

**Children & Young People's Mental
Health Update – 14 November 2023**

HCC Children's Select Committee



Executive Summary

Children and Young People's Mental Health and well-being is one of the fastest evolving areas of health and social care relating to children, young people and families, with unprecedented demand for care and services seen by partners across the system in recent years. Whilst demand pressures have existed within services since for some years, the impact of the Pandemic upon children and young people's lives exacerbated this. This is particularly true for Hampshire communities where pre-existing long waiting lists compounded the challenges that the Pandemic brought.

Across Hampshire, we remain confident that our services offer high quality care, through practitioners, clinicians and managers who are dedicated to improving access and supporting young people and their families. Despite this, too many young people experience crisis while awaiting support in the community, sometimes making admission to hospital necessary to prevent further harm. Whilst rapid access to inpatient care is critical for those few who have the highest need, the young people and families continue to tell us that we must do much more to ensure care and support is available when and where young people first need it.

Improving children's mental health and wellbeing will require a collective effort. Focusing on the young person's journey, seamlessly stepping up or stepping down care, and making sure that the young person is receiving the right care and support at each step, and that this care is joined up across partners remains at the heart of our shared aspirations for better outcomes and life chances for Hampshire children and young people.

There is an ongoing and growing necessity to using our resources wisely together and grow what we need across public services to support children and young people in the future. Hampshire and Isle of Wight and Frimley Integrated Care Boards are both committed to working in partnership to deliver this, and have both put made children's mental health and wellbeing a key area of focus in their first meetings as Integrated Care Boards.



Executive Summary

Taking collective action:

Alongside our partners the NHS is committed to ensuring that children and young people receive the right care close to home and that their family, social and educational networks are enabled and supported to work effectively together. We will make our care and services accessible to every child who needs them, making sure all the communities within Hampshire and the Isle of Wight are great places to grow up. This update summarises the action taken and delivery achieved to date, alongside a clear articulation of the strategic challenges we face and our ambition to resolve them together. Ensuring HIOW and Frimley ICBs achieve sustainable high quality services for our children and young people presenting with mental health issues is a shared priority covering all of Hampshire. This will complement the existing high priority given to children's mental health by the Hampshire Health and Wellbeing Board.

To ensure we deliver this the HIOW and Frimley ICBs are committed to:

- Consolidating specialist CAMHS provision in Hampshire into more integrated models of service delivery in our respective ICS geographies to increase service resilience and improve pathways around transition to adult mental health services for older young people approaching adulthood through transfer of the Hampshire CAMHS contract to NHS Provider Trusts more embedded in our local systems. This should bring a range of workforce development recruitment and retention benefits
- Working with local providers to delivering against our agreed transformation priorities and investments
- Focussing our attention on putting our investment where its most needed to improve access to care for those who need it most
- Developing and improving pathways of care in partnership across our system – reducing duplication, fragmentation and making the most of the resources we have
- Redesigning and delivering an effective care offer – in particular for those with eating disorders, ADHD and Autism and young people needing highly specialist care with multiple needs

The HIOW and Frimley Integrated Care Boards are also:

- Supporting the prioritisation of Children and Young People's Mental Health care as a priority for the ICB alongside local Health and Wellbeing Boards
- Bringing together key NHS, local authority and VCSE leaders in a collective strategic approach to continue to improve care and support to children and young people with mental health difficulties, and their families/ caregivers
- Supporting the development of an eating disorder model for the most complex of our patients enabling a care pathway that supports children and young people to remain as close to home as possible whilst receiving care
- Supporting the development of further alternatives to crisis pathways to enable children and young people to step down the care pathway as quickly as possible and be supported in their usual place of residence wherever safe, possible and appropriate
- Working with those leading our system response to improving children's mental health services to ensure regular updates on the progress being made, and the further steps and resources necessary to progress this as quickly as possible



