

NOTICE OF MEETING

Meeting	Health and Wellbeing Board
Date and Time	Thursday, 14th December, 2017 at 10.00 am
Place	Ashburton Hall, Elizabeth II Court, The Castle, Winchester
Enquires to	members.services@hants.gov.uk

John Coughlan CBE
Chief Executive
The Castle, Winchester SO23 8UJ

FILMING AND BROADCAST NOTIFICATION

This meeting may be recorded and broadcast live on the County Council's website. The meeting may also be recorded and broadcast by the press and members of the public – please see the Filming Protocol available on the County Council's website.

AGENDA

	Approx. Timings
<p>1. APOLOGIES FOR ABSENCE</p> <p>To receive any apologies for absence received.</p>	10:00am
<p>2. DECLARATIONS OF INTEREST</p> <p>All Members who believe they have a Disclosable Pecuniary Interest in any matter to be considered at the meeting must declare that interest and, having regard to the circumstances described in Part 3 Paragraph 1.5 of the County Council's Members' Code of Conduct, leave the meeting while the matter is discussed, save for exercising any right to speak in accordance with Paragraph 1.6 of the Code. Furthermore all Members with a Non-Pecuniary interest in a matter being considered at the meeting should consider whether such interest should be declared, and having regard to Part 5, Paragraph 2 of the Code, consider whether it is appropriate to leave the meeting while the matter is discussed, save for exercising any right to speak in accordance with the Code.</p>	
<p>3. MINUTES OF PREVIOUS MEETING (Pages 5 - 10)</p> <p>To confirm the minutes of the previous meeting</p>	
<p>4. DEPUTATIONS</p> <p>To receive any deputations notified under Standing Order 12.</p>	

5. CHAIRMAN'S ANNOUNCEMENTS	
To receive any announcements the Chairman may wish to make.	
6. UPDATE ON THE HAMPSHIRE SUPPORTING FAMILIES PROGRAMME (Pages 11 - 20)	10:05am (10 mins)
To receive an update regarding the Supporting Families Programme in Hampshire for noting.	
7. KEY ISSUES AND FINANCIAL CHALLENGES FOR THE NHS AND COUNTY COUNCIL IN HAMPSHIRE	10:15am (30 mins)
To receive a presentation regarding the financial challenges and savings programmes planned by NHS organisations in Hampshire and Hampshire County Council. For the Board to consider the potential impact on wider determinants of health and the wider health and care system.	
8. UPDATE FROM THE HAMPSHIRE DISTRICTS HEALTH AND WELLBEING FORUM (Pages 21 - 26)	10:45am (10 mins)
To consider an update from the Hampshire Districts Health and Wellbeing Forum.	
9. LOCAL TRANSFORMATION PLAN FOR CHILDREN (Pages 27 - 82)	10:55am (10 mins)
For the Board to approve the refresh of the Local Transformation Plan for children & young people's emotional wellbeing and mental health.	
10. ACHIEVING PRIORITIES FOR CO-PRODUCTION AND COMMUNITY PARTICIPATION (Pages 83 - 90)	11:05am (10 mins)
To receive an update from the Co-design, Co-Production and Community Participation Sub Group of the Board and consider their recommendations.	
11. BUSINESS SUB GROUP UPDATE - REFRESHING THE JOINT HEALTH AND WELLBEING STRATEGY (Pages 91 - 96)	11:15am (2 mins)
To receive an update from the Business Sub Group of the Health and Wellbeing Board, regarding the Joint Health and Wellbeing Strategy refresh.	
12. ANY OTHER BUSINESS	
To consider any other business as needed.	

13. DATE OF NEXT MEETING

11:20am

To note the date scheduled for the next meeting of the Health and Wellbeing Board is 15 March 2018.

ABOUT THIS AGENDA:

On request, this agenda can be provided in alternative versions (such as large print, Braille or audio) and in alternative languages.

ABOUT THIS MEETING:

The press and public are welcome to attend the public sessions of the meeting. If you have any particular requirements, for example if you require wheelchair access, please contact members.services@hants.gov.uk for assistance.

County Councillors attending as appointed members of this Committee or by virtue of Standing Order 18.5; or with the concurrence of the Chairman in connection with their duties as members of the Council or as a local County Councillor qualify for travelling expenses.

This page is intentionally left blank

Agenda Item 3

AT A MEETING of the Health and Wellbeing Board of HAMPSHIRE COUNTY COUNCIL held at Ashburton Hall, Elizabeth II Court, The Castle, Winchester on Thursday, 5th October, 2017

PRESENT

Chairman:

p Councillor Liz Fairhurst (Executive Member for Adult Social Care and Health, Hampshire County Council)

Vice-Chairman:

a Dr Barbara Rushton (South East Hampshire Clinical Commissioning Group)
a Graham Allen (Director of Adults' Health and Care, Hampshire County Council)
p Councillor Roger Allen (Gosport Borough Council)
p Paul Archer (Director of Transformation & Governance, Hampshire County Council)
a Dr Sallie Bacon (Director of Public Health, Hampshire County Council)
a Dr David Chilvers (Chair, Fareham & Gosport Clinical Commissioning Group)
p Steve Crocker (Director of Children's Services, Hampshire County Council)
p Councillor Anne Crampton (Hart District Council)
p Julie Dawes (Acting Chief Executive, Southern Health NHS Foundation Trust)
a Dr Nicola Decker (Chair, North Hampshire Clinical Commissioning Group)
a Dominic Hardy (Director of Commissioning Operations, NHS England Wessex)
p Christine Holloway (Chair, Healthwatch Hampshire)
a Michael Lane (Hampshire Police and Crime Commissioner)
a Councillor Keith Mans (Executive Lead Member for Childrens Services and Deputy Leader, Hampshire County Council)
p Dr Sarah Schofield (Chair, West Hampshire Clinical Commissioning Group)
a Councillor Patricia Stallard (Executive Member for Public Health, Hampshire County Council)
p Phil Taverner (Test Valley Community Services, Voluntary Sector Representative)
a Nick Tustian (Chief Executive, Eastleigh Borough Council)
p Alex Whitfield (Chief Executive, Hampshire Hospitals NHS Foundation Trust)
a Dr Andrew Whitfield (Chair, North East Hampshire and Farnham Clinical Commissioning Group)

Also present with the agreement of the Chairman:

Councillor Roger Huxstep, Chairman of Hampshire Health and Adult Social Care Select Committee (standing observer)

Dr Karl Bennett, representing North East Hampshire and Farnham Clinical Commissioning Group

15. APOLOGIES FOR ABSENCE

Apologies were noted from the following:

- Cllr Keith Mans, Executive Lead Member for Childrens Services and Deputy Leader. His Substitute Cllr Roy Perry, Executive Member Policy & Resources & Leader of the Council, was in attendance in his place
- Cllr Patricia Stallard, Executive Member Health and Public Health. Her Substitute Cllr Ray Bolton attended in her place

- Graham Allen, Director Adults Health and Care
- Dr Sallie Bacon, Director of Public Health. Her Substitute Simon Bryant attended in her place
- Dr Nicola Decker, Clinical Chair, North Hampshire Clinical Commissioning Group
- Dr Barbara Rushton, Chairman South East Hampshire Clinical Commissioning Group. Her Substitute Susanne Hasselmann attended in her place
- Dr David Chilvers, Chairman Fareham & Gosport Clinical Commissioning Group
- Dr Andrew Whitfield, Chairman North East Hampshire and Farnham Clinical Commissioning Group
- Dominic Hardy, Director of Commissioning Operations, NHS England (Wessex)
- Michael Lane, Police and Crime Commissioner for Hampshire. His Substitute Superintendent Paul Bartolomeo attended in his place
- Nick Tustian, Chief Executive, Eastleigh Borough Council

16. **DECLARATIONS OF INTEREST**

Members were mindful that where they believed they had a Disclosable Pecuniary Interest in any matter considered at the meeting they must declare that interest at the time of the relevant debate and, having regard to the circumstances described in Part 3, Paragraph 1.5 of the County Council's Members' Code of Conduct, leave the meeting while the matter was discussed, save for exercising any right to speak in accordance with Paragraph 1.6 of the Code. Furthermore Members were mindful that where they believed they had a Non-Pecuniary interest in a matter being considered at the meeting they considered whether such interest should be declared, and having regard to Part 5, Paragraph 2 of the Code, considered whether it was appropriate to leave the meeting whilst the matter was discussed, save for exercising any right to speak in accordance with the Code.

17. **MINUTES OF PREVIOUS MEETING**

The Minutes of the last meeting held on 29 June 2017 were reviewed and agreed.

18. **DEPUTATIONS**

No deputations were received at this meeting.

19. **CHAIRMAN'S ANNOUNCEMENTS**

The Chairman had no announcements to make at this meeting.

20. **DOMESTIC ABUSE JOINT TARGETED AREA INSPECTION**

The Board considered a report of the Director of Children's Services at Hampshire County Council regarding the Joint Targeted Area Inspection (JTAI) of the multi-agency response to abuse and neglect in Hampshire, following the receipt of the letter of findings earlier in the year.

It was noted that the findings of the inspection were very positive, and an action plan was being prepared to respond to the small areas of improvement that had been identified. The Chairman congratulated all involved on behalf of the Board.

RESOLVED:

The Health and Wellbeing Board note the exceptionally positive JTAI letter and the progress made to address the minor areas for improvement.

21. **ANNUAL REPORT OF THE HAMPSHIRE SAFEGUARDING CHILDREN'S BOARD**

The Board considered the Annual Report of the Hampshire Safeguarding Children's Board (HSCB) and a supporting presentation. The Board heard that the membership of the HSCB had increased this year to include a representative of the Diocese of Winchester, in order to improve links with the faith community following the findings of a serious case review last year.

The Board heard that over the past year the HSCB had focused on the following priority areas; neglect; the 'trigger trio' of domestic abuse, substance abuse and mental health; key safeguarding issues; quality assurance; and stakeholder engagement.

Board Members asked questions for clarification. The Board heard that in future the HSCB would have a regular agenda item on 'assurance during transformation' to monitor the impact of any service changes being planned. It was noted that the HSCB partnership in Hampshire was strong and mature.

RESOLVED:

The Health and Wellbeing Board note the Annual Report of the Hampshire Safeguarding Children's Board.

22. **HAMPSHIRE AND ISLE OF WIGHT SUSTAINABILITY AND TRANSFORMATION PLAN**

The Board received a presentation regarding the Hampshire and Isle of Wight Sustainability and Transformation Plan (STP). The Board heard that a Health and Care Alliance had been formed, which included the four Health and Wellbeing Board Chairmen from the areas covered by the STP, five Chairmen from the Clinical Commissioning Groups covering this area, and an independent Chair Sir Neil McKay. This Alliance would provide strategic oversight over the STP and was due to hold an inaugural meeting in October 2017.

The Board heard that a workshop was planned in November 2017 to discuss the big issues for the health and care system on which the public needed to be engaged.

The Board heard about a number of examples where the health and care system had worked together in partnership successfully.

The Board Chairman highlighted that some of the changes planned under the STP may be politically difficult for some Members of the Alliance. It was acknowledged that difficult decisions may need to be made.

The Healthwatch representative highlighted the importance of patient involvement and the opportunity for co-design of proposals as they are developed rather than consulting once proposals are formulated.

RESOLVED:

The Health and Wellbeing Board note the update on progress of the Hampshire and Isle of Wight Sustainability and Transformation Plan.

23. HEALTH AND WELLBEING DISTRICT FORUM

The Board received a report providing an update on the work of the District Health and Wellbeing Forum, which was undertaking the role of sub group of the Board for the 'Healthy Communities' priority. The Board heard that the Forum were focusing on inequalities in health. The Forum was also now represented on the sub groups for the other three priority areas (Starting, Living and Ageing Well) to champion the role of district councils in delivering against these aims as well.

The voluntary sector representative (Phil Taverner) queried the extent to which social prescribing was used in Hampshire. The West Hampshire Clinical Commissioning Group representative confirmed that this was happening, and national funding was available to support this, that the CCG was bidding for. Phil Taverner declared an interest as he was involved in preparing the bid. He reported that a Hampshire wide social prescribing network was being established, and there could be benefit to linking this in to the work of the Board.

RESOLVED:

The Health and Wellbeing Board note the update from the Districts Health and Wellbeing Forum.

24. HEALTH AND WELLBEING BOARD BUSINESS SUBGROUP REPORT

The Board received a report from the Board manager providing an update on the work of the Business Sub Group of the Board. It was highlighted that it was planned for future meetings to have a thematic focus, linked to the strands of the Joint Health and Wellbeing Strategy.

It was reported that the Membership of the Board had been reviewed, and it was proposed to add a place on the Board for a representative from the Hampshire Fire and Rescue Service, as their 'Safe and Well' programme linked to the Health and Wellbeing agenda. It was noted that many other agencies had an impact on wider determinants of health, however it had been concluded that these areas could best feed in to the work of the Board via the sub groups. Cllr Perry commented that the work of Parish and Town Councils may impact on health and wellbeing. It was agreed to consider how this could be reflected.

It was noted that the current Joint Health and Wellbeing Strategy was coming to an end, and it would be a focus for the coming year to refresh this. It was also proposed to agree a protocol regarding how the Health and Wellbeing Board would relate to the Children's and Adults' Safeguarding Boards.

RESOLVED:

- a) To note progress of the Health and Wellbeing Board Business Plan and the work of the subgroups.
- b) To adopt the thematic programme of meetings and the review arrangements outlined in paragraph 2.5 of the report.
- c) To endorse the proposal to appoint a representative of the Hampshire Fire and Rescue Service as a full member of the Health and Wellbeing Board in place of the County Council's Director of Transformation and Governance, and to recommend this change to a meeting of the County Council.
- d) To note the proposed changes in respect of Substitute Members as shown in Appendix B to the report.
- e) To ratify the Joint Health and Wellbeing Board, Hampshire Safeguarding Children's Board and Hampshire Safeguarding Adults Board protocol.
- f) To receive an action plan at the December Health and Wellbeing Board meeting regarding the Joint Health and Wellbeing Strategy refresh.
- g) To note the progress regarding permanent Health and Wellbeing Board business support arrangements.

25. ANY OTHER BUSINESS

The Public Health representative (Simon Bryant) highlighted that the Hampshire Pharmaceutical Needs Assessment would be out for consultation in October. It was the responsibility of the Health and Wellbeing Board to agree the Assessment, and it was proposed to bring this to the Board for approval at the March 2018 meeting. The Public Health team would respond to consultations by neighbouring authorities about their Pharmaceutical Needs Assessments on behalf of the Board.

26. **DATE OF NEXT MEETING**

It was noted that the next meeting of the Health and Wellbeing Board was scheduled for 14 December 2017.

Chairman,

HAMPSHIRE COUNTY COUNCIL

Report

Committee/Panel:	Health and Wellbeing Board
Date:	14 December 2017
Title:	Hampshire Supporting Families Programme (SFP) update
Report From:	Steve Crocker, Director of Childrens Services

Contact name: Ian Langley, SFP Strategic Lead.

Tel: 01962 8475772 **E-mail:** ian.langley@hants.gov.uk

1. Recommendations

1.1 The Health and Wellbeing Board is asked to:

- a) Note the continuing work of the Supporting Families Programme
- b) Consider the positive outcomes being achieved through the programme for families in Hampshire as a significant contribution towards supporting families with health issues.
- c) Note the future direction and next steps.

2. Summary

2.1 This report provides the Health and Wellbeing Board with an update on Phase Two (2015-20) of Hampshire's Supporting Families Programme (SFP) which is part of the national Troubled Families Programme.

3. Contextual information

Phase One of the national Troubled Families Programme (2012-2015)

- 3.1 "Troubled Families" is a programme of targeted intervention for families with multiple problems. Phase One of the national Troubled Families Programme was targeted at supporting 120,000 families comprising children with poor school attendance, young people who are offending, and family members committing anti-social behaviour or claiming out of work benefits.
- 3.2 Local authorities identify 'troubled families' in their area who can benefit from support to turn their lives around, with a key principle being to assign a key worker whom the family trust. Central Government pays local authorities by results for each family that meet set criteria or move into continuous employment.
- 3.3 The Programme has been led by the Department for Communities and Local Government. £448 million was allocated nationally to Phase One of the programme, which ran from 2012 to 2015.
- 3.4 Hampshire County Council's implementation of the programme has become central to how it works with partners in local communities to identify, engage and support families whose members may be at risk of poor outcomes.

- 3.5 The criteria for targeted families include factors directly related to health e.g. mental health, physical health, substance misuse, obesity and malnutrition.
- 3.6 In December 2012, the County Council commissioned the University of Portsmouth to undertake an independent evaluation of the Phase One of the programme in Hampshire. This evaluation has demonstrated good evidence of a transition to *whole family working* – a key principle of the programme – as well as significant savings and cost avoided to the public purse (see also 4.1).

Phase Two of the national Troubled Families Programme (2015 – 2020)

- 3.7 In 2014, the Government announced Phase Two of the programme up to 2020. This increased the number of families nationally to be targeted for support from 120,000 (Phase One) to 400,000 families in Phase Two. The Phase Two criterion for identifying families was also extended to include families with children who need help, and those experiencing domestic abuse issues or health problems.
- 3.8 As a result of this broadened criteria, the target number of families in Hampshire to be identified, engaged and where possible ‘turned around’ by 2019/20, increased to 5,540. This challenging target represents 1,108 families on average per annum, which is over double the Phase One average of 530 families each year.
- 3.9 In Phase Two, the largest proportion of targeted families has been nominated on the basis of meeting the mental health criteria (63%). Significant numbers of families have also nominated under the criteria of poor school attendance, early help and being in receipt of out of work benefits criteria.
- 3.10 Specifically, a significant number of families have been nominated for anti-social behaviour, rent arrears/financial difficulties and domestic abuse issues. However, the proportion of families identified with domestic abuse issues is lower in Hampshire compared with other areas. The Police secondee to the SFP central team is strengthening links/processes within Hampshire Constabulary to ensure that families experiencing domestic abuse, but who are below the threshold for statutory intervention, are not missed where they would benefit from the programme.
- 3.11 To date, few families with adult offenders have been nominated to the programme. Three SFP events for Hampshire Community Rehabilitation Company (HCRC) front line staff took place in May/June 2017 to raise the profile of the programme. Materials have also been developed to support HCRC staff to increase the numbers of families coming into the programme who include adult offenders with parenting responsibilities.
- 3.12 Links have been developed with HMP Winchester as the new Governor is keen to develop support for men in custody and their families. For example granting an additional visit for families whose children have improved school attendance following support from their male relative in custody, which might include the male in custody reading with the child.
- 3.13 In 2016 North East Hampshire & Farnham CCG (NEHF) as the lead CCG for children and maternity attached a senior manager to the SFP central team to strengthen links with health stakeholders. This arrangement was initially for a

year but was quickly extended until March 2019 by NEHFCCG. The role is believed to be unique amongst Troubled Families programmes nationally.

- 3.14 The SFP Health Lead has focussed on strengthening links with GP's (for whom a shortened nomination form has been created), CAMHS, Health Visitors, School Nurses, Health Visitors, Substance Misuse Providers (children/young people and adults) and Wellbeing Centres (adult mental health). This has increased both numbers of families nominated to the programme by health professionals and families where a health professional is leading the work with families on the programme.

4. Finance

- 4.1 The University of Portsmouth evaluation of Phase One of the Hampshire Supporting Families Programme calculated the programme had potentially avoided/saved costs of £2.4m per annum broken down as follows:

Impact	Potential costs avoided/saved £'000
Reduced child care placements	667
Reduction in Children in Need	69
Reduction in persistent school absence	57
Reduced incidents involving the police (arrests, ASB, criminal damage, shoplifting)	248
Reduced benefit claims	1,357

- 4.2 Notably this calculation does not include health or housing costs so is likely to be an underestimate of the overall impact.
- 4.3 In Phase Two attachment fees for working with families fell to £1,000 per family with a reward payment of £800 available for 'turning around' families against up to six criteria that may apply. This has made the claiming of Central Government payment by results grant funding more complex.
- 4.4 In 2016/17 Hampshire fell short of the DCLG target for identifying/engaging the target number of families by 170 families (see 4.2). There is a low risk that DCLG could claw back £170,000 of attachment fees under their Financial Framework for the Programme. To date DCLG have not indicated any intention to do this.
- 4.5 Cautious budgeting has ensured there is no financial risk to the programme in 2017/18. During the last two financial years of the programme (2018-20) DCLG targets for Hampshire fall significantly from the present level of 1,413 families in 2017/18 to 1,093 families in 2018/19 and 276 families in 2019/20. It is expected that an increased monthly number of family nominations can be maintained to make up the previous shortfall of families (see 5.3 below). This will reduce or eliminate any financial risk to the remainder of the programme.

