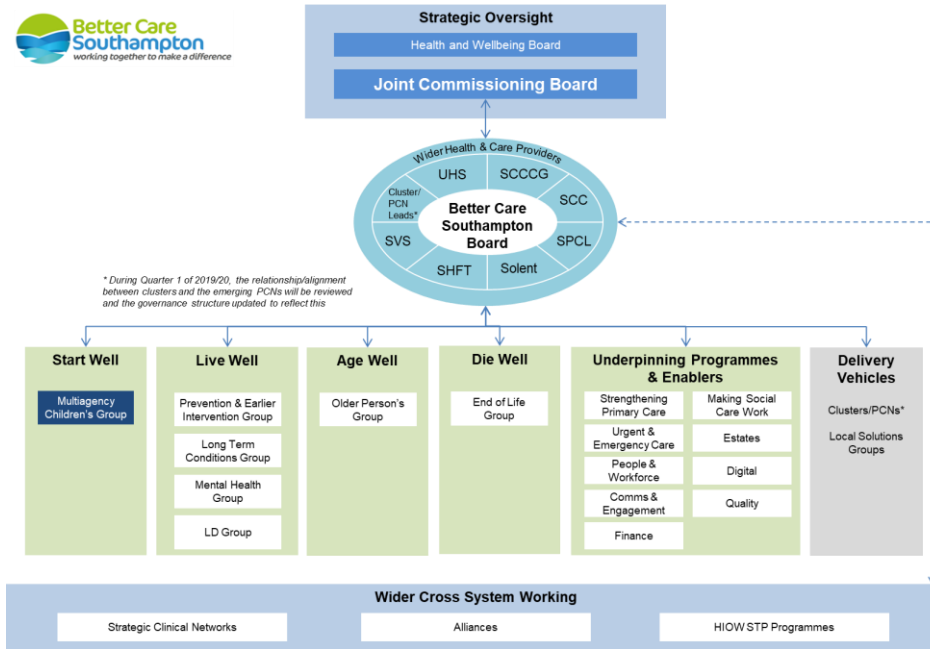
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| 6 | <p>Gain the commitment of key employers to promote mental health and wellbeing within their organisations</p> |
| 7 | <p>Continue to understand the data and pathways in relation to self-harm and identify areas for quality and service improvement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

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| 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: | |
| <ul style="list-style-type: none"> • 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 |
| 2021/22 | |
| 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 |
| 2022/23 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 |

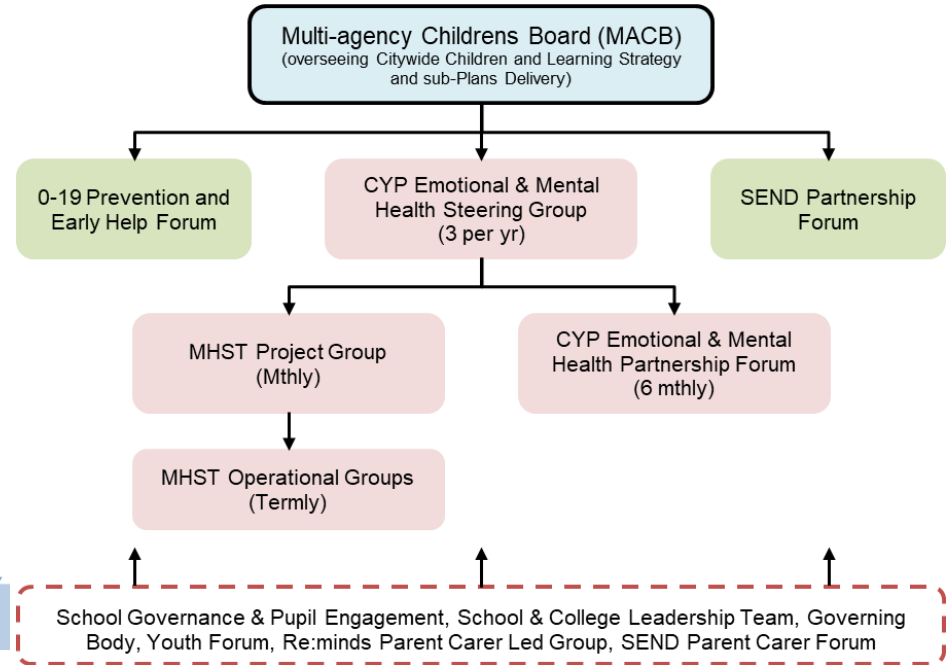
9. Governance: Southampton City and HIOW Integrated Care System (ICS)

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.