Hampshire Children and Young People's Mental Health Local Transformation Plan – Vision and Principles

Vision

For all children in Hampshire to be happy, resilient, safe, able to reach their potential, and experience good emotional wellbeing and mental health, both now and in the future

Principles

These principles have been developed through engagement with children and young people and extensive discussions with stakeholders:

1. Work together to promote sustainable change, improve early identification of potential mental health problems and to prevent escalation of a problem into a crisis
2. Promote emotional wellbeing and mental health, including how to look after your own mental and physical health and support others around you
3. Ensure that the voices of children and young people and parent/carers and practitioners are listened to and acted upon
4. Support children and young people at greater risk of poor mental health, recognising the need to address inequalities and disadvantage
5. Reduce stigma around mental health so that more people are able to ask for help
6. Promote resilience amongst children and young people, families and communities, increasing protective factors and reducing risk factors
7. Ensure that children and young people in Hampshire have access to a confident and competent workforce, at the right level of service and/or support, at the right time
8. Have a whole school approach to mental health that delivers a positive learning environment and sense of belonging, enabling children and young people to achieve full potential, including academic success

The Hampshire CYP MH Local Transformation Plan sets out six key objectives and six cross cutting priorities:

Key objectives include:

1. Improving access and waiting times for children and young people's mental health services
2. Increasing our focus on prevention and early help
3. Improving service quality and access for children and young people in mental health crisis
4. Improving transition for 16 & 17 year olds and access to mental health services for 18-25 year olds
5. Improving service quality, develop the workforce and embed the use of data & outcomes to demonstrate service effectiveness
6. Increasing equity of access, experience and outcomes for more vulnerable children and young people

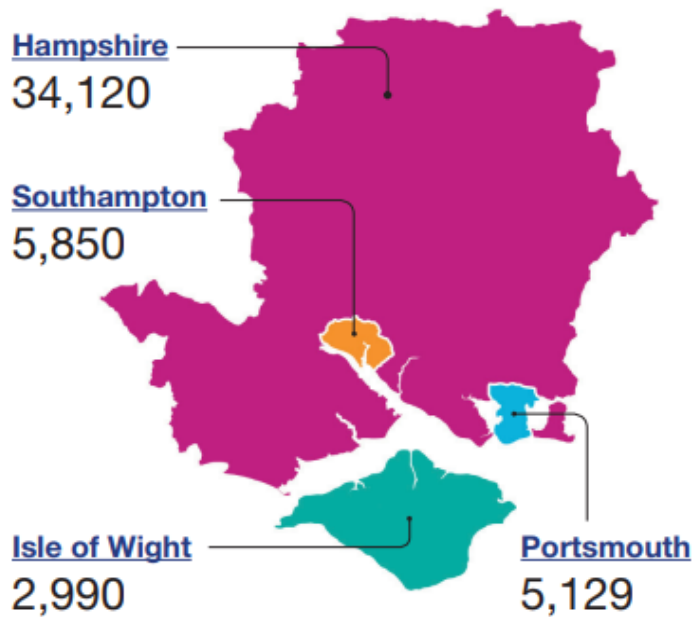
Cross cutting priorities include:

1. Children and Young People's emotional wellbeing and mental health is everybody's business
2. Support for good mental health of parents
3. Whole school/educational settings approach to mental health
4. Support mental health of vulnerable children and young people
5. Reducing rates of self-harm
6. Improvement of service provision



Joint Strategic Needs Assessments have been done in each place and across Hampshire and the IOW informing us of the challenges facing our children and young people

As at the 2011 Census, there were 577,119 CYP aged 0-24 in HloW. The number of CYP reported to have a MH disorder is rising, in 2020 1 in 6 (16%) CYP nationally aged between 5 and 16 were found to have a probable mental health disorder, this proportion rises to 17.4% across the South East. This translates to the following numbers of CYP aged 5-16 with a probable mental disorder across the HIOW ICS:



Parental Mental Health

Parental MH has a big impact on parent-infant attachment and can have long term effects on the development of infants.