5. Performance

Number of families identified and engaged in the programme

- 5.1 By the end of Phase One (2012-15) Hampshire had exceeded the DCLG target (1,590) by identifying/engaging with 1,972 families. This gave Phase Two a head start as 382 families were rolled across into the new phase, enabling the County Council and its partners to exceed DCLG targets in the first year of Phase Two (2015/16).
- 5.2 During the second year of Phase Two (2016/17) there was a significant slowdown in family nominations - a 9.5% fall compared to the previous year, although activity was still significantly higher than it was in Phase One. This period coincided with the restructure of the Family Support Service across the county.
- 5.3 In 2017, the number of families nominated resumed an upward trajectory, coinciding with the commencement of the new Family Support Service. In July 2017, 122 families were identified or engaged, representing the highest monthly total to date. August 2017 saw 94 families nominated, the highest number for that month to date. This gives some encouragement that the increased DCLG target (1,413) for 2017/18 can be met.
- 5.4 Action continues to be taken by the STFP central programme team to increase awareness of the programme and nominations from key professionals, such as health, housing, probation, social care and education.

Positive family outcomes achieved

- 5.5 The success threshold in Phase Two is higher compared to Phase One since positive family outcomes must be sustained for at least six months (an academic year for school attendance) against all of the family issues that apply (up to six rather than two or three in Phase One). The only exception remains where a family member claiming an out of work benefit enters and sustains employment for at least 6 months, enabling a claim to be made in its own right.
- 5.6 By the end of 2016/17, positive family outcomes for 271 families had been registered with DCLG for the payment of reward grant to the County Council. In October 2017, a claim for a further 107 families has been submitted, which if accepted by DCLG will bring the total to 378.
- 5.7 All the positive family outcomes submitted to DCLG by Hampshire have been scrutinised by the County Council's internal auditors. In September 2016, DCLG undertook a spot check of reward claims and provided largely positive written feedback on the quality of data and the validity of claims made.

6. Strategic Partnership and Commissioning

- 6.1 SFP is led by the County Council which convenes a Strategic Programme Board to involve partners and stakeholder in the development and delivery of the programme and to monitor and manage performance. There is a multi-agency central programme team and a network of identified Senior Responsible officers for each district whose role is to co-ordinate the identification of local nominations for the programme and interventions with

families, involving relevant local partners. This is supported by a multi-agency shared information and case management system.

- 6.2 The County Council commissioned an intensive family support service from 1 April 2013 to 31 March 2017 to work with 250 families each year nominated under the programme. The commission was in three geographic lots and the provider was Transform - a voluntary sector consortium led by Barnardos working with local voluntary organisations.
- 6.3 Following consultation with key stakeholders (in particular borough and district councils) and with Executive Member approval, a contract for the new Supporting Families Intensive Support Service between 1 April 2017 and 31 March 2020 was commissioned on the basis of a range of approved contracted providers under a single framework.
- 6.4 The new framework contracts provide greater flexibility than previously, with several providers in each of the ten lot areas (based on district and borough council areas, with Hart and Rushmoor combined), and a minimum of two providers in each district. If a provider in any district reaches capacity with the number of families they could support at particular time, there is at least one more provider in each district to whom families could be nominated.
- 6.5 Due to increased competition in the market, the unit cost per family has fallen since the service was originally commissioned in 2013. This has enabled both a reduction in the cost of the contract and an increase in capacity to support the 376 families each year.
- 6.6 The move from the contract with the *Transform* consortium to the providers on the new framework contract has taken place smoothly. The transition was assisted by the fact that two of the former *Transform* consortium (Family Lives and Motiv8) were successful in becoming providers under the new framework contract and retained their existing staff and expertise. Two additional new providers - CSW Ltd and MIND - have also made a good start to delivering intensive support to families in Hampshire.
- 6.7 The SFP Health Lead has been part of the evaluation panel working with HCC for the provision of comprehensive 'Integrated Substance Misuse Service', including adults, young people, and pharmacy-based drug treatment services. Ensuring a 'family approach' is embedded into the Service and that the whole family's needs are met.

7. **Consultation and Equalities**

- 7.1 An equalities impact assessment was completed by the SFP as part of the initial programme planning in October 2012. This highlighted the programme may disproportionately impact upon families within particular age groups and families with women in the household due to the restrictive DCLG definition of a troubled family in Phase One. The extended DCLG criteria used to identify Phase Two families means this is no longer the case.
- 7.2 This is a positive programme designed to improve the lives of some of Hampshire's most troubled families and communities, and therefore the impacts are likely to be positive.

8. Future direction

- 8.1 The original transformational ambition of the programme remains steadfast; to acquire learning and implement improvements to the way way agencies work together with families. This includes working with the whole and extended family rather than different agencies working with individual members of the family in isolation. This is reinforced by the County Council working with partners to apply DCLG's [Service Transformation and Maturity Model](#). This model and toolkit supports local areas to address meaningful cultural and system change and to assess how they are performing in transforming their services working with all partners and more can be achieved.
- 8.2 Much of the learning from the Phase One evaluation has been fed into the Maturity Model. In order to build on the learning and to further assess the impact and outcomes of the STFP an independent academic evaluation of Phase Two has been commissioned from Southampton Solent University (SSU). An interim report will be provided in early 2018 with the final report a year later. The evaluation (which will endeavour to include health and housing costs) will support the development of the business case for future investment in the programme post 2020.
- 8.3 DCLG recently invited expressions of interest (EOI) for an 'Earned Autonomy' funding model for the last two years of Phase Two (2018-20). Under this model, Local Authorities that have demonstrated consistently high standards of quality provision, can 'earn' the right to manage their own budgets as they think best for their service users and draw down greater financial resource from central Government. Given Hampshire's strong commitment to service transformation, an EOI has been submitted and if successful would lead to an invitation to submit a full bid in January 2018.

CORPORATE OR LEGAL INFORMATION:**Links to the Strategic Plan**

Hampshire maintains strong and sustainable economic growth and prosperity:	yes
People in Hampshire live safe, healthy and independent lives:	yes
People in Hampshire enjoy a rich and diverse environment:	no
People in Hampshire enjoy being part of strong, inclusive communities:	yes

Other Significant Links

Links to previous Member decisions:	
<u>Title</u>	<u>Date</u>
Supporting (Troubled) Families Programme	<u>29/10/12</u>
Supporting (Troubled) Families Programme update.	<u>22/7/13</u>
Supporting Troubled Families in Hampshire Programme Update and Preparations for Phase Two	<u>14/12/14</u>
Supporting (troubled) Families Programme (STFP) update report to Cabinet	<u>15/9/17</u>
Direct links to specific legislation or Government Directives	
<u>Title</u>	<u>Date</u>
<u>DCLG Financial Framework for the Expanded Troubled Families Programme</u> https://www.gov.uk/government/publications/financial-framework-for-the-expanded-troubled-families-programme	<u>April 2015</u>
<u>DCLG Supporting disadvantaged families</u> <u>Troubled Families Programme 2015-20: Progress so far</u> https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/611991/Supporting_disadvantaged_families.pdf	<u>April 2017</u>

Section 100 D - Local Government Act 1972 - background documents

The following documents discuss facts or matters on which this report, or an important part of it, is based and have been relied upon to a material extent in the preparation of this report. (NB: the list excludes published works and any documents which disclose exempt or confidential information as defined in the Act.)

<u>Document</u>	<u>Location</u>
Hampshire Supporting Troubled Families Final Evaluation Report Phase One, Professor Carol Hayden, university of Portsmouth <u>2015</u>	Children's Services SFP Central Team

IMPACT ASSESSMENTS:

1. Equality Duty

1.1. The County Council has a duty under Section 149 of the Equality Act 2010 ('the Act') to have due regard in the exercise of its functions to the need to:

- Eliminate discrimination, harassment and victimisation and any other conduct prohibited under the Act;
- Advance equality of opportunity between persons who share a relevant protected characteristic (age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, gender and sexual orientation) and those who do not share it;
- Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

Due regard in this context involves having due regard in particular to:

- a) The need to remove or minimise disadvantages suffered by persons sharing a relevant characteristic connected to that characteristic;
- b) Take steps to meet the needs of persons sharing a relevant protected characteristic different from the needs of persons who do not share it;
- c) Encourage persons sharing a relevant protected characteristic to participate in public life or in any other activity which participation by such persons is disproportionately low.

1.2. An equalities impact assessment was completed by the STFP central team as part of the initial programme planning in October 2012. This highlighted that the programme may disproportionately impact upon families within particular age groups and families with women in the household due to the restrictive DCLG definition of a troubled family in Phase One. The extended DCLG criteria used to identify Phase Two families means this is no longer the case.

1.3 This is a positive programme designed to improve the lives of some of Hampshire's most troubled families and communities, and therefore the impacts are likely to be positive.

2. Impact on Crime and Disorder:

2.1. A key objective of the programme remains to reduce offending and anti social behaviour amongst families targeted for support.

3. Climate Change:

- a) How does what is being proposed impact on our carbon footprint / energy consumption? Not applicable
- b) How does what is being proposed consider the need to adapt to climate change, and be resilient to its longer term impacts? Not applicable

This page is intentionally left blank

HAMPSHIRE COUNTY COUNCIL

Report

Committee/Panel:	Health and Wellbeing Board
Date:	14 December 2017
Title:	Update from the Hampshire Districts Health and Wellbeing Forum
Report From:	Councillor Anne Crampton, Chair of the District Forum

Contact name: Cllr Anne Crampton
Email: anne.crampton@hart.gov.uk

1. Recommendation

- 1.1. That the Hampshire Health and Wellbeing Board recognises the value of access to open spaces in local areas and that the Board's member organisations consider the measures in the report to encourage increased usage of open spaces for physical activity.

2. Summary

- 2.1. This report provides an update on the work of the District Health and Wellbeing Forum which was set up as a subgroup of the Hampshire Health and Wellbeing Board. It has been established that there should be better two-way communication between the Forum and its parent Board so that the Forum is properly aligned with and delivering against the Hampshire Health and Wellbeing Strategy priorities and so that the Board can understand how its own members can support delivery of health and health inequalities outcomes at district level.
- 2.2. This report details evidence of the importance of open space for mental and physical health and wellbeing, and highlights a range of approaches for Board members to consider that seek to use open spaces as health assets.

3. Open spaces and health and wellbeing

- 3.1. The Forum met most recently on 21 November 2017, where it considered presentations by HCC Public Health and Hart District Council in relation to open spaces.
- 3.2. There strong evidence linking contact and exposure to the natural environment with improved health and wellbeing e.g. improved physical and mental health and reduced risk of cardiovascular disease.
- 3.3. There is consistent evidence that having access to recreational infrastructure, such as parks and playgrounds, is associated with reduced risk of obesity among adolescents and increase in physical activity

- 3.4. Evidence from empirical studies suggest that living in close proximity to green space can improve health, regardless of social class.
- 3.5. There is also emerging evidence that the availability of blue spaces, such as canals, ponds, rivers, and beaches, has a positive association with health
- 3.6. Usage of open space is partly determined by proximity. A study of quantities of open space found within urban areas across Hampshire shows that about 20% of urban Hampshire is made up of accessible green space (with variation across districts of between 13% and 34%).
- 3.7. As well as quantity, the quality of open spaces is important so that areas are considered safe to use, and relevant infrastructure is in place. Research indicates that paved trails in parks are associated with physical activity, and with an ageing population, regular resting places (i.e. seating) can encourage greater levels of gentle and regular exercise. Provision of infrastructure in general should be guided by local consultation with residents. Different groups (men and women, young and old, BME groups, disabled people and residents from relatively deprived communities) have different sets of motivations and barriers to making more use of open spaces.
- 3.8. District Councils are now reviewing the way their Planning Policy and Development Management functions support health objectives, with the help of HCC Public Health team. Viability of development is a challenge, as is the gathering of sufficient evidence to demonstrate health needs; nevertheless there is emerging research and best practice to draw on, and very welcome support from HCC Public Health colleagues.

4. Encouraging greater use of open spaces

- 4.1. While those responsible for planning and managing open spaces (district councils, HCC – for Country Parks, and parish and town councils) can provide, maintain and improve open spaces, there is a wider partnership and commissioning dimension if we are to maximise the use of these health assets to address physical and mental health challenges in Hampshire. A report from the Institute of Health Equity (set up by Sir Michael Marmot) stated:

“There is a need for far greater communication and collaboration between the natural environment and health sectors, which should also make it easier for the public to identify a coherent ‘offer’ around the natural environment.”¹

- 4.2. The current usage of open spaces provides a good opportunity for increasing participation. A Sport England report found that only 27% of people who are deemed Active are active outdoors, which drops further to only 16% of people deemed Regularly Active being active outdoors.

¹ UCL Institute of Health Equity (2012) Natural Solutions for Tackling Health Inequalities

- 4.3. Specific projects to encourage use of open space show a good return on investment in health terms. Green Gyms (woodland and open space maintenance activity run by Conservation Volunteers) have been shown to offer a Quality-Adjusted Life Year (QALY) at a cost of £4,000 (with NICE considering interventions cost effective if they offer QALYs at less than £20,000.) Put another way, Green Gyms save £2.55 in health costs (treatment of illness associated with physical inactivity) for every £1 invested. Walking for Health schemes deliver a similar QALY cost of about £4,000.
- 4.4. The Natural Health Service provides commissionable and evidence-based services which yield a social return on investment of £6.75 for every £1 invested.²
- 4.5. Some evidence suggests that participants in health referral exercise programmes based in outdoor green environments are more likely to continue with their programme than if it is based within a gym or leisure centre. This is consistent with research findings showing that price and distance are barriers to physical activity, and that incorporating exercise into everyday (and local) activity is more likely to yield sustained health benefits.
- 4.6. The Active Parks programme in Birmingham uses technology to track usage of parks and help link NHS funding (for exercise referral) to maintenance and promotion of parks.³
- 4.7. The Forum discussed the way information about local open spaces needs to be provided to a range of partners who have contact with patients/residents so that this can be used in conversations about self-management (tertiary prevention) as well as more general preventive conversations (primary and secondary prevention), and in the MECC ('Make Every Contact Count') programme. GPs and other healthcare providers should make more use of alternatives to medication for mental illness, including advice to spend time and exercise in green spaces – a form of nature-based social prescribing.
- 4.8. To encourage a better link between the natural environment and health sectors CCGs and GPs should consider taking up the Physical Activity Clinical Champions Training Opportunity recently launched by Public Health England.
- 4.9. While it is important that residents can get good local information from trusted clinical and other public servants, increasingly people will look online for information to improve wellbeing. Points of information such as council websites, Get Active Hampshire and Connect-to Support need to be comprehensively populated and kept up to date with information about local opportunities to use open space.
- 4.10. Greater integration between the education and natural environment sectors is urgently required to help address health inequalities, tackle childhood obesity and improve children's well-being and mental health.

² <http://naturalhealthservice.org.uk/wordpress/wp-content/uploads/2016/06/Natural-Health-Service-four-key-facts.pdf>

³ UCL Institute of Health Equity (2012) Natural Solutions for Tackling Health Inequalities

4.11. The Forum also discussed ways that use of local health assets could be more closely incorporated into health commissioning through service specifications. For example weight management, NHS Healthchecks and mental health service specifications could require service providers to be aware of and promote open spaces that are local to their service users.

5. Finance

5.1. Costs of maintaining and improving open spaces largely fall on district, town and parish councils, and Hampshire County Council in relation to some of the larger country parks. (Some capital improvement costs can be met by contributions from development.) Such revenue spending is increasingly under review and constraint due to reductions in government grant. Details above highlight potential 'invest-to-save' opportunities of various different approaches and savings potentially accruing to NHS budgets from greater usage of open spaces.

6. Equalities

6.1. As highlighted above, equality impact research has revealed differential usage of open space and different barriers and motivations of different groups:

- Over 80% of outdoors participants are white British.
- Men are more likely than women to be active outdoors (65% compared to 35%).
- On average 24% of people in the BME population regularly visit the natural environment, compared to 38% of the rest of the population.
- Under 18s' key reason for participating outdoors is 'to have fun with friends', whereas for over 55s it is 'to enjoy the scenery and be close to nature'.

6.2. Such considerations should be taken into account when planning improvements and attempting to increase usage of open space so as not to increase health inequalities.

7. Future direction

7.1. The issue of open spaces provides a good opportunity for better coordinated partnership collaboration: maximising the use of a key health asset, addressing a significant health and wellbeing challenge for Hampshire (physical inactivity and mental ill health, and health inequalities), appreciating the local and everyday lived experience of patients/residents, using our combined workforce to send consistent and united key messages to promote healthy behaviours.

7.2. As in the Birmingham example, and as previously piloted in parts of Hampshire in the 'Beat the Streets' projects, technology is likely to play a greater part in encouraging use of open space.

CORPORATE OR LEGAL INFORMATION:**Links to the Strategic Plan**

Hampshire maintains strong and sustainable economic growth and prosperity:	yes
People in Hampshire live safe, healthy and independent lives:	yes
People in Hampshire enjoy a rich and diverse environment:	yes
People in Hampshire enjoy being part of strong, inclusive communities:	yes

Section 100 D - Local Government Act 1972 - background documents

The following documents discuss facts or matters on which this report, or an important part of it, is based and have been relied upon to a material extent in the preparation of this report. (NB: the list excludes published works and any documents which disclose exempt or confidential information as defined in the Act.)

Document

Location

None

IMPACT ASSESSMENTS:

1. Equality Duty

1.1. The County Council has a duty under Section 149 of the Equality Act 2010 ('the Act') to have due regard in the exercise of its functions to the need to:

Eliminate discrimination, harassment and victimisation and any other conduct prohibited under the Act;

Advance equality of opportunity between persons who share a relevant protected characteristic (age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, gender and sexual orientation) and those who do not share it;

Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

Due regard in this context involves having due regard in particular to:

The need to remove or minimise disadvantages suffered by persons sharing a relevant characteristic connected to that characteristic;

Take steps to meet the needs of persons sharing a relevant protected characteristic different from the needs of persons who do not share it;

Encourage persons sharing a relevant protected characteristic to participate in public life or in any other activity which participation by such persons is disproportionately low.

1.2. Equalities Impact Assessment:

1.3. See section in the report relating to equalities.

2. Impact on Crime and Disorder:

2.1. Increased use of open space is associated with reduced violence and aggression in individuals and decreases in antisocial behaviour, brought about by natural surveillance.

3. Climate Change:

Use of open space supports a better appreciation of nature and our natural resources. Active travel (by walking or cycling via open spaces) reduces carbon emissions from motor vehicles.

HAMPSHIRE COUNTY COUNCIL

Report

Committee/Panel:	Health and Wellbeing Board
Date:	14 December 2017
Title:	Local Transformation Plan for Children
Report From:	Hampshire CCG Partnership

Contact name: Angela Murphy, Deputy Director, The CCG Partnership

Tel: 01962 826734

Email: Angela.murphy7@nhs.net

1. Recommendation

1.1 The Health and Wellbeing Board is asked to approve the refresh of the Local Transformation Plan for children & young people's emotional wellbeing and mental health (Attached at appendix 1).