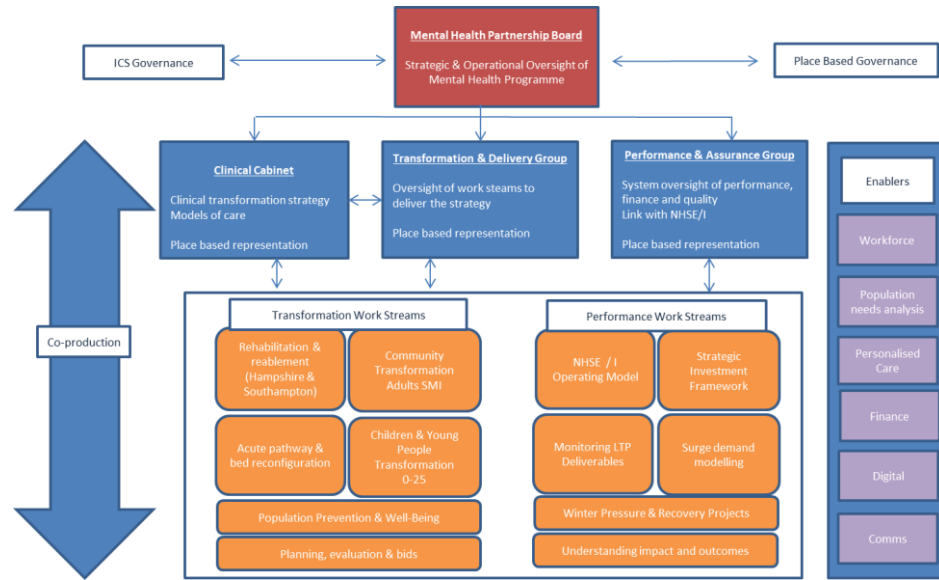
A1. Better Care Southampton



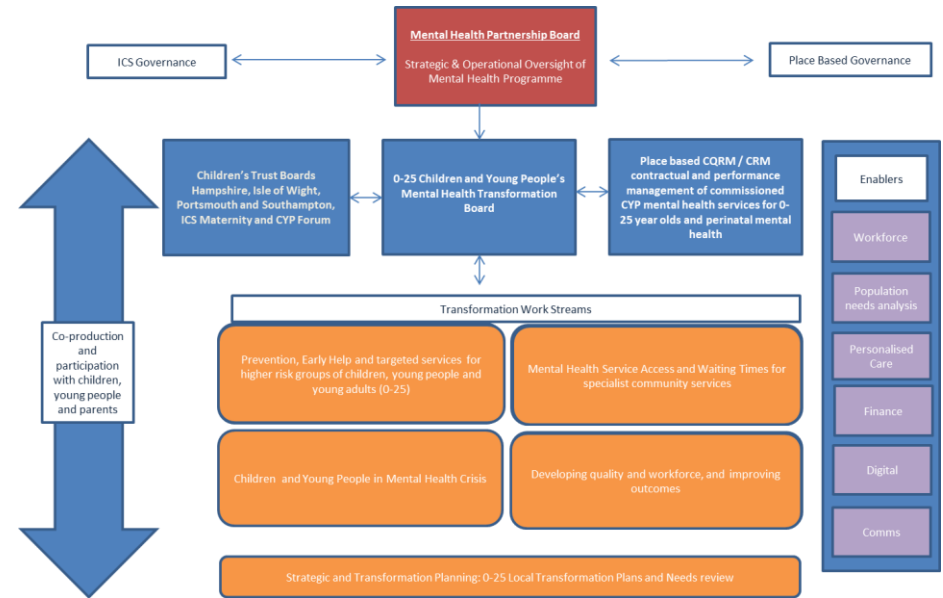
A2. Southampton CYP Mental Health Governance



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).

Reported in £,000

| | 2015/16 | 2016/17 | 2017/18 | 2018/19 | 2019/20 | 2020/21 | 2021/22 |
|--|---------------|---------------|---------------|---------------|---------------|---------------|---------------|
| CCG Funding | | | | | | | |
| CAMHS including Autism Assessment ² (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

² There 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.

| | <i>Costs in £,000</i> | 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 |
|----|--|-----------------|--|--------------------|
| 1 | 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> <ul style="list-style-type: none"> - 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>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> <ul style="list-style-type: none"> - 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 | <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 |

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| | (unless it is safe for them to go home in the interim) | | | |
| 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. | Neurodevelopmental Waiting Lists, Service Capacity and Support | <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* |
| 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. | <p>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</p> | 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 | <p>Continued pressures upon the services that support them in terms of additional demand and referrals.</p> <p>Impact on staffing due to having to self-isolate</p> | 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 | <p>Unable to meet national target to upload data to MHSDS and evaluate impact on service and interventions</p> | 8 (Med) | <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 |

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