Overall, 10-20% of women are affected by MH difficulties in the first year after birth equating to 2130-4270 women in HloW ICS.

The prevalence of MH problems is thought to be around three times higher in mothers under

the age of 25. The proportion of births to mothers under 20 is higher than the national average in Portsmouth, Southampton and the IoW.

Risk factors for the development of maternal MH difficulties include a history of MH problems, those who have a traumatic birth, poor social support, alcohol or drug use or a poor relationship with a partner.

0-5 Years

Parental wellbeing is the biggest single factor influencing a child's wellbeing. Children whose parents have a common mental health disorder, those in a family with un-healthy family functioning or a household with a lower income are more at risk of developing MH disorders.

It is estimated that 3.3% of 2-4-year-olds in South England have a MH disorder, which gives

an estimate of:

- 1514 2-4 year olds in Hampshire
- 130 in IOW
- 250 in Portsmouth
- 311 in Southampton affected by a MH disorder

Boys (6.8%) are more likely than girls (4.2%) to have a MH disorder when aged 2-4.

Children under the care of mental health services when compared to peers:

- Almost 20 times more likely to enter the judicial system
- Leave school 18 months behind peers in terms of educational attainment
- Less likely to be employed as adults
- 75% will become adults requiring secondary care mental health services

5-19 Year Olds

Prevalence of MH conditions amongst CYP aged 5-15 is on the increase and in the South East in 2017 11.7% of 5-19 year olds had a mental health disorder.

At primary school age boys are almost twice as likely as girls to have a disorder however the opposite can be said for 17-19 yr olds

Girls have higher rates of emotional disorders and boys behavioural or hyperactivity disorders.

59.1% of those with a mental disorder reported being bullied in the last year, compared with 32.7% of those without.

Social support, parental mental health, adverse life events and family functioning were all associated with mental disorder.

Those with MH disorders were more likely to participate in risky behaviours.

Young Adults 16-25

Around 10% of 15-16-year-olds self-harm with 36% of 16-25 year olds self-harming at some point.

In particular there has been a 36% increase in the rates of hospital admission for self-harm for 10-24 year old females (for boys this has remained stable).

Locally we have seen increasing rates of self-harm in Hampshire & Southampton.

People who self-harm are 49 times more likely to die by suicide than those who don't.

The proportion of young people aged 16 to 24 with anxiety or depression is also increasing nationally.