2. Summary

- 2.1. Future in Mind is a Central Government publication setting out the Government's ambitions for improving children's mental health over five years
- 2.2. The Future in Mind document was originally published in March 2015
- 2.3. Central Government committed additional funding over 5 years to realise these ambitions and the first plan was produced and approved by the board in December 2015
- 2.4. The funding is 'ring-fenced' to improving children's mental health. The funding has increased from £2.4m 16/17 to £3.0m 17/18
- 2.5. NHS England request that the plan is approved by the Health & Wellbeing Board in order for the money to continue to be drawn down

3. Contextual information

- 3.1. An emotional wellbeing and mental health strategy for children and young people was produced in 2014. 'Making it Worthwhile' was developed on feedback from more than 1600 stakeholders including over 800 children and young people
- 3.2. The Local Transformation Plan builds on the priorities within the strategy and findings from the recent joint strategic needs assessment
- 3.3. The Local Transformation plan sets out a clear plan of action that partners will work on together during the next 2 years

4. Finance

4.1.

CCG NAME	2017/18						
	Eating Disorders	Parenting	Counselling	Sexual exploitation	Waiting List	FIMS Growth	TOTAL
	SPFT	Barnardos	No Limits	HCC	SPFT	SPFT	
NHS Fareham and Gosport CCG	248,046	61,769	122,701	15,442	14,765	3,632	466,355
NHS North East Hampshire and Farnham CCG (minus Surrey element)	201,263	47,368	94,094	11,842	12,123	2,982	369,672
NHS North Hampshire CCG	252,886	61,296	121,762	15,325	16,210	3,987	471,466
NHS South Eastern Hampshire CCG	269,629	66,605	132,308	16,651	16,070	3,953	505,216
NHS West Hampshire CCG	670,517	162,962	323,712	40,740	40,832	10,043	1,248,806
TOTAL Investment	1,642,341	400,000	794,577	100,000	100,000	24,597	3,036,918

5. Performance – what we will do

- 5.1. Ensure children & young people's mental health is prioritised
- 5.2. Ensure early intervention and prevention services are available for young people
- 5.3. Ensure perinatal mental health services identify needs early
- 5.4. Maximize access to the positive impact of parenting support services
- 5.5. Improve access to support for children and young people who have been sexually abused and/or exploited
- 5.6. Meet the needs of Looked after Children and other vulnerable groups
- 5.7. Increase capacity in the intensive community assessment and treatment team, i2i / New Models of Care for crisis and Tier 4 inpatient treatment
- 5.8. Ensure there are appropriate places of safety for young people detained under Section 136 of the Mental Health Act
- 5.9. Support children and young people with either emerging or diagnosed eating disorders
- 5.10. Ensure there is clear and transparent Transition protocols from CAMHS to Adult Mental Health Services
- 5.11. Ensure we develop strong partnerships with schools

6. Consultation and Equalities

- 6.1. This report has been shared with Partners from the Starting Well work stream which includes Providers, Health, Public Health, Children Services, NHS England, Third sector and District council colleagues

7. Future direction

- 7.1. The plan will be implemented through the 'Starting Well' work stream and will be required to go through regular assurance processes with NHS England

CORPORATE OR LEGAL INFORMATION:**Links to the Strategic Plan**

Hampshire maintains strong and sustainable economic growth and prosperity:	yes
People in Hampshire live safe, healthy and independent lives:	yes
People in Hampshire enjoy a rich and diverse environment:	no
People in Hampshire enjoy being part of strong, inclusive communities:	no

Section 100 D - Local Government Act 1972 - background documents

The following documents discuss facts or matters on which this report, or an important part of it, is based and have been relied upon to a material extent in the preparation of this report. (NB: the list excludes published works and any documents which disclose exempt or confidential information as defined in the Act.)

DocumentLocation

Future in Mind

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/414024/Childrens_Mental_Health.pdf

IMPACT ASSESSMENTS:

1. Equality Duty

1.1. The County Council has a duty under Section 149 of the Equality Act 2010 ('the Act') to have due regard in the exercise of its functions to the need to:

- Eliminate discrimination, harassment and victimisation and any other conduct prohibited under the Act;
- Advance equality of opportunity between persons who share a relevant protected characteristic (age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, gender and sexual orientation) and those who do not share it;
- Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

Due regard in this context involves having due regard in particular to:

- a) The need to remove or minimise disadvantages suffered by persons sharing a relevant characteristic connected to that characteristic;
- b) Take steps to meet the needs of persons sharing a relevant protected characteristic different from the needs of persons who do not share it;
- c) Encourage persons sharing a relevant protected characteristic to participate in public life or in any other activity which participation by such persons is disproportionately low.

1.2. **Equalities Impact Assessment:** Not required

1. Impact on Crime and Disorder:

1.1. No impact anticipated.

2. Climate Change:

2.1. How does what is being proposed impact on our carbon footprint / energy consumption? Not applicable

2.2. How does what is being proposed consider the need to adapt to climate change, and be resilient to its longer term impacts? Not applicable

HEALTH & WELLBEING BOARD

Title of Paper	Local Transformation Plan Refresh		
Agenda Item			
Exec Lead	Ros Hartley	Clinical Sponsor	Dr Jane Dempster
Author	Angela Murphy		

Purpose	To Approve	X
	To Ratify	
	To Discuss	
	To Note	

Strategic Objective Number	Hampshire maintains strong and sustainable economic growth and prosperity People in Hampshire live safe, healthy and independent lives
-----------------------------------	---

Executive Summary

The attached Local Transformation Plan sets out Hampshire’s response to the Future in Mind programme

Future in Mind is a Central Government publication setting out the Government’s ambitions for improving children’s mental health over five years; the Future in Mind document was originally published in March 2015

The plan is a refresh and builds on the key work streams that emerged during our stakeholder consultation and feedback from young people when we developed the Make It Worthwhile Emotional Wellbeing Strategy

NHS England request that the plan is approved by the Health & Wellbeing Board in order for the money to continue to be drawn down

Recommendations	Committee members are asked to approve the plan	
Publication	Public Website	X

Please provide details on the impact of following aspects

Equality and Quality Impact Assessment	Not required
Patient and Stakeholder Engagement	Undertaken during original production, this is a refresh and further consultation is planned for 2018
Financial Impact and Legal implications	Approval of this plan ensures Hampshire CCGs continue to receive £3.0m additional funding to support young people’s emotional wellbeing and mental health

This page is intentionally left blank

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



October 2017



Contents

Summary	4
Alignment between Local Transformation and Sustainability and Transformation Plans	8
Which emotional wellbeing and mental health services do children, young people and families currently have access to in Hampshire?	9
What difference are services making to children and young people?	10
How are we investing our Future in Mind funding?	11
Counselling Support Service	12
What feedback have we had about the service?	13
Evidence Based Parenting Programmes	14
What feedback have we had about the service?	15
Support for young people who have been sexually abused or exploited	16
Children and Adolescent Mental Health Services (CAMHS) Specialist Eating Disorder Team	16
What feedback have we had about the service?	17
Technological and innovative solutions to support young people’s emotional wellbeing and mental health	17
CAMHS website and app	18
What feedback have we had about the service?	18
Hampshire Youth Access website and online counselling portal	19
CHAT-Health text service	19
Other notable developments	20
Where are the gaps?	21
What does the Joint Strategic Needs Assessment tell us?	21
Addressing health inequalities	22
Assurance process and Key Lines of Enquiry	22
Key Milestones	23
Managing Risk	23

Comprehensive review of the Local Transformation Plan	24
1. Why good mental health is important, and which factors influence it in children and young people?	24
1.1. Children and Young People – Improving Access to Psychological Therapies Training	25
1.2. Training and awareness raising for children, young people, families and professionals	26
1.3. Training for Police responding to children and young people in distress	27
2. Reflecting and prioritising children and young people’s mental health in strategic plans and joint commissioning and governance arrangements	28
2.1. Prioritising children and young people’s mental health in Hampshire	29
2.2. Improved access to Early Help and early intervention services	30
2.3. Perinatal mental health	31
2.4. Recognising the positive impact of parenting support	32
2.5. Improving access to support for children and young people who have been sexually abused and/or exploited	33
3. Improving the quality of information and advice available to children, young people, families and professionals with regard to emotional wellbeing and mental health	34
3.1. Delivering training to young people in schools	35
3.2. Relationships and Sex Education	36
3.3. Improving access to high-quality information, advice and guidance	37
4. Ensure all children, young people and families have access to timely, evidence-based high quality and appropriately specialist mental health support when it is needed	38
4.1. Meeting the needs of Looked After Children and other vulnerable groups	39
4.2. Single Point of Access	40
4.3. Increasing capacity in the intensive community assessment and treatment team, i2i / New Models of Care for crisis and Tier 4 inpatient treatment	41
4.4. Ensuring there are appropriate places of safety for young people detained under Section 136 of the Mental Health Act	42
4.5. Supporting children and young people with either emerging or diagnosed eating disorders	45
4.6. Transition from CAMHS to Adult Mental Health Services	44
4.7. Joint work with Youth Offending Service	45
4.8. All-age psychiatric liaison	46
4.9. Early Intervention in Psychosis	47
4.10. Improving pathways across Tier 3 and Tier 4 specialist provision	48
Future Work	49

Summary

This document is a refresh of the Hampshire Local Transformation Plan. It reviews our original intentions and highlights the current and planned work programme in the area of children and young people's mental health.

It is prepared for and on behalf of the five Hampshire Clinical Commissioning Groups (CCGs):

- Fareham and Gosport CCG
- North East Hampshire and Farnham CCG
- North Hampshire CCG
- South East Hampshire CCG
- West Hampshire CCG

North East Hampshire and Farnham CCG leads on the commissioning of children and young people's mental health provision on behalf of the five Hampshire CCGs and works closely in partnership with Hampshire County Council and other partners to ensure services are commissioned in order to address all levels of need – universal, targeted, specialist and acute.



We look back on decisions made in 2015 to enhance and expand services, review how successful these service developments have been and the difference they have made, and identify what we still need to do to ensure that the system addressing children and young people's mental health undergoes truly transformative change to be fit for the future.

In Hampshire, there is a local focus on improving health outcomes through more effective education, prevention, early intervention, promotion and resilience building. This is enshrined in Hampshire's Strategy for Improving the Public's Health – Towards a Healthier Hampshire¹. There is also a system-wide commitment to effectively address health inequalities (across all age groups) by reducing stigma, committing to parity of esteem with physical health, recognising and removing barriers to accessing services and identifying and filling gaps in provision.

The Make it Worthwhile² strategy for children and young people's Emotional Wellbeing and Mental Health, prepared on behalf of the Hampshire Children's Trust, states that 'we want all children in Hampshire to enjoy good emotional wellbeing and mental health'. It also recognises that children with good mental health do better. Their outcomes – whether in education, at home or in the community – are better, and they are more likely to develop into healthier adults making a positive contribution to society. Make it Worthwhile identified the Local Transformation Plan priorities³, and absolutely underpins all the work that has been undertaken since the original submission in Hampshire.

The refresh considers how:

- local needs influence decision-making
- children, young people and other stakeholder views influence service design, development and implementation
- local plans and strategies align, and where there are common deliverables
- we identify, mitigate for and manage risk

- our governance arrangements evidence accountability and responsibility across systems
- we will deliver on our priorities

A series of strategies and publications underpin the Local Transformation Plan which is reviewed and refreshed annually. Some of these were in place at the time of the original submission, and some have been published since. The most relevant of these are:

- Emotional Wellbeing and Mental Health Needs Assessment for Children and Young People in Hampshire (currently under review, to be finalised November 2017)
- Make It Worthwhile 2014 - 2017
- Five Year Forward View for Mental Health (2016)⁴
- Hampshire and Isle of Wight Sustainability and Transformation Plan (2016)⁵
- Sustainability and Transformation Plan Children's Programme (2017)⁶
- Children and Maternity Collaborative Operating Plan and Vision 2020⁷

Our original Future in Mind plan was developed based on comprehensive feedback from children, young people, parents, carers and professionals, and evidence from the Joint Strategic Needs Assessment published in 2015.

We undertook a comprehensive engagement exercise with children, young people, parents, carers and professionals across the county to inform the Make it Worthwhile strategy. 1647 responses were received as part of this consultation, half of which came from children and young people (87% of whom were aged 13-18).

These responses were referenced in the original Local Transformation Plan alongside an additional consultation⁸ which sought to gather views on what stakeholders thought of existing services and what they felt priorities for future service developments should be.

¹ <http://documents.hants.gov.uk/public-health/TowardsahealthierHampshirestrategyforimprovingthepublicshealth2016-2021.pdf>

² <http://www3.hants.gov.uk/emotional-wellbeing-mental-health-strategy.pdf>

³ <https://www.northeasthampshireandfarnhamccg.nhs.uk/news-events/240-future-in-mind>

⁴ <https://www.england.nhs.uk/wp-content/uploads/2016/02/Mental-Health-Task-force-FY16-final.pdf>

⁵ <http://www.healthwatchhampshire.co.uk/STP>

⁶ Available on request

⁷ Available on request

⁸ Available on request



Our stakeholders told us they wanted:

- better communication between services and families
- better coordination across health, education and social care services
- schools and school staff to benefit from training about mental health and how to support Children and Young People experiencing difficulties
- clarity around what support was available to Children and Young People diagnosed with Autism and their families
- better support for parents/carers to be able to help their children
- support to be made available in schools, whilst recognising that some young people will want to access help elsewhere
- more funding for Children and Adolescent Mental Health Services (CAMHS) to help reduce waiting times
- someone to talk to face-to-face; this was felt more important than providing technological solutions
- more comprehensive information and education available through school on emotional wellbeing and mental health

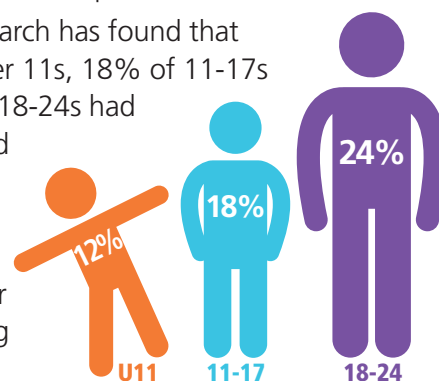
We are committed to continuing our work with children and young people, hearing and acting on their views about the services we offer. We do this through a range of participation opportunities led by each provider, as well as taking on board views of the Youth Commission of the Police and Crime Commissioner and of school-aged children who provide valuable insights into their experiences.

We will undertake a comprehensive large-scale engagement exercise with young people in 2018.

Our Public Health colleagues are currently undertaking a refresh of the Joint Strategic Needs Assessment. The emerging headlines highlight

specific areas that we will be focusing on over the next 1-3 years:

- Half of all **psychiatric disorders** start by age 14 and three quarters by age 24
- Hampshire's **population** of young people aged 10-14 is **projected to increase** between 2016 and 2023; this will impact on service demand
- National research has found that 12% of under 11s, 18% of 11-17s and 24% of 18-24s had been exposed to **domestic abuse** between adults in their homes during childhood
- Young people in Hampshire rated their **wellbeing** as being higher than the national average
- There are increasing numbers of **Looked After Children** in Hampshire, and this cohort is at significantly greater risk of developing poor mental health
- A 2016 audit found that there were 31 **suicides** amongst young people aged under 25 in Hampshire
- Hampshire has higher than national rates for **hospital admissions** as a result of **self-harm** in young people aged 10-19; this is a cause for concern
- It is estimated that 8.4% of Children and Young People aged 5-16 in Hampshire have a **diagnosable mental health condition**
- The number of **referrals** into specialist **CAMHS** has grown from 5,167 in 2015-2016 to 6,144 in 2016-2017



There is evidence of increasing demand for child and adolescent mental health services. Nationally, this is being reported as between 30-40% in the last 12 months. As commissioners and providers we have come together to transform services for young people to ensure we build resilience, have effective prevention strategies and provide appropriate interventions in the right place at the right time, as early as possible. This requires us to take a system-wide approach and our transformation plan demonstrates how we do this.

Feedback from children and young people in CAMHS about the service they have received



Alignment between Local Transformation and Sustainability and Transformation Plans

As part of the NHS England assurance process for Local Transformation Plans, we are required to provide a statement which outlines how local plans align. This demonstrates our commitment to ensuring governance processes are robust, and there is sufficient consideration given to priorities in different plans.

The Hampshire and Isle of Wight Health and Care System recognises the importance of good emotional wellbeing and mental health in children and young people, not only during childhood and adolescence, but also as predictors for positive mental health outcomes in adulthood. As such there are a number of strategic commitments / work streams across the Sustainability and Transformation Plan which directly affect children and young people's mental health.



Mental Health Alliance

The Sustainability and Transformation Plan is committed to working towards parity of esteem for mental health services, reviewing and aligning mental health care pathways, out of area pathways, and crisis care. Each Local Transformation Plan gives more local-level detail for these priorities and how they affect children and young people. A key focus of this work stream is to ensure that effective crisis services for all ages are provided.

Workforce

A comprehensive review of mental health workforce requirements is currently under way across the Sustainability and Transformation Plan footprint, with a commitment to moving towards a flexible workforce shared across geographical and organisational boundaries, enabling care to be more responsive to children and young people's needs.

In addition to the above programmes, the **Children's Programme** undertakes to:

- Implement New Models of Care, ensuring repatriation of children and young people in Tier 4 beds back into locally-based provision (thus releasing money into the local mental health care system); and
- Strategically review Autism Spectrum Conditions / ADHD provision across Hampshire to ensure consistency in pathways and information and support available to parents / carers of children and young people undergoing assessment or diagnosed with these conditions.

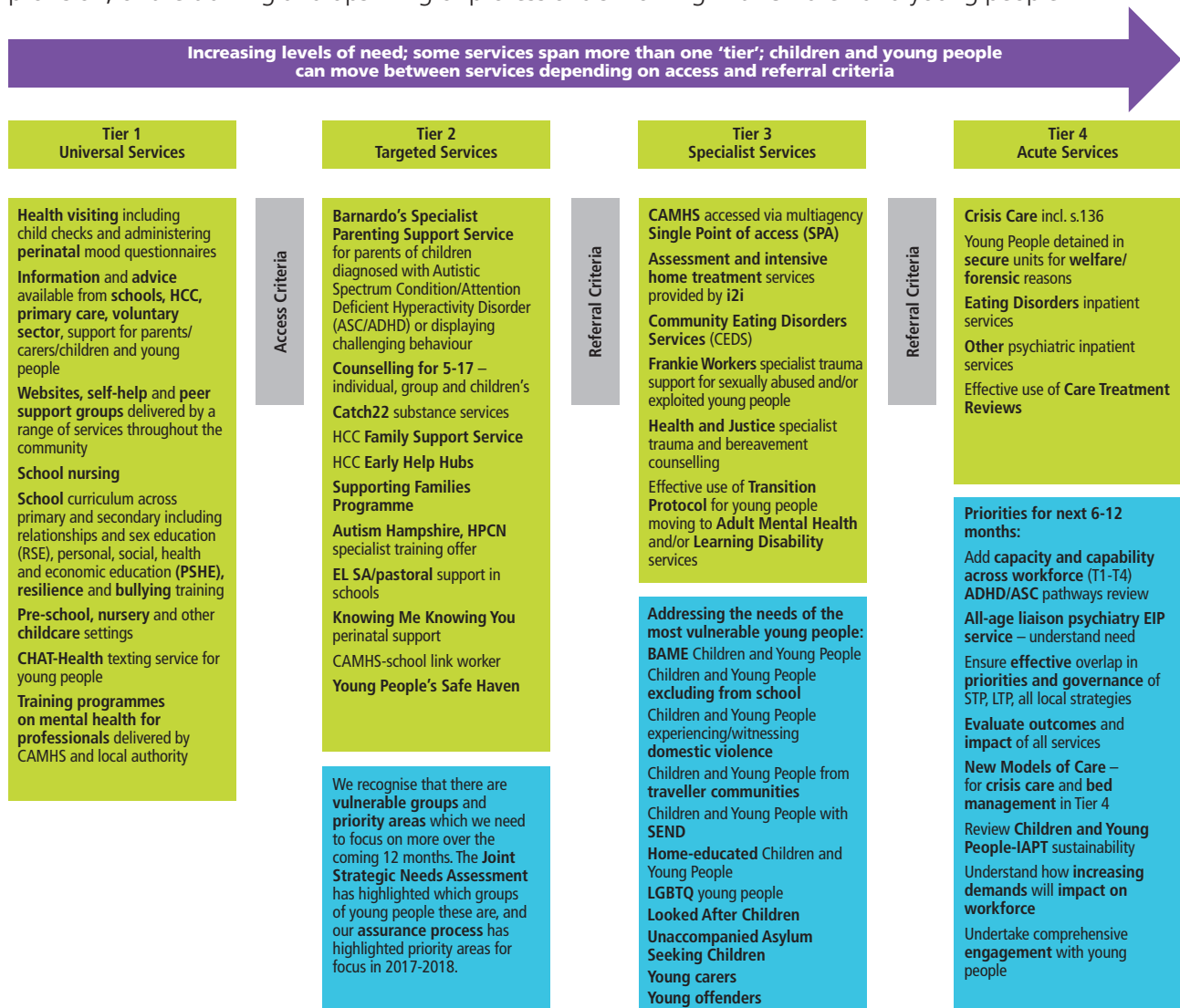
Reference is made to these programmes throughout the Local Transformation Plan; they are considered central to its success.