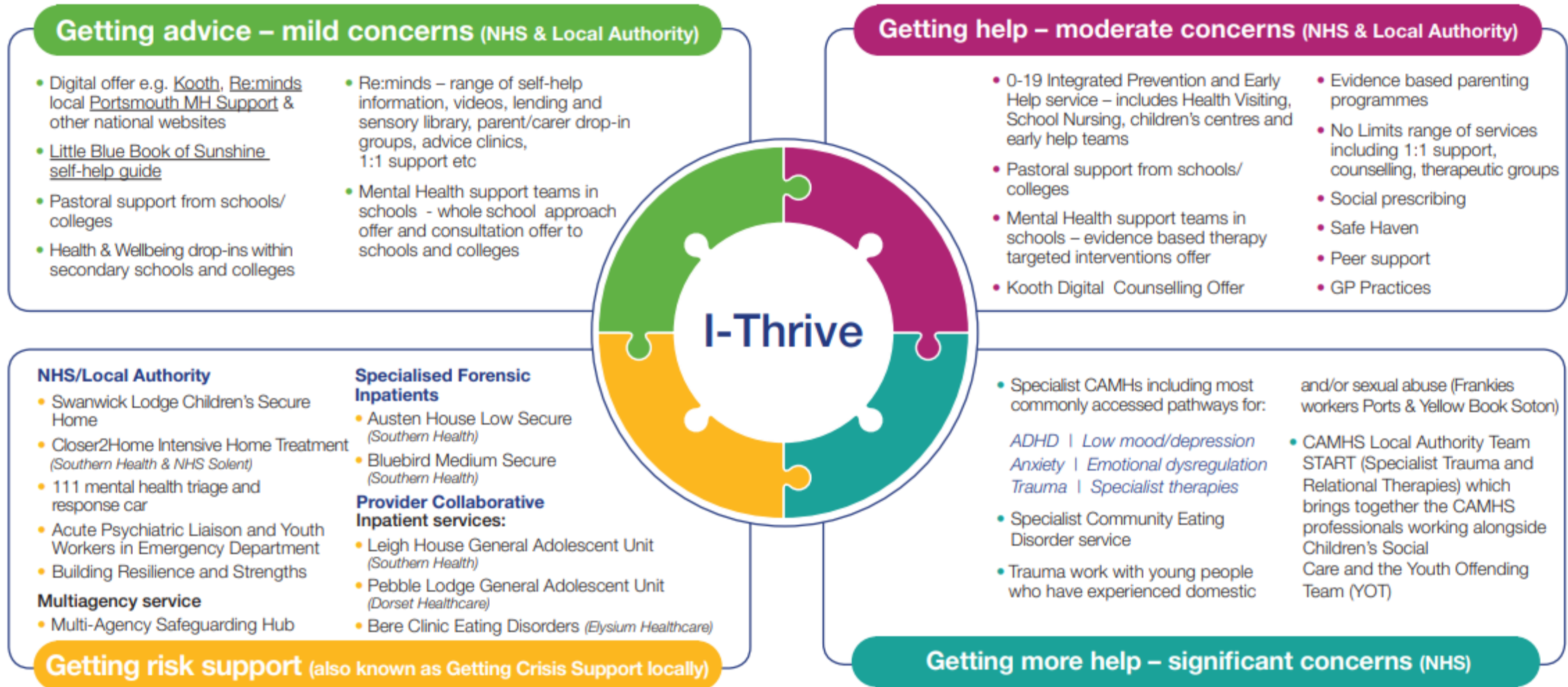
The I-Thrive model is the commissioning and care delivery framework used across children's mental health services in Hampshire

The planning and delivery of CYP Mental Health services in Hampshire and the Isle of Wight is framed around the I-Thrive model (replacing the previous Tiered model).

The THRIVE framework is an integrated, person centred and needs led approach to delivering mental health services for children, young people and families which conceptualises need in five categories. In contrast to the tiered model of healthcare, the THRIVE Framework emphasises cross agency and system-wide factors as key to ensuring that young people thrive, and that good quality care for psychological and emotional wellbeing is provided to CYP across all sectors – so emotional and mental health is 'everyone's business'



With an emphasis on cross-agency working the patient centred model aims to deliver a range of services from early help to more specialised and bespoke care



Steps taken to improve children's access to mental health services in Hampshire over the last year and improvements for coming year



Key successes over last year:

- Progression of due diligence work to support transfer of Hampshire CAMHS contract from Sussex Partnership Foundation Trust into Southern Health (HIOW ICB) and Surrey and Borders (Frimley ICB (NE Hampshire)) from February 2024 ahead of wider consolidation of NHS Community Providers under Project Fusion (HIOW ICB) and Frimley ICB system transformation plans is on track
- Overall monthly contact capacity in Hampshire CAMHS core services over last 12 months (10,725) remains 32% higher than two years ago, but is slightly less than the previous 12 months (11,193 per month)
- Hampshire Community Children's Eating Disorders continue their recovery in relation to the timeliness of treatment for both urgent (1 week) and routine (4 week) referral to treatment standards
- Four new Mental Health Support Teams in Schools (MHSTs) in Eastleigh, Havant, Basingstoke and Winchester started support children and young people and schools in January 2023
- Recruitment has started to an additional two new MHSTs in to start from January 2024, serving children and schools in Fareham and Test Valley
- Introducing Primary Mental Health workers into 7 HIOW ICB Primary Care Networks, with plans for more to follow next year