The Sustainability and Transformation Plan sets out our vision for delivery in 2020/2021 and beyond.

Which emotional wellbeing and mental health services do children, young people and families currently have access to in Hampshire?

We recognise that there are many levels of need in Hampshire, and we place strategic importance on the mental health of all our children and young people.

Most children and young people will (on the whole) be well and require few targeted or specialist services. Universal services such as schools, primary care and community provision will be able to meet the needs of the vast majority of children and young people. These may be addressed through the provision of accurate and up-to-date information and advice, the teaching of relationships and sex education, school nursing provision, or the training and upskilling of professionals working with children and young people.



The above diagram outlines current provision for children, young people and families in Hampshire. It does not illustrate all available services, or the sometimes complex routes in and out of services.

It also sets out our commitment to prioritise the needs of certain vulnerable groups of children and young people, as well as the areas of work we will focus on in the next 6-12 months, identified through the Key Lines of Enquiry, Sustainability and Transformation Plan and other local strategies.

What difference are services making to children and young people?

How do we know whether the services we have funded and commissioned are having the desired impact? We need to ask ourselves what difference has been made to children and young people's lives, whether we are delivering on our stakeholders' wishes and achieving what we set out to do with our additional Future in Mind monies.

The effectiveness of individual services and interventions is regularly scrutinised through outcomes monitoring and contract reviews. This section gives an overview of commissioned services and those funded with non-recurrent grants as a result of commitments made in the original Local Transformation Plan – what they have achieved and what children, young people and families think of them.

As a reminder, this is where our additional investment was focused:

- Early intervention services through evidence-based counselling/psychological support
- Early intervention services through evidence-based parenting programmes
- Improved access to support for young people who have been sexually abused or exploited
- A new Eating Disorder Service to ensure compliance with new standards
- Improved access to technological solutions that support young people's emotional wellbeing and mental health

The refresh gives an additional opportunity for a whole-system appraisal; the section that follows on page 24 reviews identified work streams from previous plan submissions, and considers how well we are meeting all needs and which areas require continued prioritisation by health and local authority commissioners.



How are we investing our Future in Mind funding?

The tables below set out how the five Hampshire CCGs are jointly commissioning children and young people's mental health services across Hampshire:

CCG Name	2016/17							
	Eating Disorders	Waiting List	Parenting	Counselling	Frankie Workers	Technological	Young People	TOTAL
	Recurrent	Non -Recurrent	(Barnardo's)	(No Limits)	HCC	Solutions	Safe Haven	
NHS Fareham and Gosport CCG	242,944	80,000	61,769	122,701	15,442	9,265	0	532,121
NHS North East Hampshire and Farnham CCG (minus Surrey element)	197,123	0	47,368	94,094	11,842	9,991	56,600	417,018
NHS North Hampshire CCG	247,685	65,000	61,296	121,762	15,325	9,194	0	520,262
NHS South Eastern Hampshire CCG	264,083	77,000	66,605	132,308	16,651	7,105	0	563,752
NHS West Hampshire CCG	656,726	234,000	162,962	323,712	40,740	24,445	0	1,442,585
TOTAL Investment	1,608,561	456,000	400,000	794,577	100,000	60,000	56,600	3,475,738

Page 43

CCG Name	2016/17									
	Eating Disorders	Arts Therapy	Parenting	Counselling	Frankie Workers	Technological	Young People	FIM Growth	Children and Young People-IAPT	TOTAL
	Recurrent	Non -Recurrent	(Barnardo's)	(No Limits)	HCC	Solutions	Safe Haven	SPFT	Non -Recurrent	
NHS Fareham and Gosport CCG	248,046	3,088	61,769	122,701	15,442	14,765	0	3,632	0	469,443
NHS North East Hampshire and Farnham CCG (minus Surrey element)	201,263	2,368	47,368	94,094	11,842	12,123	56,600	2,982	88,250	516,890
NHS North Hampshire CCG	252,886	3,065	61,296	121,762	15,325	16,210	0	3,987	0	474,531
NHS South Eastern Hampshire CCG	269,629	3,330	66,605	132,308	16,651	16,070	0	3,953	0	508,546
NHS West Hampshire CCG	670,517	8,148	162,962	323,712	40,740	40,832	0	10,043	0	1,256,954
TOTAL Investment	1,642,341	19,999	400,000	794,577	100,000	100,000	56,600	24,597	88,250	3,226,364

It is envisaged that investment in 2018/19 and 2019/20 will be similar to 2017/18. Once confirmed this will be added to future versions of this document.

There will be a review of all commissioned services and non-recurrent spending in 2018.

Counselling Support Service

Counselling support⁹ for children and young people aged 5-17 began in April 2016 under the umbrella of Hampshire Youth Access¹⁰. The service supports children and young people presenting with a range of issues, and is able to offer short-term therapeutic support, primarily in community-based settings. Counselling is delivered by a partnership of 12 established voluntary-sector providers led by No Limits; each organisation covers a geographical area with relatively well-defined boundaries, although there are parts of the county with little or no access to face to face services. This is being addressed through focused service development and improvement.

Children and young people are able to access:

- Face to face counselling for 5-10 year olds, delivered in primary schools and community settings, depending on family preference and availability of appropriate locations
- Face to face counselling for 11-17 year olds, delivered from a range of community-based settings
- Therapeutic group work for 11-17 year olds, set up in response to local needs identified by CAMHS and school colleagues, as well as in response to young people's requests, delivered from a range of settings, including in schools, and often in partnership with colleagues from other services e.g. pastoral staff, CAMHS, Family Support Services etc.
- Online counselling for 14-17 year olds, delivered via a bespoke platform (designed to meet the needs of young people who live in more rural areas and find it difficult to access face to face support, as well as those young people who may find it difficult to access face to face support for other reasons)

Since September 2016 203 children aged 5-10 have been referred to the service; 1537 appointments have been offered to this group, of which 1465 (95%) have been attended.

200 young people aged 11-17 have been referred for therapeutic group work¹¹.

1297 young people aged 11-17 have been referred for counselling; of 5106 appointments offered 3802 (74%) have been attended¹².

Children, young people, parents/carers and professionals are also able to access free up-to-date online resources on a range of emotional wellbeing and mental health problems which may help to provide factual information which reassures, support the management of existing issues or support families while a child waits to access services.

The counselling support service has staff co-located in the CAMHS Single Point of Access (SPA) to enable more streamlined access to services for young people.

Commissioners continue to work with the service to monitor demand and will be reviewing this in detail during 2018, specifically to undertake a gap analysis.

9 Service Specification and Key Performance Indicators available on request

10 <https://hampshireyouthaccess.org.uk/>

11 There are some discrepancies in data; subject to verification by CSU

12 As above.



What feedback have we had about the service?

No Limits have collected feedback on behalf of the counselling service from children, young people, parents/carers and professionals:

I've learned to believe in myself and have confidence and I am not gonna let what people say get to me anymore.

The waiting list is too long. Once my daughter was offered a place I have been happy with the support.

You need to help other children – you're nice. You've helped me to do some hard things. I take deep, deep breaths now when I'm angry.

Excellent – the staff member was prepared for every session, delivered well-planned sessions and was respectful throughout.

As with all agencies, such as this at present, it would be useful for this service to have greater capacity! This is the only service that I have found that I can use to help young children with issues that could ultimately lead to greater mental health issues in later life. I firmly believe that supporting children at this early stage is key to reducing issues in the future.

I always felt that I could ask for help and would be given that help. My counsellor was always very kind and would listen to any issues I had with respect and care. All the help I have been given is greatly appreciated.

This is my first involvement with Hampshire Youth Access. It has been a joy – easy and reliable and punctual – which is really important when dealing with a school. Excellent preparation for every session: well-planned, confidential and respectful throughout. To begin with the counsellor's language was too difficult for Year 7. She took this on board and really aimed her sessions to the students' ability. I appreciated her taking on board this feedback.

We really need more mental health support within schools. We need somewhere to go when counselling ends...

Only to say that I really wish this support could continue for these vulnerable children.

The group worker knew her topic very thoroughly and was able to adapt her sessions to meet the children's needs. Brilliant!

Please can we have more?

Evidence Based Parenting Programmes

Barnardo's Hampshire Specialist Parenting Support Services^{13,14} began delivering groups in September 2016. It offers programmes for parents of children and young people aged 5-17 that are diagnosed with Autistic Spectrum Conditions (ASC) and/or ADHD, display challenging behaviours associated with mild-moderate conduct disorders or are teenagers displaying anti-social behaviour including child on parent violence.

Practitioners work in close partnership with colleagues from local authority Family Support Services and the Supporting Families Programme in order to increase access to appropriate support for parents of children experiencing emotional wellbeing and mental health difficulties. This is further explored in the body of the plan.

During the first six months, the number of referrals and groups delivered by the parenting service was almost double that anticipated. However, numbers have settled and the service is expected to deliver 60 parenting programmes during 2017-2018 to 856 families.

Commissioners continue to work with the service to monitor demand and will be reviewing this in detail during 2018.



¹³ Service Specification and Key Performance Indicators available on request

¹⁴ <http://www.barnardos.org.uk/hspss.htm>

What feedback have we had about the service?

Barnardo's have collected feedback from parents and foster carers attending a range of courses:

I know at the beginning of the course I wasn't very positive and thought it wasn't going to make a difference but it has, massively. I can now see a light at the end of the tunnel and feel so much more confident in dealing with my son. You have helped our family so much!

Training in an environment away from other foster carers which shows me that some behaviours my children show are normal childhood behaviours and milestones. Also, my child is at the lower end of the scale to the other children in the group which put into perspective the difficulties we see to those of others.

The course has given me confidence to talk to my son about his condition, to understand his point of view more, made me look at my thought process too. The staff were well informed, compassionate, funny and they made us all very welcome. Such a relief to come and share our struggles and know we are not alone.

Better course than most because you weren't telling me how I should be doing it and you made it real by talking me through how to do the things to make changes in my chaotic world I live in, not the perfect world in the DVDs.

I found this course really helpful as it made me change my behaviour and learn how to manage my son's challenging behaviour using strategies advised on the course. I have really enjoyed it. I feel more confident in my parenting skills.

Very welcoming – a real effort to ensure all are included, respected etc. non-judgmental, information tailored to our individual children and problems. Not just told theories – discussed how to adapt them to our families. Both trainers have been brilliant – made the course fun and interesting, never made to feel stupid.

Just wanted to say that I am finding the course really helpful and am reflecting on situations and behaviour a lot more.

Been really good to look at the areas I wasn't being consistent in and how to work together with him to make the changes, not me telling him what to do.

Support for young people who have been sexually abused or exploited

In an innovative joint venture, Hampshire's Police and Crime Commissioner, together with the Hampshire 5 and Isle of Wight CCGs have funded a three-year dedicated specialist counselling service for victims of child sexual abuse and exploitation.

The Frankie Workers¹⁵ are based within a dedicated Hampshire County Council children's services team, and are key to delivering on the local authority's strategy for missing, exploited or trafficked young people. The aim of the service is to prevent trauma from developing into longer-term mental health problems.

The service began delivery in the summer of 2017; it is therefore too early to see what its impact will be. Service outcomes will be regularly monitored in contract review.

CAMHS Specialist Eating Disorder Team

A new Community Eating Disorders Service (CEDS) was commissioned by the five Hampshire CCGs and is now fully operational in line with the Access and Waiting Time Standard.

The service is signed up to the national quality improvement programme (Quality Network for Community CAMHS) and regularly reports to commissioners on service use.

The service is seeing higher than anticipated numbers of young people; this is also reflected in the numbers of young people being treated for Eating Disorders as inpatients.

During 2016-2017¹⁶ 310 young people were referred to the service, with the majority of referrals coming from GPs (36%). CAMHS referrals to the service numbered 39 (13%) whilst others were from a range of services including paediatrics, school nursing teams, parents and community counselling services. Not all young people were accepted into the service, with 146 (47%) being signposted to other provision (e.g. GP or community services) either pre or post assessment. Of those young people in the service, some were still awaiting assessment, while 2 were admitted straight to hospital without an assessment by the service.

¹⁵ Service Specification available on request

¹⁶ Hampshire CAMHS Specialist Eating Disorder Team Service Evaluation Audit June 2017 Report available on request



What feedback have we had about the service?

Those receiving support from the service are routinely asked for their feedback.

The service is not fully staffed; this continues to be a challenge that the provider is working hard to address and is regularly reporting on to commissioners.

Of 23 responses on service experience gathered in the last quarter of 2016-2017 18 of 23 (78%) parents/carers described their overall experience of the service as excellent or very good, and 19 of 21 (90%) felt that their family was receiving the help it needed.



Of 19 young people asked about their overall experience of the service, 17 (89%) described their experience as being good or better. A small number of young people felt misunderstood and unclear about what the service was offering. Overall, 15 of 18 (83%) of young people felt that they were getting the help they needed.



Technological and innovative solutions to support young people's emotional wellbeing and mental health

We recognise that many young people use technology in their everyday lives to communicate; we therefore recognise how important it is to give them choices about how and where they access services, and to think more creatively about how this is done.

We want young people to be able to access support for their emotional wellbeing and mental health in ways that suit them and are responsive to their needs, and so have committed to developing a number of platforms which will allow this. Access to services has to be safe, and the safeguarding of children and young people remains our priority.

Although we do require services to come up with some technological solutions we would also expect all services to be responsive and innovative in the course of their 'business as usual' activity.

CAMHS website and app

The CAMHS website is currently in development; the service has worked with designers and young people to come up with a weather-based theme, and the site will go live in early 2018. In the meantime, Sussex Partnership NHS Foundation Trust has released a series of online interactive tours showing young people around Hampshire CAMHS clinics.

CAMHS have worked in partnership with children and young people to develop a free app called Mind Your Head¹⁷. It is designed to support young people manage their feelings around anxiety and low mood, and allows users to see which local services are available to them. Use of the app will be monitored closely once the CAMHS website is up and running as the two will be linked.

The Fit Fest website¹⁸ is a product of CAMHS innovation and engagement work. It is directly aimed at engaging children and young people in Hampshire to become more aware, more motivated and more empowered to make choices that enhance their health and wellbeing. The site provides information about events for young people, as well as for parents/carers and professionals, and has a dedicated area offering advice and signposting information to other local and national organisations. Fit Fest is a collaborative project between CAMHS, the Hampshire Cultural Trust, the Supporting Families Programme and others, and has been enormously successful in engaging young people and school communities, and parents and carers.

What feedback have we had about the service?

CAMHS have collected feedback from Fit Fest attendees:

Both my students and I came away buzzing with excitement about how we can move 'mental health' at school forward!

I want to try and organise a session that different year groups can attend to raise awareness of mental health

I felt welcomed. I have learnt that other people are thinking the same as me, but it just takes a person to open up. I definitely want to pass on what I've learnt to others.

It has reignited my passions for what I do and made me realise how important the role of teachers is for students.

If someone comes to me for help I will now be able to help them. I'll show them the coping box.

More detail about the numbers of attendees accessing Fit Fest and associated events is provided later.

¹⁷ https://play.google.com/store/apps/details?id=com.bluefrontier.antibioticguidelines&hl=en_GB

¹⁸ <https://www.fitfesthampshire.com/>



Hampshire Youth Access website and online counselling portal

The Hampshire Youth Access website¹⁹ provides access routes into all counselling services; it includes information about geographical locations of the service, access criteria and an online referral form which, provided it has been filled in correctly, allows for safe and consented sharing of information between Hampshire Youth Access and CAMHS.

The website provides information and advice for young people, parents/carers and professionals and signposting to other local and national services.

It also has a dedicated entry point to the online counselling portal²⁰, open to young people aged 14-17. Young people can access this once they have been through a comprehensive registration process and made contact with an administrator or online counsellor who grants them access to the service. The platform is secure, and as well as offering counselling it signposts young people to services that they can access in crisis.

CHAT-Health text service

Although not a directly-commissioned services, our school nursing provider – Southern Health NHS Foundation Trust – has rolled out a texting service for young people where they can access safe, accurate and timely information about all aspects of health – including mental health. Additional information about this service can be found in the table section.

¹⁹ <https://hampshireyouthaccess.org.uk/>

²⁰ <https://counselling.hampshireyouthaccess.org.uk/login>

Other notable developments:

As well as investing in the above new services and developments, health and local authority commissioners have worked with existing providers to expand the range of support available to children, young people and families in order to meet need. Many of these service developments have come about due to innovative and creative ways of working, as well as through making some non-recurrent funding available.

Other developments have been driven at Sustainability and Transformation Plan level.

- The CCGs have invested additional non-recurrent funding into CAMHS to enable the service to improve waiting times.
- A multi-agency Single Point of Access (SPA) has been implemented; it is staffed by CAMHS practitioners as well as No Limits counselling staff and Catch22 substance misuse specialists, enabling more streamlined access to these services for children, young people and families.
- Additional central funding has been secured for two counsellors who will be based within the Youth Offending Service, providing specialist trauma and bereavement support to particularly vulnerable young people; this service is due to start before the end of 2017.
- Police staff and other professionals responding to young people in distress have received appropriate training to better manage such situations; Hampshire has designated places of safety for young people who are detained, and commissioners are currently working towards having one dedicated young people-only space.
- There are crisis response plans and pathways in place across the Sustainability and Transformation Plan footprint, with a focus on intervening earlier wherever possible.
- A Safe Haven for young people opened in May 2016; in the year to April 2017 146 young people and 66 parents/carers accessed the service, with the majority of young people presenting with anxiety and depression.
- Specialist perinatal services and support groups are available to new parents county-wide.
- The i2i intensive community assessment and treatment service has worked with colleagues in acute settings to raise awareness of how to effectively support and manage Children and Young People admitted on the grounds of mental health difficulties.
- Training has been made available through Autism Hampshire and the Hampshire Parent Carer Network to meet the specific needs of parents/carers with children diagnosed with Autism/ADHD or with learning or other disabilities.
- Hampshire County Council Inclusion team notify CAMHS of any children or young people who are at risk of exclusion on a weekly basis. This allows CAMHS to review whether those young people are currently receiving support, or waiting for an intervention. Not being in school is a significant risk factor for young people, and support for those waiting is expedited.

These services are considered in more detail from page 24 onwards.

Where are the gaps?



There have been some significant positive developments in the way that Hampshire services respond to the needs of children, young people and families struggling with mental health difficulties since 2015.

There is more capacity to respond to children and young people earlier. We have placed therapeutic and parenting support within our schools and communities, and have worked to increase the confidence and capability of frontline staff, especially in schools, to help young people and their parents/carers cope better when faced with difficulties. This reflects recommendations from the recent Children's Commissioner briefing²¹.

We have worked with our CAMHS provider to implement and further strengthen high-quality specialist services, in particular the Community Eating Disorder and i2i assessment and treatment services, and to better understand the continually increasing demand for mental health support, and how as a system we can best respond to this.

We continue to work in partnership with colleagues in public health, education, social care, primary and acute services, and the voluntary sector to share responsibility for ensuring services are delivered to the highest quality and continue to be reviewed across all levels of need to ensure they are responsive and appropriate.

We recognise that those children and young people who are most vulnerable or at risk need to be able to access help easily and quickly. We will pay close attention to how our commissioned services and those services provided by others (including the local authority) are meeting their specific needs²².