Key areas of focus for improvement next year:

- Focus on reducing waits for Hampshire children for CAMHS services through additional capacity
- Long Term strategy for improving access to Autism and Attention Deficity Hyperactivity Disorder (ADHD) assessments whilst stabilising activity levels commissioned through external providers whilst this is developed
- Focus on improving support and access to effective and timely help for our most complex and vulnerable children



HIOW ICS Mental Health Performance

Latest published position of performance against MH trajectories and targets:

Children and Young People	Access to CYPMH Services	Rolling 12 months	23,826	23,826	21,825	-2,001	Aug-23	Worsening		The factors for current growing gap between National Target and local performance are under investigation.
	CYP Eating Disorders waiting times (Urgent)	Rolling 12 months	95.0%	88.8%	83.1%	-5.7%	Aug-23	Worsening		Numbers in the urgent pathway are small and there is confidence performance against this measure will improve over the rest of 2023/24
	CYP Eating Disorders waiting times (Routine)	Rolling 12 months	95.0%	73.0%	69.1%	-3.9%	Aug-23	Worsening		Improvement has stalled in relation to this measure despite longer term improvement and reductions in waiting lists. Improvement is expected over rest of 2023/24.

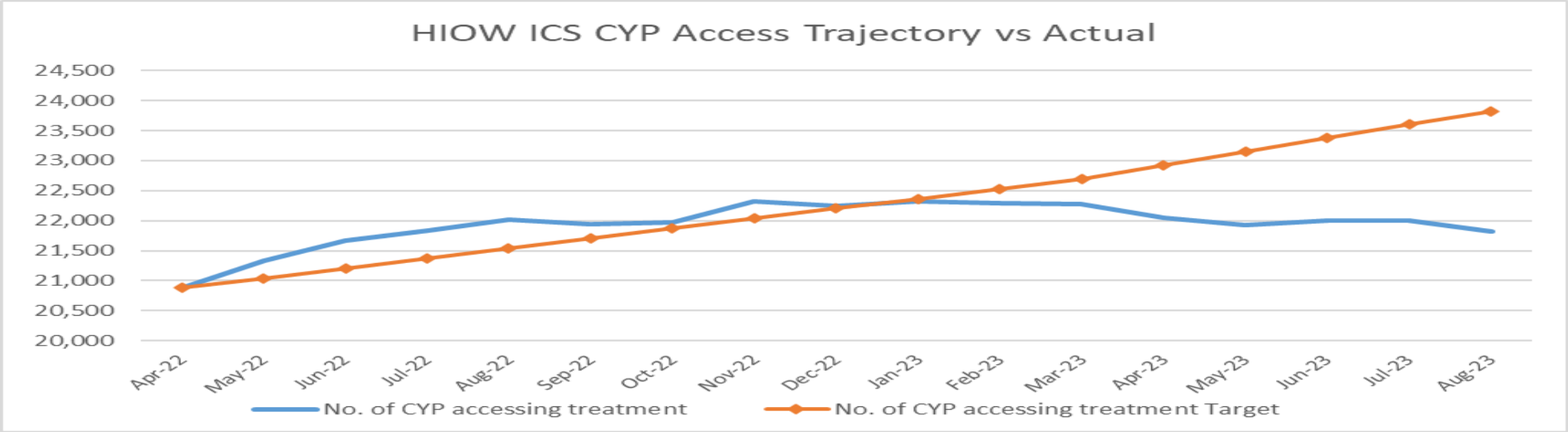
Programme 3: Children and Young People (CYP)