Gaps in provision are identified via the Joint Strategic Needs Assessment, contract reviews with providers, what stakeholders tell us and the Key Lines of Enquiry. They are also highlighted on page 10.

What does the Joint Strategic Needs Assessment tell us?

The Joint Strategic Needs Assessment is in the process of being finalised (it should be made available before the end of 2017). Some of the key messages are on page 6.

The document systematically reviews service provision for young people and has highlighted geographical areas where a lack of face to face provision means that young people may struggle to gain access to early intervention, e.g. New Forest and Gosport. East Hampshire is also an area where young people have to travel relatively long distances to access services.

Service capacity is also highlighted as an area of concern; there is variation in waiting times across Hampshire services, with some providing almost immediate access, whilst others operate months-long waiting lists. There is little consistency around the county. This issue can be found in both early intervention and specialist services.

The Joint Strategic Needs Assessments calls on the system to:

- build resilience in children, young people and families across Hampshire
- improve protective behaviours by rolling out wellbeing and resilience initiatives
- reduce waiting times to be seen at Tier 2 and 3 services in Hampshire, therefore improving access to appropriate and timely service provision in Hampshire

²¹ Children's Commissioner Briefing: Children's Mental Healthcare in England, October 2017 <https://www.childrenscommissioner.gov.uk/publication/briefing-childrens-mental-healthcare-in-england/>

²² In order to understand the context within which many of these services operate it is worth referring to the recently published Hampshire Safeguarding Children Board Annual Report 2016-2017 which describes key local partnerships, accountability and governance arrangements, and gives brief overviews of many services described in this report. The Annual Report can be found here: <http://www.hampshiresafeguardingchildrenboard.org.uk/wp-content/uploads/2017/10/HSCB-Annual-Report-031017.pdf>

- inform and educate services who are making inappropriate referrals to specialist CAMHS to better understand eligibility criteria, supporting them to know how to find out about other local service provision
- enable earlier recognition of mental health problems in Children and Young People through the training of the workforce to recognise signs and symptoms but also to challenge stigma and to encourage Children and Young People to be able to access support when it is needed
- have a family approach to mental health, enabling parents to support their child with mental health problems

Addressing health inequalities

Alongside the above, we are committed to commissioning services that address specific health inequalities. We will work with our providers to:

- reduce stigma by highlighting the needs of those experiencing emotional wellbeing and mental health difficulties, challenging preconceptions and encouraging open conversations and education
- achieve parity of esteem with physical health by investing in services
- recognise and remove barriers to accessing services by listening to service user experiences and ensuring services are shaped to respond to need
- identify and fill gaps in provision by reviewing our offer regularly (such as through this refresh process) to make sure it is fit for purpose

Assurance process and Key Lines of Enquiry²³

We identified the following areas for additional focus over the next 6-12 months:

RED:

Better understanding of local needs, in particular those of vulnerable children and young people – link with p. 8 for identified groups. We will work with colleagues in the Starting Well group to identify how we can best meet the needs of vulnerable groups. These priorities will be set following the publication of the Joint Strategic Needs Assessment and setting of the strategy for young people’s mental health and emotional wellbeing.

AMBER:

Workforce; we need to continue upskilling the workforce to ensure frontline staff in universal services can effectively support young people. We also recognise that recruitment, particularly of specialist staff, continues to be challenging for our CAMHS provider. We also need to continue to train staff in the delivery of evidence-based interventions by enabling access to Children and Young People-IAPT training as part of our existing collaborative arrangements (with the University of Reading). Here we will focus on how training is made available to practitioners working in non-CAMHS settings.

GREEN:

Transparency and governance; we will review the effectiveness of and demand on services in 2018. In addition we have made a commitment to undertake a large-scale engagement exercise to ensure young people’s voices and experiences are heard and continue to shape services and their own personal journeys through the mental healthcare system. We will continue to update stakeholders on how the work streams across the Sustainability and Transformation and Local Transformation Plans link so there is clarity about the purpose of different plans.

²³ Available on request

Key Milestones

Through the refresh process and Key Lines of Enquiry review the following milestones have emerged.

What?	By when?
Completion of Joint Strategic Needs Assessment	Nov 2017
Sign-off of refreshed Local Transformation Plan at Health and Wellbeing Board	Dec 2017
Completion of Equality Impact Assessment to make explicit which health inequalities are being addressed by the Local Transformation Plan	Dec 2017
Review arrangements for all-age liaison psychiatry and make new recommendations / put plan in place to enact recommendations	Dec 2017
Ensure systems are in place for routine reporting of Early Intervention in Psychosis service access by young people aged 14-18 (non-CAMHS provider)	Dec 2017
Completion of children and young people's emotional wellbeing and mental health strategy 'Starting Well' and setting of priorities to address vulnerable children and young people's needs	early 2018
Complete review of access to Children and Young People-IAPT training by non-health staff	March 2018
Comprehensive review of workforce needs across the system including review of parallel work being undertaken by Health Education Wessex	April 2018
Review all provider contracts to ensure specific requirements about data flow to Mental Health Minimum Data Set (MHMDS) are included	April 2018
Review and include baseline data for all services using standard datasets	April 2018
New Models of Care for Tier 4 will be evaluated to measure outcomes and benefits of the work programme	April 2018
A comprehensive review of Neuro-developmental services will be undertaken and recommendations on future provision will be determined	April 2018

Managing Risk

As with all plans there are certain risks which we need to mitigate for and manage. Responsibility for delivering on particular work streams is often delegated to a number of organisations, who in turn have their own risk management protocols. Multiagency governance arrangements oversee these.

Our directly-commissioned services have to provide assurances about risk management with regards to not meeting targets for example, or in the case of business continuity issues; these are managed through contract monitoring.

The biggest risks to the success of the Local Transformation Plan now and beyond 2020/2021 are lack of central assurance with regards to funding and our current uncertainties with regard to workforce.

Comprehensive review of the Local Transformation Plan



This section sets out in tabular format existing work streams in children and young people's mental health. Additional contextual information about some services already described is also contained within this section.

Progress to date and planned work are identified, as are the organisations responsible for delivery. Baselines and workforce are stated where known; both of these areas need strengthening over the coming 6-12 months.

1. Why good mental health is important, and which factors influence it in children and young people?

Children and young people's emotional wellbeing and mental health is just as important as their physical health. Good mental health allows young people to develop good resilience and coping strategies to help them manage in life, and to enable them to grow into healthy adults.

In order to aid the development of good mental health in young people, we are committed to investing in training and interventions at all levels to ensure young people can access appropriate support. This includes investing in the professional development of those working in both specialist and universal services, so that they are as well-equipped as possible to respond to young people's needs.

We must ensure that staffing competence, confidence, capability and capacity is improved throughout the system, across universal, targeted and specialist services.

We recognise that a confident workforce is crucial to enabling us to fulfil our commitments to children, young people and families, and ultimately allows for better communication between services, more appropriate responses and escalations of issues, and better quality referrals to specialist services where these are required.

This section considers:

- Children and Young People – Improving Access to Psychological Therapies (CYP-IAPT) training
- Awareness training for children, young people, families and professionals on emotional wellbeing and mental health
- Training for police responding to children and young people in distress



1.1. Children and Young People-IAPT Training

The tables below set out how the five Hampshire CCGs are jointly commissioning children and young people's mental health services across Hampshire:

What do we need to do?	How will this be delivered?	Who is responsible?	Key measures	Baseline	Target	Timescales / progress to date	Engagement with children, young people and others	Links to relevant evidence
<p>Continue to implement Children and Young People-IAPT Programme in Hampshire, ensuring Routine Outcome Measures (ROM) are used consistently and inform patient choice and strategic planning through monitoring of outcome data.</p>	<p>Continue to support CAMHS provider in implementing Children and Young People-IAPT Programme by:</p> <p>Monitoring progress through CCG assurance processes – CRM (contract review) and CQRM (clinical quality review).</p> <p>Continuing to develop staff through the Children and Young People-IAPT and internal training programmes to increase access to evidence-based interventions</p> <p>Continuing to develop the offer of evidence-based interventions, e.g. CBT and Systemic Family Therapy in accordance with NICE guidance and relevant standards.</p> <p>Commissioned CAMHS service to work towards fully implementing collection of Routine Outcome Measures (ROMs) including session by session monitoring in accordance with principles of Children and Young People-IAPT.</p>	<p>CCGs CAMHS provider</p>	<p>Improvements in use of ROMs as identified in monthly reporting.</p> <p>Specific requirements of commissioned service include:</p> <p>3.13.3 The Provider is expected to routinely report to commissioners on the outcome measures used and the results. The Provider will be able to clearly demonstrate the average improvements made, using these measures, on a regular basis.</p> <p>3.13.4 The Provider is expected to have 100% compliance in using these tools to measure outcomes from within the service.</p> <p>3.13.7 Where it cannot be evidenced that general improvements are being made, the service will review and implement service development improvement plans to address this and report progress to the commissioner.</p>	<p>6 training programmes to be completed</p> <p>3 individuals to complete training</p> <p>Baselines for ROMs use identified in monthly reporting to commissioners</p>	<p>In line with national standards.</p> <p>Improvements to be made in the use of ROMs to be defined following publication of national datasets.</p>	<p>Priority for this refresh (see milestones).</p> <p>In 2016-2017 17 CAMHS staff accessed Children and Young People-IAPT training across a range of courses – CBT, EEBP, supervision, leadership, Psychological Wellbeing Practitioner.</p> <p>In 2017-2018 CAMHS plan for 22 staff to access training across a range of courses – CBT, systemic family therapy, eating disorders, leadership, supervision, enhanced supervision and interpersonal therapy.</p> <p>ROMs use is closely monitored and reported on to commissioners, showing month on month increase in implementation. Newer services e.g. eating disorders show a better uptake of ROMs as their use is embedded.</p> <p>ROMs regularly reviewed to ensure they are fit for purpose and clinically appropriate for the service.</p> <p>Ongoing: CAMHS monitor ROMs use and report on this and Children and Young People-IAPT training outcomes as part of regular CRM/CQRM.</p>	<p>ROMs use was reviewed by clinicians and young people at the start of the commissioned service; many young people felt that they were complex and difficult to understand.</p> <p>This has led to a standardised roll-out of service-appropriate ROMs across all CAMHS teams during 2017.</p> <p>CMAHS working to ensure practitioners from different disciplines are training staff in effective ROMs use.</p>	<p>ROMs use required as part of service specification, which is available on request.</p> <p>CAMHS regularly report to commissioners on ROMs use to aid scrutiny and review service quality and effectiveness.</p> <p>Sustainability of Children and Young People-IAPT training / backfill has recently been highlighted in a report by CAMHS to commissioners (September 2017). Questions about ongoing access to training to enhance service delivery have been raised to local clinical network as other providers and commissioners across the Sustainability and Transformation Plan footprint share concerns with regard to ongoing sustainability.</p> <p>Delivering With and Delivering Well: https://www.england.nhs.uk/wp-content/uploads/2014/12/delvr-with-delvrng-well.pdf</p>

We are working to review access to Children and Young People-IAPT training by non-health staff and undertake to do this by the end of March 2018.

1.2. Training and awareness raising for children, young people, families and professionals

What do we need to do?	How will this be delivered?	Who is responsible?	Key measures	Baseline	Target	Timescales / progress to date	Engagement with children, young people and others	Links to relevant evidence
Develop a suite of awareness training programmes for children, young people, parents/carers and professionals with regard to emotional wellbeing and mental health.	To deliver on the Joint Emotional Wellbeing and Mental Health Strategy for Children and Young People CAMHS developed and deliver comprehensive awareness training for professionals working with young people. This programme is delivered via the Hampshire Learning Zone. Attendance at sessions is evaluated using quantitative and qualitative measures. Feedback analysis is provided to commissioners. Approximately four training sessions are held per month. Mental health awareness materials will be produced in partnership with young people and could be used by schools as part of the curriculum. Participation and evaluation of the CAMHS-School Link Pilot Scheme in West Hampshire CCG as per successful application.	CCGs HCC Workforce HCC Public Health CAMHS	Number of training programmes delivered in 2016-2017 and 2017-2018 Number of participants on each programme Satisfaction rates (target 90% satisfied or very satisfied) Reduction of 10% in inappropriate referrals 20% increase in the use of the CAMHS consultation line Fit Fest events held for children and young people and targeted parent/carer events to raise awareness Fit Fest evaluation reports to be provided to commissioners	48 sessions 20 per course Programme to be promoted by CAMHS	Maintain engagement with a range of stakeholders throughout 2017-2018, improving young people's, parents/carers' and professionals' of around mental health and emotional wellbeing.	In 2016-2017 474 professionals received training on issues from autism/ADHD to attachment, anxiety, and general mental health and self-harm; training seen as valuable source of professional development helping staff in universal and targeted services access accurate and up-to-date information on issues affecting Children and Young People. On average 90% overall satisfaction with training, 88% satisfaction with content, 96% satisfaction with knowledge gained. Fit Fest made up of number of elements – targeted events throughout the year, Facebook page and website, mobile events, parent and carer events (PACE). Comprehensive evaluation of all events available on request. Suicide Awareness for Everyone (SAFE) run throughout 2017 culminating in series of events/arts installations and publicity in the media highlighting young suicide/those affected by suicide. Ongoing events planned throughout 2017-2018. CAMHS-School Link Pilot successfully completed and evaluated (nationally); as part of future mental health strategy working practices adopted in pilot to be rolled out gradually.	There is ongoing engagement with schools including staff, students and parents/carers by all providers. Providers work with school nursing staff and health visitors to promote tools. Successful ongoing engagement with Parent Voice whose members feed into programmes. All events delivered as part of CAMHS engagement / innovation strand have demonstrated strong evidence of engagement with young people. Feedback shows stakeholders have benefited from events and have been invited to participate in future session planning and development. >600 children and young people have attended CAMHS training events >115 delegates attended SAFE professional training 86 National Citizen Service staff received bespoke training on managing crisis >500 parents/carers and professionals have attended PACE events. CAMHS runs ACE participation programme (Advise, Consultancy and Experience); young people apply to join and take part in a range of activities to help shape local services, support staff training and recruitment and buddy young people new to CAMHS services.	Hampshire Learning Zone mental health and emotional wellbeing training: https://learningzone.hants.gov.uk/learningzone/search.aspx?q=mental+health Fit Fest: http://fitfeshampshire.com/ https://www.facebook.com/Fit-Fest-Hampshire-1636958933201828/ http://www.fitfeshampshire.com/about-pace CAMHS have produced evaluations of all events delivered including Fit Fests, PACE, SAFE – these include numbers of attendees, demographic data and feedback ²⁴ . Evaluation of CAMHS-School Link Pilot programme: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/590242/Evaluation_of_the_MH_services_and_schools_link_pilots-RR.pdf Locally schools stated that they benefited most from consultation with CAMHS professionals and this was something they would like to retain (we are not yet certain of % difference in use of consultation line at present). Training for school staff is being rolled out to beyond the pilot area.

Mental health is a priority area for the Youth Commission of the Police and Crime Commissioner. The Commission set their priorities following a comprehensive engagement programme, receiving responses from over 3,500 young people. Information about the Big Conversation can be found at <https://www.hampshire-pcc.gov.uk/youth-commission-recommends-annual-conference>

²⁴ These are available on request.

1.3. Training for Police responding to children and young people in distress

What do we need to do?	How will this be delivered?	Who is responsible?	Key measures	Baseline	Target	Timescales / progress to date	Engagement with children, young people and others	Links to relevant evidence
Ensure police colleagues who are first on the scene to a child or young people in distress have received appropriate training to recognise mental health needs.	Through the Crisis Care Concordat. Colleagues in Hampshire Constabulary are enabled to attend training courses on mental health awareness.	Hampshire Constabulary CCGs STP footprint work programme on crisis care and response is led by the Hampshire and Isle of Wight STP Mental Health Commissioning Manager for Crisis Care	Increased awareness in front-line police who are first on the scene when assisting children and young people in distress.	100% of all front line staff in Hampshire will attend a two-day training programme. 5-day course for specialist officers and staff.	100%	Programme began in April 2017. To date (October 2017) 120 police officers and staff have been trained as well as staff from South Central ambulance Service. 100% of officers will have received training by March 2018.	Service users have been invited to three workshops to date to understand local need for police engagement.	Crisis Care arrangements for the STP footprint can be found here: http://www.crisiscareconcordat.org.uk/areas/hampshire/#action-plans-content

2. Reflecting and prioritising children and young people's mental health in strategic plans and joint commissioning and governance arrangements

Hampshire is committed to prioritising the emotional wellbeing and mental health of its children and young people from birth to adulthood across the health and social care economy.

A number of strategies and local plans underpin the Local Transformation Plan; further detail about these can be found in the introduction, and links are provided below.

The Local Transformation Plan and this section in particular, must be considered alongside the following (some of which describe existing multiagency governance arrangements):

- Hampshire Children and Young People's Plan:
<http://documents.hants.gov.uk/childrens-services/CYPP.pdf>
- Make It Worthwhile:
<http://www3.hants.gov.uk/emotional-wellbeing-mental-health-strategy.pdf>
- Towards a Healthier Hampshire:
<http://documents.hants.gov.uk/public-health/TowardsahealthierHampshireastrategyforimprovingthepublicshealth2016-2021.pdf>
- Hampshire Children's Trust Board including function, membership, Local Children's Partnerships, roles and responsibilities:
<http://www3.hants.gov.uk/childrens-services/childrens-trust/abouttct.htm>
- Hampshire and Isle of Wight Sustainability and Transformation Plan:
<http://www.northeasthampshireandfarnhamccg.nhs.uk/documents/class-1-who-we-are-and-what-we-do/sustainability-and-transformation-plans-stps/hampshire-and-isle-of-wight-sustainability-and-transformation-plan-stp> (governance p. 9 of main plan)

STP Children's Programme governance arrangements can be provided on request as these are not currently available online.