- Access to CYPMH Services** – The rolling 12 month position at the end of August was that 21,825 CYP had been supported by NHS funded MH services with at least one contact, 2,001 contacts adrift of target. Currently August’s performance is a provisional figure and is showing a deterioration as well as the number of achieved contacts falling short of target for the last 8 months.
- Children and Young People Eating Disorder (CYP ED) - Urgent referrals** – In August 83.1% of CYP with an urgent ED referral were seen within the 1 week target, which although a small deterioration from April, is 17.7% higher than the 65.4% achieved in August 2022.
- Children and Young People Eating Disorder (CYP ED) - Routine referrals** – It was reported in August that 69.1% of CYP with a routine referral were seen within the 4 week target. As can be seen from the marginally deteriorated position at the same point last year, (69.3% August 2022) recovery of this metric has been challenging. This is largely due to a higher level of breaches within the Hampshire CAMHS ED service. The service continues to receive a high proportion of ARFID referrals which due to complexity in assessment hinder the service’s ability to triage and treat all routine referrals on this pathway within the 4 week target.

CYP Eating Disorders 95% National target	M05 Hants	M05 vs M04	M05 IOW	M05 vs M04	Q1 Southampton	Q1 vs Q4	Q1 Portsmouth	Q1 vs Q4	M05 Southern Health	M05 vs M04
CYP Eating Disorders waiting times (Urgent)	82.4%	Worse (within 5%)	100.0%	Same	100.0%	Improvement	100.0%	Same	16.7%	Same
CYP Eating Disorders waiting times (Routine)	59.9%	Worse (within 5%)	84.4%	Worse (within 5%)	85.7%	Worse	71.1%	Worse (within 5%)	72.4%	Worse (within 5%)



Children & Young People Access to Mental Health Services

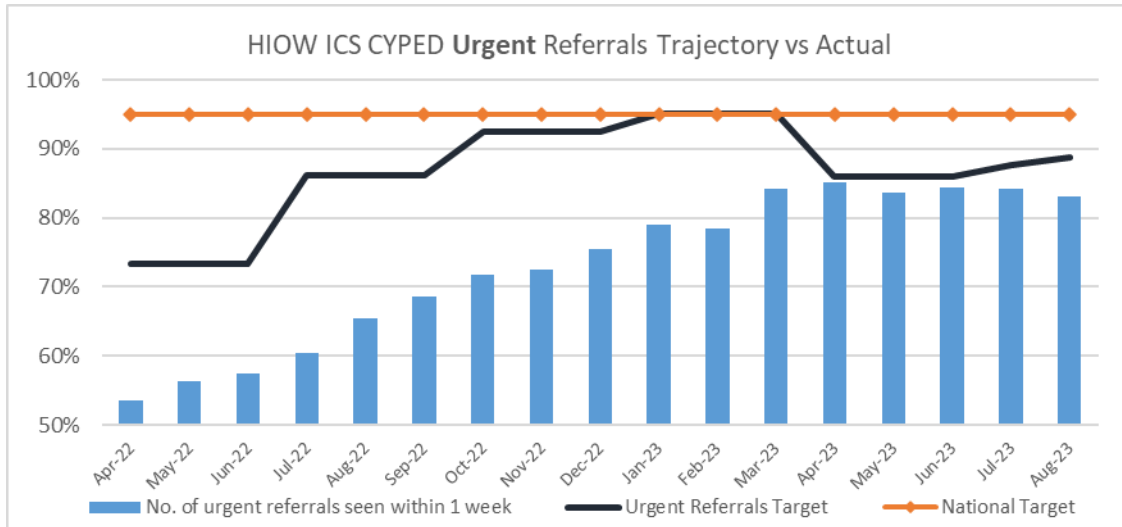


This graph shows the number of children and young people aged under 18 supported through NHS funded mental health with at least one contact (12 month rolling figure).