- Children and Maternity Commissioning:
<http://www.northeasthampshireandfarnhamccg.nhs.uk/component/content/article/8-content/243-children-and-maternity-commissioning-team>

This section considers:

- Shared responsibilities between health and local authority commissioners to ensure services are in place to address a range of needs
- Local early intervention / Early Help offer delivered by a range of services delivering together
- Perinatal mental health provision
- Parenting support provided by targeted services
- Access to specialist support for young people who have experienced sexual abuse and/or exploitation

2.1. Prioritising children and young people’s mental health in Hampshire

What do we need to do?	How will this be delivered?	Who is responsible?	Key measures	Baseline	Target	Timescales / progress to date	Engagement with children, young people and others	Links to relevant evidence
<p>Ensure that the importance of good emotional wellbeing and mental health in children and young people is recognised at a strategic level across the Hampshire health and social care economy.</p>	<p>We will include Local Transformation Plan priorities within the Sustainability and Transformation Plan (STP). There is a statement regarding how these documents work together in the introduction.</p> <p>Advocate for children’s emotional wellbeing and mental health to be a priority in local authority, CCG and multiagency plans.</p> <p>The implementation of the Children and Young People’s Emotional Wellbeing and Mental Health Strategy is overseen by the Integrated Children’s Commissioning Board consisting of Children’s Services and lead CCG.</p> <p>The Hampshire multiagency Crisis Care Concordat is in place with the children and young people’s element currently under review.</p>	<p>HCC strategic boards</p> <p>HCC Public Health</p> <p>CCGs</p> <p>Other multidisciplinary agencies and Trusts where appropriate</p> <p>Local STP leads</p> <p>Crisis Care Concordat leads</p>	<p>Strategic plans fully address emotional wellbeing and mental health in children.</p> <p>Improved relationships and better joined-up work across Southampton, Hampshire, Isle of Wight and Portsmouth to ensure quality for all children and young people.</p>	N/A	<p>Actions to improve emotional wellbeing and mental health are included in all local plans.</p> <p>The priorities of the Emotional Wellbeing and Mental Health Strategy are reflected in the Children and Young People’s Plan²⁵.</p>	<p>Ongoing.</p> <p>The Strategy is supported by the Children’s Trust.</p> <p>The LTP refresh will be tabled at the Health & Wellbeing Board for sign-off on 14/12/2017 and reviewed by CCG boards and clinical leads prior to publication.</p> <p>Hampshire Maternity and Children Health Collaborative Operating Plan and Vision 2020 is ambitious about addressing emotional wellbeing and mental health with a clear 3-year plan for commissioning, evaluating and reviewing specialist and community mental health services.</p> <p>Work across the STP footprint has resulted in the publication of a comprehensive self-harm pathway (April 2017) which is currently under review (October 2017).</p> <p>Hampshire has a Suicide Prevention Strategy.</p> <p>The work streams within the STP Children’s Programme aim to review a number of key areas including three directly impacting on mental health – New Models of Care Tier 3 and Tier 4 CAMHS; Urgent and Emergency Care; Strategic Review of Autistic Spectrum Condition/ADHD services.</p> <p>Crisis Care Concordat work is ongoing.</p>	<p>Young people were consulted with regard to the development of the Make It Worthwhile Strategy (this is referenced in detail in the introduction). This strategy is currently undergoing review in line with the Joint Strategic Needs Assessment.</p> <p>In addition children and young people’s views are regularly sought (annually) through the school-administered ‘What Do I Think?’ survey (2017 results awaiting publication). This gives young people an opportunity to give their views on a range of topics which inform the development of various strands of work including PSHE and bullying programmes (see later).</p> <p>The Youth Commission and CHAT Health users also give regular insightful feedback into local services.</p> <p>We have committed to undertaking a large-scale multiagency engagement exercise with young people in 2018.</p> <p>Hampshire Autism Voice work in partnership with CAMHS offering pre and post assessment/diagnosis support to families²⁶.</p> <p>The Youth Commission has focused on raising awareness of Mental Health issues as part of their priorities for 2017.</p>	<p>Children and Young People’s Plan</p> <p>Make It Worthwhile (2014-2017)</p> <p>Towards a Healthier Hampshire (a Strategy for Improving the Public’s Health) 2016-2021 prioritises wellbeing, mental health and resilience.</p> <p>Self-harm pathway: http://www.hampshiresafeguardingchildrenboard.org.uk/wp-content/uploads/2017/06/self-harm-pathway_final_April-17-1.pdf</p> <p>Starting Well Summary: https://www.hants.gov.uk/socialcareandhealth/publichealth/jсна/startingwellsummary</p> <p>STP contains Children and Young People focused programmes of work directly impacting on success of LTP. Two key overarching programmes re mental health: Mental</p> <p>Health Alliance, and Workforce. A copy of the STP Children’s Plan is available on request; currently there is no online version.</p> <p>Suicide Prevention Strategy for Hampshire: http://documents.hants.gov.uk/public-health/2015-05-21SuicidepreventionstrategyforHampshire.pdf</p>

²⁵ The Strategy is in the process of being rewritten and the Plan is due for review in 2018.

²⁶ We recognise that there are children who may not receive a diagnosis from CAMHS but have social and communication difficulties; these young people and their families do not currently have access to support and this requires a review.

2.2. Improved access to Early Help and early intervention services

What do we need to do?	How will this be delivered?	Who is responsible?	Key measures	Baseline	Target	Timescales / progress to date	Engagement with children, young people and others	Links to relevant evidence
Review and implement improved ways of working between Early Help Hubs (led by Hampshire County Council) and the specialist CAMHS service to ensure specialist mental health support is available at an earlier stage.	<p>Working with services to ensure effective delivery of the Hampshire County Council Early Help Model.</p> <p>Development of relationships between multidisciplinary and multiagency services.</p> <p>Improved promotion of services and raised awareness of access, suitability and referrals criteria.</p> <p>A seamless pathway of interventions as children, young people and families move in and out of services.</p> <p>Multi-agency launch and promotion events.</p>	<p>HCC Family Support Service / Early Help Hubs</p> <p>CCGs</p> <p>CAMHS</p> <p>Supporting Families Programme</p> <p>Other multidisciplinary and multiagency services where appropriate</p>	<p>These measures are all undertaken and shared by the Family Support Service:</p> <p>Number of families being worked with at Level 3 (see threshold chart right for further information)</p> <p>Number of early help assessments being completed</p> <p>Length of time open to Early Help Hub</p> <p>Who is making the request for support to Level 3</p> <p>Reasons for request for support</p> <p>Re-entry to level 3 from level 2 when stepped down in the past</p> <p>Number of cases stepped up to level 4 from level 3</p> <p>Number of cases stepped down to level 3 from level 4</p> <p>Who is coordinating the Early Help offer?</p>	N/A	N/A	<p>Continued work with the Early Help Hubs and Multi Agency Safeguarding Hub (MASH) to ensure children and young people's services are integrated.</p> <p>A pilot was undertaken to review inappropriate referrals to CAMHS in Basingstoke prior to the implementation of the Single Point of Access (SPA); this results in Primary Mental Health Workers becoming integral members of the Early Help Hub.</p> <p>There has been a comprehensive review of parenting provision with a focused move towards more multiagency work alongside the Barnardo's commissioned Specialist Parenting Support Service in some districts on a pilot basis (Havant). Ongoing work with Barnardo's to identify which organisation is best placed to deliver which programmes to parents – co-staffing and co-delivery key to meeting high levels of need. Family Support Service continues to look for opportunities to co-facilitate to ensure delivery is geographically well-spread. Staff encouraged to shadow colleagues on specialist programmes to learn how to deliver Autistic Spectrum Condition/ADHD programmes.</p> <p>Planned work for 2017-2018 – better coordination of all parenting provision to ensure courses run at capacity are not cancelled. Review provision of parenting interventions to families where there is no diagnosis but other issues e.g. child protection or domestic violence concerns – there are currently no specific programmes to address these issues.</p>	<p>Early Help Hubs are convened weekly in each district and managed by the Family Support Service. Families are nominated by appropriate agencies and the hub makes recommendations on interventions and suitable professional leads to coordinate the offer.</p> <p>Over time the makeup of professionals at the hubs has evolved – CAMHS presence is assured to ensure children and young people's mental health needs can always be considered.</p> <p>There is close working between the Family Support Service and the Supporting Families Programme, CAMHS and the various other commissioned services.</p> <p>Hampshire Local Offer is developed and managed with Parent Voice. Feedback is used to develop the site and identify gaps: http://www.hantslocaloffer.info/en/Health</p> <p>Each locality produces a local timetable of parenting courses.</p> <p>Hampshire Parent Carer Network (HPCN) and Parent Voice have been funded with a one-off grant to facilitate two different mental health projects each targeted at improving the wellbeing of parent-carers of children and young people aged 0-25 years and living in Hampshire.</p>	<p>Comprehensive data is collated by the Family Support Service on all work undertaken by the Early Help teams. This is monitored across all districts and is available from the Early Help Hub Team on a quarterly basis. The latest data provided for the preparation of this refresh (to end Q1 2017-2018) showed that family relationships were identified as the key presenting issue followed by behavioural development and inconsistent parenting/care arrangements (as reported at the Early Help Hub).</p> <p>Data for 12 months to date shows on average 1274 families/2862 children and young people are open to the Early Help Hub per quarter and that planned outcomes are met in 49% of cases.</p> <p>In 49.7% cases Family Support Service coordinates the early help offer; 21.3% coordinated by Supporting Families Programme and 14.3% by schools. A range of agencies take the lead in the remainder of cases.</p> <p>Early Help offer and thresholds of need: https://www.hants.gov.uk/socialcareandhealth/childrenandfamilies/familysupportservice/earlyhelp</p> <p>Thresholds chart: http://www3.hants.gov.uk/thresholds.htm</p> <p>Family Support Service: https://www.hants.gov.uk/socialcareandhealth/childrenandfamilies/familysupportservice/aboutus</p>

2.3. Perinatal mental health

What do we need to do?	How will this be delivered?	Who is responsible?	Key measures	Baseline	Target	Timescales / progress to date	Engagement with children, young people and others	Links to relevant evidence
<p>Improve early identification and management of maternal mental health through a whole-system approach including maternity, health visiting, primary care, adult mental health and the voluntary sector.</p>	<p>Through the implementation of an evidence-based multi-agency maternal mental health pathway with a clear role for midwifery and health visiting.</p>	<p>CCGs HCC Public Health Southern Health Foundation trust (SHFT) Midwifery and Health Visiting Teams</p>	<p>Maternal mood questionnaires and mental health assessments (antenatal, mental health assessments at new birth visit, early postnatal and 9 months to 1 year) in line with NICE guidance (CG192), 6-8 week visit and at 3-4 months in line with guidance.</p> <p>Proportion of women identified with perinatal mental ill health receiving appropriate interventions.</p> <p>Proportion of women receiving interventions in line with CG192</p>	N/A	<p>All women in contact with services receive interventions in line with NICE guidance.</p>	<p>Implemented in April 2017 and to undergo annual evaluation of impact using specified tool until 2020.</p> <p>The Strategic Clinical Network is supporting the perinatal mental health work stream.</p> <p>Southampton, Hampshire, Isle of Wight and Portsmouth (SHIP) selected as a Maternity Pioneer Site.</p> <p>Wessex Clinical Lead for Perinatal Mental Health is currently mapping delivery and availability of services (September 2017) to understand what is available to expectant and new parents. This will inform baselines/targets/quality of provision and commissioning priorities for the future. This process is being undertaken using the MABIM mapping tool available from the Maternal Mental Health Alliance website, the results of which will be updated at clinical network.</p>	<p>There is a Wessex Network for Perinatal Mental Health.</p> <p>Wessex Strategic Clinical Network has supported the development of local perinatal pathways in line with its strategic vision.</p> <p>Clinical Network working in partnership with Royal College of GPs to deliver the Spotlight Project focusing on educating GP teams in perinatal mental health between April 2017 and March 2018. Aim is to teach at least one member of at least 50% of practices – 294 approx. and have potential impact on at least 50% of Wessex patient population – 2.8 million approx.</p> <p>Women have been regularly consulted with as part of the Maternity Pioneer programme. Their feedback and experiences have led to redesign of certain elements of local pathways as well as information booklets providing comprehensive information about perinatal services.</p> <p>Monthly Maternity Pioneer Board meetings are held with Heads of Midwifery.</p> <p>There are good examples of joined-up work with emotional wellbeing groups co-facilitated by adult IAPT services and health visiting teams in parts of Hampshire. IAPT services offer priority appointments to new parents. Knowing Me Knowing You will be available county-wide by end 2017.</p>	<p>Wessex strategy document (includes mental health priorities): http://www.wessexscn.nhs.uk/files/3114/6900/2015/CS43211_Strategic_Vision_MHDN_Strategy_PRF7.pdf</p> <p>SHFT Perinatal Mental Health Guidelines: http://www.southernhealth.nhs.uk/_resources/assets/inline/full/0/42693.pdf</p> <p>Toolkit for GPs: www.rcgp.org.uk/clinical-and-research/toolkits/perinatal-mental-health-toolkit.aspx</p> <p>Signposting for women: http://maternalmentalhealthalliance.org/</p> <p>MABIM Perinatal Mental Health Mapping Tool can be found: http://maternalmentalhealthalliance.org/mumsandbabiesinmind/mabim-tools/</p> <p>Knowing Me Knowing You support group information: http://ihv.org.uk/news-and-views/voices/knowning-me-knowing-you/</p> <p>Perinatal mental health is clearly referenced in new Hampshire Joint Strategic Needs Assessment</p>

2.4. Recognising the positive impact of parenting support

What do we need to do?	How will this be delivered?	Who is responsible?	Key measures	Baseline	Target	Timescales / progress to date	Engagement with children, young people and others	Links to relevant evidence
<p>Maximise the positive impact of parenting to improve emotional wellbeing, health, social and educational outcomes for children and to reduce inequalities.</p>	<p>Identify gaps in current provisions through parenting review – Public Health have undertaken a parenting support mapping exercise to identify all of the support available to families.</p> <p>Ensure that existing resources are providing best value of money.</p> <p>Develop commissioning approach to enable more families to access earlier intervention services through evidenced based parenting programmes.</p> <p>Ensure that the needs of young people with disabilities are specifically considered within the review with a view to identifying gaps in commissioning arrangements.</p>	<p>CCGs</p> <p>HCC Family Support Service</p> <p>Supporting Families Programme</p> <p>Barnardo's Specialist Parenting Support Service</p>	<p>Clear strategic approach to the provision of parenting support.</p> <p>Increased number of professionals who work with children have basic training in supporting parents to improve parenting skills.</p> <p>Parenting programmes are evidence based.</p> <p>Number of families accessing evidence based parenting programmes.</p> <p>% improvement using relevant evidence based outcome measures</p> <p>Number of families accessing appropriate and evidence based programmes specifically tailored for families with children with additional needs.</p>	<p>450 sessions to be delivered across Hampshire in 2016-2017</p>	<p>594 planned referrals for 2016-2017</p> <p>23 planned programmes</p>	<p>New Specialist Parenting Support Service (SPSS) launched 01/09/2016 and has been commissioned for 3 years.</p> <p>Data provided by Barnardo's as part of 2016-2017 CRMs shows: 1105 actual referrals received for parenting support against 594 planned referrals; 38 courses delivered against planned 23.</p> <p>Barnardo's regularly keep commissioners informed through CRM about capacity and demand. See also 2.2 for comprehensive description of joint work between HCC Family Support Service and SPSS.</p> <p>Education and Health Care Plans are quality assured through a sampling process and identify needs which could be addressed through parenting support provision.</p>	<p>Children, young people, parents/carers are invited to take part in developing training materials.</p> <p>Supporting Families Programme Health Lead is in post to strengthen whole family working, cross-sector partnership work, articulating benefits of engaging with health providers to help achieve outcomes for families.</p> <p>Effective engagement with Hampshire Parent Carer Network to ensure voice of parents and disabled young people is heard – contact with commissioners is facilitated by Designated Clinical Officer.</p> <p>See also 2.2 for details of training programme to be delivered to support parent-carer mental health.</p> <p>Comprehensive review of Autistic Spectrum Condition / ADHD pathways is underway across the STP with a clinical reference group convening in September 2017. This involves close collaboration between CCGs, providers (CAMHS, paediatrics, therapies), education, children's social care, parents/carers and Autism Hampshire to ensure relevant voices are heard and any pathway re-design leads to shorter waiting times, and better support for families throughout the assessment and diagnosis programme. This is a key area of work of the STP Children's Programme.</p>	<p>Barnardo's SPSS including descriptions of the courses available and links to other support services: http://www.barnardos.org.uk/hspss.htm</p> <p>Current (Phase 2) of Supporting Families Programme: http://documents.hants.gov.uk/supporting-troubled-families/Visio-STFPandEarlyHelpNominationProcesswithPhase2OutcomePlan.pdf</p> <p>Hampshire Parent Carer Network: http://www.hpcn.org.uk/default.aspx</p> <p>A specific area of the site invites parents to become actively involved in projects and hold commissioners / providers to account – these groups link in well with the Designated Clinical Officer's work.</p> <p>Autism Strategy for Children and Young People in Hampshire 2014 – 2017 (currently under review): http://documents.hants.gov.uk/childrens-services/20150609CWDSIDSMKLHampshireChildrensAutismStrategy-v11April2015.pdf</p> <p>Autism Hampshire and CAMHS joint parenting information: https://www.autismhampshire.org.uk/how-we-can-help/autism-support-and-information-workshops-hampshire.html</p>

2.5. Improving access to support for children and young people who have been sexually abused and/or exploited

What do we need to do?	How will this be delivered?	Who is responsible?	Key measures	Baseline	Target	Timescales / progress to date	Engagement with children, young people and others	Links to relevant evidence
<p>Improve access and support for young people who have been sexually abused and/or exploited.</p>	<p>Work with the multi-agency group that has been established to consider intervention and support services for this group of young people, to identify gaps in commissioning.</p> <p>Develop a multi-agency support pathway including police, social care, education, health, SARC (sexual assault referral centre) and voluntary sector for those young people to ensure their needs are appropriately assessed and appropriate support provided. This should include timely access to evidence based specialist support where indicated. The review of pathways will ensure there are clear and robust arrangements in place between CAMHS and SARCS.</p>	<p>CCGs HCC Children's Services LSCB</p>	<p>Improved access to evidence based support, advice and guidance.</p>	N/A	N/A	<p>First report and outcomes due October 2017.</p> <p>The Frankie Workers service was procured to start in April 2017; counselling support is available via a specialist voluntary sector provider to children and young people referred via the Willow Team (a multi-agency specialist team supporting missing, exploited, trafficked – MET – Children and Young People set up in 2015).</p> <p>Hampshire Constabulary launched a child sexual exploitation education campaign.</p>	<p>Public Health, the Police and Crime Commissioner and CCGs were all consulted and provided input into the service specification as well as funding for the Frankie Workers.</p> <p>The service specification was written with input from Frankie, a young person whose experience of sexual abuse and the lack of support she received were central to the rationale for developing the service.</p> <p>Hampshire Safeguarding Children Board has a dedicated Missing, Exploited and Trafficked (MET) group and strategy. Key learning from reviews and enquiries continues to inform ongoing strategy.</p> <p>The LSCB MET strategy, policing and Barnardo's specialist services for MET Children and Young People are in place and include services to support unaccompanied asylum seeking children.</p>	<p>Information about the Frankie Workers service: https://www.hampshire-pcc.gov.uk/frankie-workers</p> <p>Hampshire Constabulary education tools: https://www.hampshire.police.uk/advice/protecting-yourself-and-others/child-sexual-exploitation/</p> <p>#CSEHelpMe</p> <p>Downloadable resources to support and educate Children and Young People, families and professionals: www.alicesdiary.org</p> <p>Information provided by Hampshire Safeguarding Children Board: http://www.hampshiresafeguardingchildrenboard.org.uk/professionals/missing-exploited-trafficked-children/</p> <p>LSCB MET strategy: http://www.hampshiresafeguardingchildrenboard.org.uk/wp-content/uploads/2016/11/HSCB-MET-Strategy-May-2016-Web-Version.pdf</p> <p>Hampshire Youth Access (HYA) provides counselling support to Children and Young People who have experienced abuse. This is a requirement of the service (although offers generic rather than specialist support): www.hampshireyouthaccess.org.uk</p>

3. Improving the quality of information and advice available to children, young people, families and professionals with regard to emotional wellbeing and mental health

We recognise that all children, young people and families will want to have access to accurate, timely, up-to-date and engaging information about emotional wellbeing and mental health. This is irrespective of the types of service they may be accessing.

We aim to work with our partners across the system to ensure children and young people have access to information from a variety of sources.

This section considers:

- The responsibility of schools and others to deliver effective and timely education to children and young people about relationships, bullying and developing resilience
- How we deliver relationships and sex education
- Where and how children, young people and families access information about services and how we keep that information up to date.



3.1. Delivering training to young people in schools

What do we need to do?	How will this be delivered?	Who is responsible?	Key measures	Baseline	Target	Timescales / progress to date	Engagement with children, young people and others	Links to relevant evidence
Deliver: Personal, Social and Health Education (PSHE) Bullying training Resilience training	Liaison with multidisciplinary services Review tools for schools available via the anti-bullying alliance Increasing awareness in school staff Improved promotion of anti-bullying tools and strategies Creation of Key Performance Indicators and training baselines	HCC Public Health HCC Education HCC Educational Psychology CCGs Other multiagency and multidisciplinary agencies	Improved awareness amongst children, young people, parents/carers and staff.	-	-	Provision of services is ongoing. The new Joint Strategic Needs Assessment identifies bullying and resilience training opportunities (based on Return on Investment models) which are to be explored from end 2017. Public Health is working closely with Education to understand need and identify opportunities to work in schools and capitalise on existing provision. Educational Psychology deliver resilience and emotional wellbeing training on a large scale to children and young people in schools, residential children's homes and fostering network. Much of this work, however, is through SLAs as it is not core EdPsych work. More work needs to be done to encourage schools to purchase additional support. Anti-bullying work covers four strands: Intervention training for school staff (how to deal with bullying) consisting of 6 sessions; Training for governors (legal, practical and emotional elements); Upskilling school staff to deliver training to parents re bullying; Delivery of anti-bullying conferences (October 2017 to Y5 and Y6) to enable children to become anti-bullying ambassadors in their schools.	Educational Psychology team coordinates an annual conference aimed at schools. Children and young people give their views on a range of issues including bullying via the school-administered What Do I Think? survey.	Full range of services available through Educational Psychology: http://www3.hants.gov.uk/childrens-services/childrenandyoungpeople/educational-psychology.htm Resources available for C&YP, Parents, Practitioners from HCC website: http://www3.hants.gov.uk/childrens-services/childrenandyoungpeople/bullying.htm http://www3.hants.gov.uk/education/hias/pdl/what-is-pdl/pdl-anti-bullying.htm Staff resilience training and information available here: http://www3.hants.gov.uk/portal-help/school-services/schoolstaffresilience.htm Public Health information: https://www.hants.gov.uk/socialcareandhealth/publichealth

3.2. Relationships and Sex Education

What do we need to do?	How will this be delivered?	Who is responsible?	Key measures	Baseline	Target	Timescales / progress to date	Engagement with children, young people and others	Links to relevant evidence
Deliver: Effective Relationships and Sex Education (RSE)	Improve links with Schools and Colleges to influence and support delivery of RSE. Facilitate the continued delivery of 'Girl Talk, Boy Talk' in target schools. Support practitioners to deliver 'Speakeasy' to groups of parents. Speakeasy workshop pilot to be delivered and evaluated.	HCC Public Health HCC Education Solent NHS Trust Multi-agency partners / practitioners and commissioned services	Improvements in 'What Do I Think?' survey. Percentage of young people who feel that the information and advice they receive on sex and relationships is helpful. Improved uptake of Girl Talk Boy Talk programme. Parents receiving Speakeasy accreditation. Evaluation from parents.	-	75% of schools have received the Girl Talk Boy Talk programme. 2017-2018 Speakeasy target is to increase the number of practitioners accredited to deliver the programme – 2 courses are planned with 21 attendees signed up (majority of practitioners from EHH and FSS to enable parenting workshop delivery to be better resourced). Once all localities have trained staff it is envisaged that practitioners' need for training in 2018-2019 will reduce.	Ongoing. Hampshire Children's Trust have a Sex and Relationships Education policy for Children and Young People, including support for teenage parents. 'What Do I Think?' survey results available from 2014 – 2016 (2017 results being collated, September 2017). 2016-2017 24 schools targeted for Girl Talk Boy Talk – 12 accepted / 18 programmes delivered. Timetabling makes delivery challenging. 2016-2017 13 practitioners trained to deliver Speakeasy; 3 practitioners and 29 parents received accreditation. Speakeasy delivered in feeder primaries in Eastleigh to link with Girl Talk Boy Talk; low uptake – requires review autumn 2017. RSE training for professionals to continue and then evaluate training. Target that 10% attendees will be from Children's Services.	Engagement with local schools to increase uptake of 'Girl Talk, Boy Talk' provided by No Limits - Girl Talk Boy Talk is a single sex educational programme delivered by trained facilitators over 4-7 weeks in a variety of settings to meet the needs of a wide range of young people. No Limits update September 2017: priority schools are identified and targeted first. No Limits promote the sessions to schools by suggesting they enhance the current PSHE curriculum, promote local services and improve access to specialist services including counselling, sexual health services and substance misuse agencies, support emotional wellbeing and support to reduce teenage conceptions. Evaluation of delivery in specific schools can be provided on request. Each year HCC offers young people in school the opportunity to feedback on a range of important issues through its survey. Latest available results show Y9 pupils state information they receive about emotional health, substance use, sexual health could be better (data from 2014, 2015, 2016) although they find information about bullying and relationships information helpful.	RSE policy: http://www3.hants.gov.uk/education/hias/pdl/what-is-pdl/sre.htm Get it On webpage and resources: http://www3.hants.gov.uk/getiton/getiton-professionals/sre-training.htm Information about sexual health services: https://www.letstalkaboutit.nhs.uk/ Speakeasy information: www.fpa.org.uk/commission-us/about-speakeasy Girl Talk Boy Talk: https://nolimitshelp.org.uk/get-help/girl-talk-boy-talk/

3.3.Improving access to high-quality information, advice and guidance

What do we need to do?	How will this be delivered?	Who is responsible?	Key measures	Baseline	Target	Timescales / progress to date	Engagement with children, young people and others	Links to relevant evidence
<p>Review the information, advice and guidance available to children, young people, families and professionals and work with them to improve the quality and accessibility of such information and improve the awareness of services that are available locally.</p>	<p>Developing the 'Local Offer' website.</p> <p>App being developed for children and young people to provide a source of information and coping strategies.</p> <p>Development of online tools and suite for children, young people, parents/ carers and professionals to recognise and increase awareness of the importance of good mental health.</p> <p>CAMHS are supported to develop an online portal through use of Future in Mind funding (IT stream) to develop tools.</p> <p>In North East Hampshire & Farnham CCG a 'Safe Haven' drop-in centre has been open to Children and Young People aged 10-17 since early 2016, funded by a non-recurrent grant (until April 2018).</p>	<p>HCC Children's Services</p> <p>CCGs</p> <p>CAMHS</p> <p>Commissioned services</p> <p>Other multi-disciplinary and multiagency partners</p>	<p>Number of Children and Young People people accessing online tools</p> <p>Number of professionals accessing online tools</p> <p>Number of parents/ carers accessing online tools</p> <p>Use of CAMHS consultation line is more appropriate</p> <p>Website feedback</p> <p>Hits on website</p>	-	Improved reported awareness in children, young people, families and professionals.	<p>Mind Your Head app – available for free download.</p> <p>CAMHS producing posters for schools with information on how to access services.</p> <p>Local Offer website launched and regularly updated with information for professionals and parents; professionals requested to send in up-to-date information to ensure stays relevant.</p> <p>Public Health School Nursing launched CHAT Health – a text-based service for YP providing evidence-based health info.</p> <p>Hampshire Youth Access (HYA, hosted by No Limits) launched a counselling specific website outlining partnerships, help available (including self-help and access to resources) and direct access to online counselling.</p> <p>CAMHS website under construction. Will be available by January 2018.</p>	<p>Local Offer website regularly reviewed for content by parents and other stakeholders.</p> <p>Mind your Head app designed with help from young people who are part of the CAMHS ACE participation programme.</p> <p>CAMHS worked in partnership with a range of professionals to design referral forms and guidance for accessing Single Point of Access.</p> <p>Young people were involved in branding decisions for the Hampshire Youth Access service as well as 'road testing' the website to ensure it worked sensibly and could be understood by users.</p> <p>Report re CHAT Health presented by SHFT to LSCB in June 2017: in 7 months from launch to 06/2017 service received 3958 messages; analysis shows emotional health by far greatest topic of conversation. Service rated highly with 36/58 feedback responses giving 5 stars and 19/58 feedback responses giving 4 stars. Peak usage time is 3 pm on a Friday.</p> <p>HYA website was used by 664 individuals during July and August 2017 (68% of these new users, remainder returning users).</p> <p>Good engagement and service use of Safe Haven with positive feedback. Looking at future funding to sustain delivery.</p>	<p>CAMHS brochure: http://www.sussexpartnership.nhs.uk/sites/default/files/documents/camhs_hampshire_brochure_aw.pdf</p> <p>Tours of local CAMHS clinics can be found here: https://www.sussexpartnership.nhs.uk/CAMHSvirtualtours</p> <p>Local Offer website: http://www.hantslocaloffer.info/en/Health</p> <p>Latest Local Offer annual report (to August 2017) including section advising parents/carers how they can become involved in strategic planning and co-production (p. 2 of 6): https://search3.openobjects.com/mediamanager/hampshire/directory/files/local_offer_annual_report_2016-2017_v1.pdf</p> <p>Hampshire Youth Access (No Limits): https://hampshireyouthaccess.org.uk/</p> <p>HYA Online counselling portal: https://counselling.hampshireyouthaccess.org.uk/</p> <p>Information about CHAT Health: http://www.southernhealth.nhs.uk/services/childrens-services/school-nursing/chathealth/</p> <p>Hants Family Info and Services Hub: https://fish.hants.gov.uk/kb5/hampshire/directory/home.page</p>

4. Ensure all children, young people and families have access to timely, evidence-based high quality and appropriately specialist mental health support when it is needed

In Hampshire we want our children and young people to have access to the best available interventions in the right place at the right time.

We have sought to commission services with a strong evidence base and in line with NICE guidance. We implement regular and stringent assurance processes through contract and clinical quality monitoring reviews.

Referrals to our specialist CAMHS service continue to rise at an unprecedented rate; the predicted numbers of young people in need of services have long been surpassed, and we are working with our provider to review how they might be able to deliver services more innovatively to meet demand.

This section considers:

- How we can meet the needs of Looked After Children and other vulnerable groups of children and young people
- The implementation and changing role of the Single Point of Access (SPA)
- Increased capacity within the urgent assessment and community treatment service
- Places of safety for young people in crisis
- Supporting the needs of children and young people with Eating Disorders
- Transition from CAMHS to adult services
- Supporting the needs of young people in the youth justice system
- All-age psychiatric liaison
- Early Intervention in Psychosis
- Treatment in and discharge from Tier 4 / inpatient services



4.1. Meeting the needs of Looked After Children and other vulnerable groups

What do we need to do?	How will this be delivered?	Who is responsible?	Key measures	Baseline	Target	Timescales / progress to date	Engagement with children, young people and others	Links to relevant evidence
<p>Ensure specialist CAMHS can meet the needs of increasing numbers of Looked After Children and other vulnerable groups of children and young people.</p> <p style="text-align: center;">Page 71</p>	<p>Implementation of new access standards in revised Service Specification.</p> <p>Minimum Dataset being developed with CAMHS to allow for reporting by contextual and presenting problems (CQUIN).</p> <p>School nursing service (Public Health) has responsibility to identify vulnerable children and ensure their health needs, including emotional wellbeing needs, are met.</p> <p>Audit initial and review education health care assessments for SEND children and young people to understand quality and develop improved arrangements for recording, identifying and accessing appropriate services, including CAMHS where indicated.</p> <p>Review CAMHS Looked After Children pathway to ensure CAMHS continue to offer timely, evidence based support to this group of children.</p> <p>Monitor and support the implementation of the new health services re-commissioned within Swanwick Lodge (secure children's home), ensuring there are robust transition pathways in place between community CAMHS and Swanwick Lodge for Hampshire children.</p>	<p>CCGs CAMHS</p> <p>Other multi-disciplinary agencies where appropriate</p> <p>HCC Public Health</p> <p>HCC Children's Services</p> <p>School Nursing Provider - SHFT</p>	<p>Up to two weeks, referral to assessment.</p> <p>Up to four weeks, referral to treatment.</p> <p>Number of Hampshire young people who transition into and out of Swanwick Lodge who have been identified as having additional emotional wellbeing or mental health problems and have received appropriate levels of support within Swanwick Lodge continue to receive seamless support within the community.</p>	<p>Provided by CAMHS as part of initial submission</p>	<p>98%</p> <p>98%</p> <p>Improvement in the number of Hampshire young people who have access to timely support within Swanwick Lodge and within the community.</p>	<p>Priority for this refresh (see milestones).</p> <p>Outcomes data for Looked After Children (LAC) provided by CAMHS as part of routine reporting.</p> <p>Meetings have taken place to discuss April 2016 Commons Report: 'Mental Health and Wellbeing of Looked After Children' – report has highlighted areas of best practice which HCC already adheres to - there are therefore no changes to practice / legal obligations.</p> <p>Unaccompanied Asylum Seeking Children are identified as a priority for the LSCB in 2017-2018 business plan.</p> <p>Awareness of potential rising numbers of Unaccompanied Asylum Seeking Children and Young People and the potential impact on services. This is as a direct result of HCC undertaking to take Children and Young People from Calais and Syria – 0.07% Children and Young People pop = c. 190 Children and Young People. Requires close monitoring.</p> <p>Move to streamline systems to ensure Children and Young People who are both LAC and SEND undergo only one comprehensive healthcare assessment – currently multiple which is not satisfactory. This is an area of work that the Designated LAC Nurse is leading on.</p> <p>Identify how needs of other vulnerable groups are met, e.g. identifying young people at risk of exclusion on CAMHS waiting lists to prioritise assessment and treatment.</p>	<p>Children's Services, Designated Nurse for Looked after Children and CAMHS have developed Unaccompanied Asylum Seeking Children policies and pathways.</p> <p>CAMHS share feedback in relation to service satisfaction and share with commissioners.</p> <p>Children and Adult Commissioners have undertaken Care & Treatment Reviews (CTRs) involving Young People and Families/Carers.</p> <p>Designated LAC nurse is part of Designated Professionals Network representing LAC in South England and part of NHS England Forum.</p> <p>National MH assessment pilots were due to be rolled out in autumn 2016 but were postponed in April 2017 (no new date for roll-out).</p> <p>Swanwick staff use the CHAT tool (Comprehensive Health Assessment Tool: Young People in Secure Estate – note not related to CHAT Health texting service) and therefore undertake an assessment on entry.</p> <p>Foster carers work well with CAMHS and have access to consultation line.</p> <p>Southampton, Hampshire, Isle of Wight & Portsmouth Transforming Care Partnership Plan has dedicated Early Intervention and Prevention work stream to manage those individuals at risk of being admitted to a hospital/going into long term residential care.</p>	<p>Hampshire LSCB plan for 2017-2018 identifies impact of adult mental health on Children and Young People as a priority as well as suicide / self-harm and Unaccompanied Asylum Seeking Children:</p> <p>http://www.hampshiresafeguardingchildrenboard.org.uk/wp-content/uploads/2017/05/HSCB-Business-Plan-2017-18-FINAL.pdf</p> <p>Commons Report Mental Health and well-being of looked-after children: https://publications.parliament.uk/pa/cm201516/cmselect/cmeduc/481/481.pdf</p> <p>SHIP Transforming Care Partnership Plan, November 2016: https://www.westhampshireccg.nhs.uk/download.cfm?doc=docm93jjm4n1636.pdf&ver=3274</p>

4.2. Single Point of Access

What do we need to do?	How will this be delivered?	Who is responsible?	Key measures	Baseline	Target	Timescales / progress to date	Engagement with children, young people and others	Links to relevant evidence
Implement a multi-agency Single Point of Access (SPA) into CAMHS.	Implement through the re-tendering of CAMHS which has the following specific requirement: <p>“The Provider will be responsible for developing and implementing a multi-agency point of access pathway, which will be agreed in writing with Commissioners during the implementation period.”</p> <p>Contract start date April 2016.</p>	CCGs CAMHS	Multi-agency Single Point of Access in place Experience of Service Questionnaires inform service delivery and design Single Point of Access Audit Number of families accessing support via the Single Point of Access Reductions in the number of re-referrals to the service	Average number of referrals received by the Single Point of Access is 680 per month.	-	Service commenced in April 2016. All three Single Points of Access across Hampshire are live – based in West, North and South East Hants. SPA includes employees from Catch22 and No Limits to ensure a seamless service and faster referral / signposting to specialist substance and community counselling services. In August 2017 (latest CRM data) 396 pre-referral phone calls were made to the SPA by professionals and parents / carers. Demand and capacity across CAMHS under scrutiny; recently 29% increase in demand has been shown. Number of proposals form part of a Service Improvement Plan (to be updated and shared October 2017). To respond to increasing demand there is a review of the SPA model, new model of early help / new pathways and implementation of phone assessments under consideration with CCGs (presented at QSG Summit September 2017).	Engagement with professionals is ongoing. CAMHS attend TARGET events, and gather feedback regarding the new Single Points of Access. September 2017: School nursing staff find access to professional consultation valuable – conversations with SPA have led to better-quality referrals to CAMHS. Parents and GPs have also fed back that they have found the consultation line helpful as it allows for faster follow-up of cases / referrals by phone and avoids disappointment of referrals being rejected. Challenges include managing cases that are not appropriate for CAMHS and educating professionals about what constitutes appropriate CAMHS referrals. New for autumn 2017 – sessions aimed primarily at school staff and family support service teams - first one in Havant in November 2017 to include staff from CAMHS SPA, Primary Behaviour Service, No Limits and Barnardo’s delivering structured day on tips and strategies to support young people’s mental health. Currently 100 professionals booked on 1-day programme.	Guide produced for Children and Young People and families advising of the SPA and what happens next and includes individual stories. Children and Young People helped to co-design the guide through involvement with the ACE service: http://www.sussexpartnership.nhs.uk/sites/default/files/documents/camhs_hampshire_brochure_aw.pdf Information on how to access CAMHS: https://www.sussexpartnership.nhs.uk/CAMHS-referral

4.3. Increasing capacity in the intensive community assessment and treatment team, i2i / New Models of Care for crisis and Tier 4 inpatient treatment

What do we need to do?	How will this be delivered?	Who is responsible?	Key measures	Baseline	Target	Timescales / progress to date	Engagement with children, young people and others	Links to relevant evidence
Increase capacity within the i2i service to ensure families have access to crisis support in a timely manner.	Additional resource will be allocated to CAMHS to enable the service to respond in a timely manner to urgent assessments and crisis treatment within the community.	CAMHS CCGs	<p>Increased resource available in the i2i services.</p> <p>Number of young people seen within the required timeframe.</p> <p>Young people who require intensive support receive it in the most appropriate setting, reducing the need for Tier 4 provision.</p>	100% of children are treated in appropriate settings within required timeframes.	100% of children are treated in appropriate settings within required timeframes.	<p>Priority for this refresh (see milestones).</p> <p>100% of all emergency referrals are responded to within 4 hours.</p> <p>There is now increased capacity within i2i service.</p> <p>The service undertakes all hospital assessments across Hampshire within 24 hours and works in partnership with other Trusts on a place-based model to ensure Children and Young People are seen within expected time-frames.</p> <p>Cover 7 day rota in Winchester and Basingstoke and share Portsmouth and Southampton hospitals on rota with Frimley coming on board.</p> <p>Home treatment service working well with good feedback from Children and Young People and families who benefit from its flexibility.</p> <p>Recruitment and retention continue to be challenging. Innovation in recruitment – appointing social workers into team-broadening skills.</p> <p>Service works with many systems to ensure appropriate discharge for children and young people.</p> <p>12 months to Oct 2017 – 4059 contacts with 656 Children and Young People.</p>	<p>Continued engagement between / with CAMHS and primary care to understand demand and capacity which is reported on a monthly basis at CRM and CQRM.</p> <p>i2i has rolled out training for professionals both in the style of formal presentations and informal workshops e.g. management of mental health and eating disorders on paediatric wards. In the process of putting together ward-management packs for nursing staff and doctors including templates / check-lists for managing risk and behaviour (including links to relevant documentation) and gauging levels of support young people may need.</p> <p>i2i has also had a presence at young people's events (Fit Fest) making more community links and provided training to schools / colleges where risks have been identified with regard to self-harming behaviours in student populations.</p> <p>Specific multi-agency plans are in place for high-risk young people and additional work here is ongoing as part of a system-wide approach to crisis management and access to Tier 4 beds (as part of STP work streams).</p>	New Models of Care bid to support STP work stream on crisis care and Tier 4 beds (following successful bid this will move to business as usual and will be monitored using a separate series of baselines / targets once implemented). The bid is available on request.