The latest access position reported for the 12 months September 2022 – August 2023 was that 21,825 children and young people had been supported with at least one contact, against a target of 23,826. The monthly trajectory targets are set with the aim of delivery 25,407 contacts by end of March 2024. Currently August’s performance is a provisional figure and is showing a deterioration as well as the number of achieved contacts falling short of target for the last 8 months.

Future NHS reads: ‘Intelligence suggests that the MHSDS is an undercount of the actual activity’ and the ICS continues to request the support from NHSE and CSU colleagues to ensure all service contacts are counted via accurate data flows to the MHSDS.

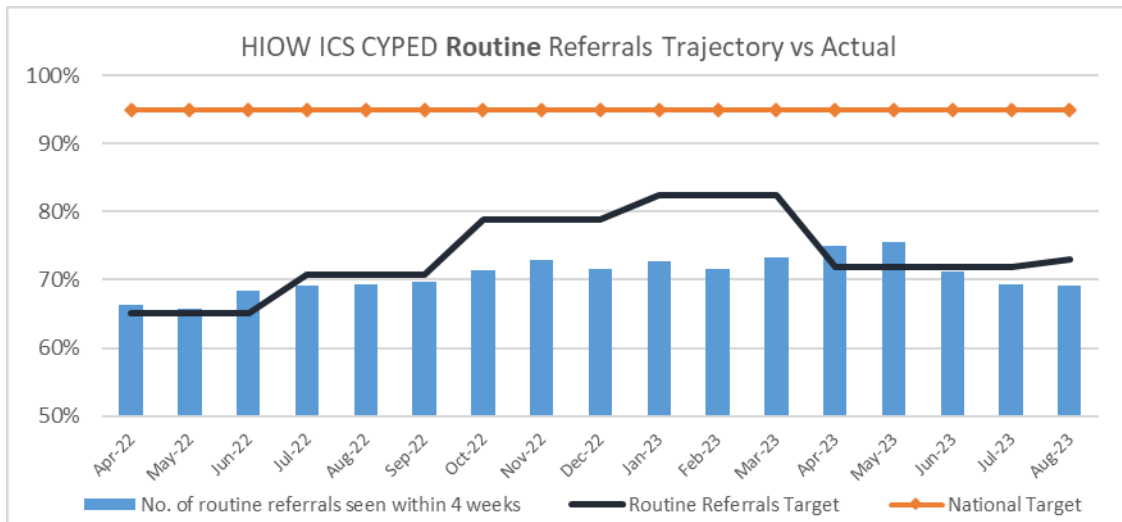
Children & Young People Eating Disorder Services



CYP Eating Disorder waiting times – Urgent referrals

There has been steady improvement in the number of CYP being seen within the one week target for an urgent referral over the last 12 months. August 2023 performance of 83.1% CYP seen within timeframe is significantly better year on year, compared to 65.4% in the 12 months to end of August 2022.

Local HIOW trajectories for 2023/24 have been calculated based on actual referral numbers and provider performance and projected that by the end of August 2023 88.8% of urgent referrals would be seen within the one week target. As can be seen performance of 83.1% is 5.7% short of this local target and it is positive to see continued progress towards achieving the 95% national target.



CYP Eating Disorder waiting times – Routine referrals

In the 12 months to August 2023, 69.1% of CYP were seen within the four week target for a routine referral.

Recovery of this metric has proven to be challenging and performance is particularly impacted by the continued inclusion of ARFID cases within this indicator which require a specialist pathway. The Hampshire CAMHS service continues to work through the backlog of ARFID referrals and provide assurance that they are seeing and treating the vast majority of Anorexia and Bulimia CYP routine referrals within the four week timeframe.

Local targets for 2023/24 have been calculated taking the increase in number and complexity of ARFID referrals into account. August 2023 is 3.9% short of the August 2023 local target of 73.0% and ICB commissioners continue to work with providers and stay sighted of challenges within the pathway for CYP ED referrals.

Workforce challenges, combined with rising demand for all services including our most specialist services represent our highest rated risks. Mitigations are detailed but the programme will need ongoing support from both ICBs serving Hampshire populations to enable these to be delivered

Descriptions and Impact	RAG	Proposed Mitigation
<p>There are significant workforce challenges within Mental Health with over 400 current vacancies of which there are 343 wte nursing, 46.4 wte Psychiatry and 37 wte Psychologist. This is a key barrier to the transformation of services and our ability to manage increasing CYP demand (for example diverting Core CAMHS Staff to support Eating Disorders is an ongoing challenge for all our community CAMHS services). The fragmented nature of CYPMH services further increases the likelihood that any planned growth in our teams, or any new initiatives, will have a knock-on impact elsewhere in the pathway unless we are organised and co-ordinated in our approach.</p>	<p>R</p>	<ul style="list-style-type: none"> All proposals for new initiatives or to re-direct resources consider the benefit gains against any direct/indirect consequences to enable an informed decision to be made Any recommendations will be agreed by the ICS Steering Group with multi-partner representation. Ongoing dialogue with providers to articulate their needs to inform how we <p>prioritise additional new funding not already committed to.</p> <ul style="list-style-type: none"> Clinical reference group to be established to help inform decision making i.e. where is our resource best utilised HloW MHLDA provider collaborative to develop and implement a joint workforce and education plan
<p>The demand on CYPMH outstrips the current funding allocation available (combination of MHIS and SDF). Due to the severity of this demand across all ends of the CYP pathway(s) combined with the reduction in capacity it is unlikely the position will improve substantially in the short-term. Whilst the demand is clear in terms of numbers it is difficult to establish the impact of longer waiters (in terms of increasing needs) on service capacity. This is further complicated by teams not being fully recruited making it challenging to truly establish shortfalls in capacity and proactively seek solutions.</p>	<p>R</p>	<ul style="list-style-type: none"> Identification of initiatives that are not workforce restricted, for example Mental Health Support teams which utilise HEE trained posts Continue dialogue to partners involved in the CYP pathway(s) and highlighting alternative support resources available Continued focus on supporting staff in the management of our CYP <ul style="list-style-type: none"> Develop a unified triage tool incorporating both health & care factors to mitigate impact on specific vulnerable groups To undertake detailed demand and capacity modelling across our CYP MH services (ideally supported by Public Health)
<p>The Wessex & Dorset CAMHS Tier 4 Provider Collaborative has encountered evident challenges trying to collaborate over a large cross-region footprint. Whilst its important to note the collaborative has faced extreme demand pressures that could not have been anticipated our Children are experiencing harm whilst waiting for specialist Mental health specialist in-patient beds. It is also clear that to tackle a collective and co-ordinated approach is required across all elements of the pathway, and the existing architecture of the PC across two ICSs makes this more difficult to accomplish.</p>	<p>R</p>	<ul style="list-style-type: none"> Continue to ensure open dialogue remains with the Provider Collaborative to ensure priorities/ambitions are aligned Re-focus the CYPMH ICS steering group to simplify governance arrangements <ul style="list-style-type: none"> Continue to engage with NHSE to shape the further delegation of specialised mental health services To mobilise our transformation priorities at pace To deliver our strategic priorities



Headline developments in the Hampshire children and young people's mental health offer over the last year – November 2023

Implementation of Hampshire Children and Young People's Mental Health Local Transformation Plan over the last year has:

- Sustained system wide improvements in CYP mental health early help, CYP Eating Disorder services and consistency of Paediatric Psychiatric Liaison in Acute Hospital Emergency Departments
- Key remaining challenges:
 - Core CAMHS capacity against increased demand and historic waiting lists
 - Meeting the system challenges around demand for neurodevelopmental issues such as Autism Spectrum Conditions (ASC) and Attention Deficit Hyperactivity Disorder (ADHD)
 - Improving the agility of our system response to children and young people with complex needs around mental health crisis or behavioural dysfunction