4.4. Ensuring there are appropriate places of safety for young people detained under Section 136 of the Mental Health Act

What do we need to do?	How will this be delivered?	Who is responsible?	Key measures	Baseline	Target	Timescales / progress to date	Engagement with children, young people and others	Links to relevant evidence
Implement arrangements to ensure that young people in crisis have an appropriate place of safety when detained by police under Section 136 powers.	Identify an appropriate place of safety through commissioning arrangements. Hampshire multi-agency Crisis Care Concordat published and now under review to ensure young people related elements are appropriately assigned.	CCGs	Percentage of young people who are detained under Section 136 taken to an appropriate place of safety. Meeting newly-published assessment targets.	0%	100%	There is an appropriate place of safety for young people, commissioned and operational since April 2015 – Parklands, Basingstoke. This is currently under review for young people with a potential young people-only place of safety under consideration (October 2017).		http://www.crisiscareconcordat.org.uk/areas/hampshire/

4.5. Supporting children and young people with either emerging or diagnosed eating disorders

What do we need to do?	How will this be delivered?	Who is responsible?	Key measures	Baseline	Target	Timescales / progress to date	Engagement with children, young people and others	Links to relevant evidence
<p>Improve access and support for young people with either emerging or diagnosed eating disorders.</p>	<p>Review the eating disorder pathway in light of the published guidance and identify priority areas for investment to ensure that Hampshire is compliant with the newly published standards.</p> <p>Following the review, consider commissioning intentions to enable Hampshire to be compliant with the new standards. The eating disorder standards will be fully implemented and KPIs met by the required dates as set out in the guidance. To enable the standards to be met by the required dates the implementation will start from October 2015.</p>	<p>CCGs CAMHS</p>	<p>Increased access, support and treatment to children and young people with an eating disorder</p>	<p>Length of completed ED care pathways (routine cases) broken down by time band</p>	<p>3 (Q1)</p>	<p>Ongoing.</p> <p>A full service specification with KPIs was completed which is based on the National Standards.</p> <p>Autumn 2017 update: the service is fully operational and working to National Standards. It is not yet fully staffed; this is proving to be challenging, as is staffing across the CAMHS service.</p> <p>There is a high demand for and a good level of satisfaction with the service. CAMHS have provided an annual report outlining service delivery for 2016-2017 which shows: 310 young people were referred to the service, with the majority of referrals coming from GPs (36%). CAMHS referrals to the service numbered 39 (13%) whilst others were from a range of services including paediatrics, school nursing teams, parents and community counselling services. Not all young people were accepted into the service, with 146 (47%) being signposted to other provision (e.g. GP or community services) either pre or post assessment. Of those young people in the service, some were still awaiting assessment, while 2 were admitted straight to hospital without an assessment by the service. In Q4 2016-2017 68% assessments deemed routine, 32% urgent.</p>	<p>Extensive engagement with young people and parents/ carers during the specification writing process. The spec was shared at a local support group for young people with eating disorders as well as with acute clinicians working in the service.</p> <p>From the 2016-2017 report provided by CAMHS, parents/ carers and young people are routinely asked for their feedback on the service received.</p> <p>Respondents' overall experience is that the service is excellent or very good, helpful and supportive. Respondents stated that staff are caring and compassionate.</p> <p>A number of support / therapeutic groups are run as part of the service aimed at service users and parents / carers: cognitive remediation therapy, body image and self-esteem, hunger for understanding, anxiety management and parent education.</p>	<p>Access and Waiting Time Standard for Children and Young People with an Eating Disorder: https://www.england.nhs.uk/wp-content/uploads/2015/07/cyp-eating-disorders-access-waiting-time-standard-comm-guid.pdf</p> <p>Ongoing review of bed usage as part of New Models of Care work within the STP (ref 4.3)</p>
			<p>Decrease the length of time between onset of disorder and access to appropriate levels of help</p>	<p>Length of incomplete ED care pathways (routine cases) broken down by time band</p>	<p>1</p>			
			<p>Limit the physical and psychiatric morbidity, social disability and mortality levels caused by eating disorders</p>	<p>Length of completed ED care pathways (urgent cases) broken down by time band</p>	<p>1</p>			
				<p>Length of incomplete ED care pathways (urgent cases) by time band</p>	<p>1</p>			
				<p>Baselines submitted as part of original documentation and service use under regular review through CRM / CQRM.</p>				

4.6. Transition from CAMHS to Adult Mental Health Services

What do we need to do?	How will this be delivered?	Who is responsible?	Key measures	Baseline	Target	Timescales / progress to date	Engagement with children, young people and others	Links to relevant evidence
<p>Improve the transition arrangements between CAMHS and adult mental health and learning disability services.</p>	<p>Review and develop a transition protocol between CAMHS and Adult Mental Health Services.</p>	<p>CCGs CAMHS Adult Mental Health Providers Other relevant organisations</p>	<p>Number of young people referred to Adult Mental Health Services in a timely fashion</p> <p>Experience of Service Questionnaire (parents/carers)</p> <p>Experience of Service Questionnaire (professionals)</p> <p>Implementation of a consistent transition protocol across Hampshire</p> <p>Transition Protocol case file audit</p>	-	-	<p>Transition protocol included in acute and community contracts.</p> <p>A local steering group finalised a transition protocol which was developed by young people and professionals. This is now embedded in all acute and community contracts and has been signed up to by NHS and other providers.</p> <p>The local Transforming Care Partnership Plans aim to enable a smooth transition for those individuals with a learning disability and/or autism and ensuring continuity of health and social care personnel throughout the process (see section 4.1).</p> <p>Refresh update September 2017: no audit taking place as this has been superseded by a Mandatory National CQUIN. The CQUIN aims to incentivise improvements to the experience and outcomes for young people as they transition out of Children and Young People's Mental Health Services (Children and Young PeopleMHS) and this is reported on regularly to commissioners.</p> <p>Establishment of Learning Disability and Mental Health joint commissioning board to have oversight of strategy and implementation for young people presenting with learning disability and mental health issues.</p>	<p>The Transition Steering Group was attended by a YP and parent whose experience helped to illustrate the need for effective cross-organisational work. A range of clinicians from children's and adult services and other providers were also part of the group.</p> <p>The Hampshire Mental Health Transition Care Protocol was published in February 2017 (due for review in February 2018).</p> <p>Hampshire Parent Carer Network and young adults are represented on the Transforming Care Partnership Board Meetings and individual work stream groups to ensure services take account of service users' wishes and thoughts.</p> <p>Young people have also been funded for training in order to become Young Peer Leaders.</p> <p>Commissioners work closely with Hampshire Advocacy Regional Group which comprises a number of advocacy agencies to provide a blend of advocacy support to individuals, including during transition.</p>	<p>Wessex Clinical Network facilitated a day for professionals from health and other services to highlight the need for effective transition: http://www.wessexscn.nhs.uk/files/7214/9096/9129/20170209_Mind_the_Gap_CYP_Transition_Event_Slide_Pack_compressed.pdf</p> <p>Transition Care Protocol is available on request – no online version currently available.</p> <p>Hampshire Advocacy Regional Group supports Children and Young People and families during the transition period / process: http://hampshireadvocacy.org.uk/</p> <p>Hampshire Learning Disability Partnership Board (includes access to Board Meeting minutes): http://www.hampshirelearningdisabilitypartnershipboard.org.uk/</p> <p>My Life My Way: https://www.hants.gov.uk/socialcareandhealth/adultsocialcare/learningdisabilities/mylife</p>

4.7. Joint work with Youth Offending Service

What do we need to do?	How will this be delivered?	Who is responsible?	Key measures	Baseline	Target	Timescales / progress to date	Engagement with children, young people and others	Links to relevant evidence
<p>Continue to support joint working with the Youth Offending Service and police, ensuring the service has access to mental health advice and support and that there is a coordinated approach between youth offending services, police and CAMHS.</p>	<p>Ensure there is a specific requirement within the CAMHS specification to provide dedicated support to the Youth Offending Service.</p> <p>Review pathways across the community and criminal justice systems to ensure that there is a smooth transition between services and that vulnerable young people have access to timely support within the community when transitioning between services.</p> <p>Review pathways between the Liaison and Diversion Service and CAMHS, develop and implement recommendations following the review.</p>	<p>CCGs</p> <p>HCC Youth Offending Service</p> <p>CAMHS</p> <p>NHS England</p>	<p>Number of WTE mental health staff co-located within the youth offending team.</p> <p>Number of referrals received from Liaison and Diversion Service.</p> <p>Number of accepted referrals received from Liaison and Diversion Service.</p> <p>Number identified with additional emotional wellbeing and mental health needs being supported by CAMHS.</p>	<p>2.6 from original submission</p> <p>No baseline data from Liaison and Diversion Service as not monitored.</p>	-	<p>SPFT CAMHS attend all youth offending meetings as part of a multi-agency complex case resolution panel which includes health, children's services and YOS.</p> <p>A joint CAMHS / YOS review is taking place in October 2017 to assess whether level of dedicated provision is fit for purpose – awaiting outcome of this review.</p> <p>CAMHS Head of Service attends YOS managers' meetings.</p> <p>Liaison and Diversion: everyone under 18 is screened and offered an assessment which then leads to accessing services including CAMHS.</p> <p>Support workers help with appointment attendance and motivation.</p> <p>Additional mental health support to be made available in the form of 2 x trauma / bereavement counsellors following successful bid to NHS England Health and Justice; recruitment imminent.</p> <p>Outcomes data for YOS CAMHS work is provided by as part of routine CRM reporting.</p>	<p>Transforming Transition Panel comprises colleagues from across Health, Social care and Justice to meet on a monthly basis. Aim is to bring resolution for young people with exceptional needs going through transition.</p> <p>Supporting Families Programme Board is multi-agency with representation across, Health, Social Care, Police, Fire Service, Ambulance Service, Local Authorities, Youth Offending Teams, and Education.</p> <p>Commissioners work closely and are represented on the Youth Offending Team Board Meetings.</p> <p>Specialist Restorative Practitioners work with young people to offer them the opportunity to have involvement in the Restorative Justice Process.</p> <p>Liaison and Diversion share information about young people with associated agencies such as Children's Services, YOS etc. They share information and write reports for the Police and Courts in order that young people can engage in the system as well as making recommendations for disposals.</p> <p>Liaison and Diversion have 3 sites across the county – Southampton, Basingstoke and Portsmouth, covering Police custody 7 days a week 9am-9pm and court Mon – Saturday.</p>	<p>YOS information: https://www.hants.gov.uk/socialcareandhealth/childrenandfamilies/supportyoungpeople/hyot</p> <p>Health and Justice specialist trauma counsellors bid outline is available on request.</p>

4.8.All-age psychiatric liaison

What do we need to do?	How will this be delivered?	Who is responsible?	Key measures	Baseline	Target	Timescales / progress to date	Engagement with children, young people and others	Links to relevant evidence
Review the arrangements for all-age psychiatric liaison across Hampshire.	Ensure that young people presenting at A&E with associated mental health difficulties have access to appropriate mental health support.	CCGs CAMHS Southern Health Acute settings	Number of young people who present at A&E who have access to appropriate mental health support in line with new guidance.	-	100% of children and young people presenting to A&E have been assessed and provided with appropriate support.	Priority for this refresh (see milestones). The i2i service in Hampshire undertakes hospital assessments within 24 hours. This service works extended hours 7 days a week with a 24/7 on-call system. Depending on risk, A&E can triage and discharge with relevant follow-up agreed and put in place. This as an ongoing piece of development work.	Continued work with providers to understand demand and capacity.	None at present.

4.9. Early Intervention in Psychosis

What do we need to do?	How will this be delivered?	Who is responsible?	Key measures	Baseline	Target	Timescales / progress to date	Engagement with children, young people and others	Links to relevant evidence
Ensure all young people presenting with psychosis are seen in appropriate services.	Ensure appropriate pathways are in place for managing young people presenting with psychosis.	CCGs CAMHS Southern Health Acute settings	Numbers of young people being seen in EIP service.	-	100% of young people presenting with psychosis are assessed and provided with appropriate treatment.	Priority for this refresh (see milestones). The EIP service is provided by Southern Health to all young people aged 14+ (anyone under this age is automatically seen in CAMHS).	We have put in a request to the service provider to share data on a quarterly basis.	http://www.southernhealth.nhs.uk/services/mental-health/adult/eip/

4.10. Improving pathways across Tier 3 and Tier 4 specialist provision

What do we need to do?	How will this be delivered?	Who is responsible?	Key measures	Baseline	Target	Timescales / progress to date	Engagement with children, young people and others	Links to relevant evidence
<p>Consider how the pathway across Tier 3 and Tier 4 specialist provision can be improved.</p>	<p>Via the investment of additional £500k secured through successful bid to NHSE²⁷, specifically:</p> <p>Young people having more coordinated care plans</p> <p>Young people receiving support closer to home, reducing need for inpatient care</p> <p>Young people will benefit from additional clinical support and a consistently trained multi-agency workforce</p> <p>Young people requiring inpatient care will have clear coordinated step-down plans.</p>	<p>Multi-agency Transformation Board / STP</p> <p>Multi-agency admissions panel consisting of NHS, social care and third sector</p>	<p>Reduction in number of inappropriate admissions</p> <p>Reduction in clinically unnecessary out of area placements</p> <p>Creation of a single point of access and bed management system releasing clinical capacity to support young people in the community</p>	-	<p>Reduce numbers of Children and Young People attending A&E without shared risk management plan by 45%</p> <p>Reduction in lengths of stay by -10% - 70 days</p> <p>Reduction in use of clinical time used to identify beds by up to 4 hours per admission (944 hours in total) – 50% per patient (remaining time to engage in care planning and delivery of community-based support)</p> <p>Train crisis staff within acute trusts in DBT approach</p>	<p>Project underway from October 2017 – ongoing monitoring of progress at Children's Programme Board.</p>	<p>This project has come about as a direct result of providers and commissioners across the STP footprint looking for innovative solutions to support children and young people in crisis, reducing numbers of admissions to A&E, and ensuring those children and young people requiring inpatient care do so closer to home wherever possible.</p>	<p>Bid to NHSE England available on request.</p> <p>Project Plan highlighting key deliverables and milestones available on request.</p>

²⁷ Funding bid available on request

Future Work

This document has set out how we intend to meet our commitments to children, young people and families to identify and support their needs with regards to emotional wellbeing and mental health difficulties.

We will:

- Work in partnership with colleagues from across all sectors to meet the needs of children, young people and families across all levels of need
- Address identified priority areas both in the short and longer-term and report on progress to all stakeholders
- Engage children, young people and others to let us know what they need and what they think of existing provision
- Review current provision to make sure it is accessible, of excellent quality and meeting the needs of the population
- Be transparent about how decisions are made regarding future commissioning and funding of services

This Local Transformation Plan will be presented to the Hampshire Health & Wellbeing Board for sign-off on 14 December 2017.

In the meantime it can be found on the websites of all five Hampshire Clinical Commissioning Groups, Hampshire County Council and partner organisations.

31 October 2017



This page is intentionally left blank

HAMPSHIRE COUNTY COUNCIL

Report

Committee/Panel:	Health and Wellbeing Board
Date:	14 December 2017
Title:	Achieving priorities for co-production and community participation
Report From:	Co-design, co-production and community participation sub-group

Contact name: Christine Holloway, Chair, Healthwatch Hampshire and Chair, Co-design, co-production and community participation group

Tel: 07779 283451 **Email:** Christine.Holloway@healthwatchhampshjre.co.uk

1. Recommendations

- 1.1. That the Hampshire Health and Wellbeing Board use its influence on the Health and Care Alliance to ensure that there is a commitment from the highest level to effective co-production and engagement in the Sustainable Development Partnership across:
 - all stakeholders: health and care commissioners; the County Council; providers whether statutory, commercial or voluntary sector; service users current and future, and the community groups who work with them to make their views heard
 - the entire area of the STP, not just within Hampshire County Council's borders
 - health *and* social care *and* well-being.
- 1.2. That the Board model good practice by involving public and/or service users in the Board's own policy developments.
- 1.3. That the Board monitor co-design, co-production and community participation (see para 3.4 for how this should be done).
- 1.4. That the Board ensure that all have access to good practice guidance on co-design, co-production and community participation (see para 3.5).
- 1.5. That the Board agree that NHS and local authority colleagues need the opportunity to learn by experience as well as being offered good practice guidance (see para 3.6).
- 1.6. That the Board invite the STP to facilitate access to findings of previous participation work (see para 3.7).

2. Summary

2.1. The purpose of this paper is to recommend to the Hampshire Health and Wellbeing Board the steps which the subgroup considers are needed to implement its agreed priorities.

3. Additional information about the recommendations

3.1. The recommendations listed above have been drawn up after considerable discussion in the subgroup.

3.2. The Health and Wellbeing Board is asked to adopt the following, more specific, ways to implement the higher-level recommendations set out in paragraphs 1.1 to 1.6.

3.3. That the Board model good practice by involving public and/or service users in the Board's own policy developments.

3.4. That the Board monitor co-design, co-production and community participation by:

- a. asking all who report or make presentations to Board meetings to explain how they have reflected the views of consumers in the plans or activities they describe
- b. adding to the agenda of a future workshop session a briefing/training on what to look for in reports to the Board
- c. refer serious concerns to the Health Overview and Scrutiny Committee.

3.5. That the Board ensure that all have access to good practice guidance on co-design, co-production and community participation by:

- a. disseminating the following documents as guidance on good practice to be used by the Board itself, subgroups of the Board, agencies on the Board including the County Council, and the sectors that Board members represent (e.g. commissioners, care providers):
 - Wessex Voices practical guidance and tools:
<http://www.wessexvoices.org/wessex-voices-publications.html>
 - 2017 NHS England statutory guidance on *Patient and public participation in commissioning health and care: Statutory guidance for clinical commissioning groups and NHS England* at <https://www.england.nhs.uk/wp-content/uploads/2017/05/patient-and-public-participation-guidance.pdf>) – and their previous brief guides at <https://www.england.nhs.uk/wp-content/uploads/2014/03/bs-guide-princ-part.pdf>)
 - NICE quality standards NICE has produced both a Guideline and Quality Standards for community engagement and health. As with all NICE guidelines, these are based on thorough analysis of current evidence as to what works. They cover community engagement approaches to reduce health inequalities, ensure health and wellbeing initiatives are effective and help local authorities and health bodies meet their statutory obligations. The Guideline includes recommendations on

- overarching principles of good practice – what makes engagement more effective?
 - developing collaborations and partnerships approaches to encourage and support alliances between community members and statutory, community and voluntary organisations to meet local needs and priorities
 - involving people in peer and lay roles – how to identify and recruit people to represent local needs and priorities
 - making community engagement an integral part of health and wellbeing initiatives
 - making it as easy as possible for people to get involved
- b. asking each agency on the Board to recommend these documents to the constituency they represent
- c. asking each agency on the Board to review their own policies and procedures to:
- check that they cover the points made in these documents
 - identify and report to the Board on any additional good practice they would like to recommend to others
- 3.6. That the Board agree that NHS and local authority colleagues need the opportunity to learn by experience as well as being offered good practice guidance. The Sub-Group will explore and bring forward proposals to enhance the engagement leadership skills of Communications and Engagement leads across the STP and its workstreams. This could include an adapted version of the existing successful Empowering Engagement Programme for STP workstream leads in other Local Delivery System areas (NEHFCCG and My Life A Full Life on the Isle of Wight; more info here: <http://www.patientpublicinvolvement.com/news/an-80-increase-in-confidence-as-a-result-of-the-empowering-engagement-programme/>).
- 3.7. That to facilitate access to findings of previous participation work so that people can build on what has been done elsewhere, the Board invite the STP to arrange shared access to the Patient Experience Library for all commissioners and providers across the STP area to access, possibly a joint subscription or one subscription by one body in the STP area which searches for others.

4. Contextual information

- 4.1. The Co-design, co-production and community participation group was set up by Hampshire Health and Wellbeing Board in spring 2017. The objectives of the group, refined after discussion by the group, were approved by the Hampshire Health and Wellbeing Board at its last meeting on 5 October 2017. They are:
1. Recommend guidance on community co-design, co-production and participation to the Health and Wellbeing Board, its working groups, its member organisations, and through them to all health and care planners, commissioners and providers.
 2. Identify exciting varied examples of good practice in co-design, co-production and community participation in health and social care (including by both Health and Wellbeing Boards, commissioners and providers) and facilitate

learning from them for the Board and for all who plan or deliver health and social care services.

3. Facilitate sharing of findings from community participation to reduce duplication and spread learning.
 4. Support the Health and Wellbeing Board to demonstrate leadership and good practice in community co-design, co-production and participation by identifying where it is appropriate, advising how it should be done, and monitoring implementation.
 5. Support the groups of the Health and Wellbeing Board to demonstrate leadership and good practice in community co-design, co-production and participation by advising how it should be done, supporting them, and monitoring implementation.
 6. Respond to requests from the Board and its groups for advice on community involvement in designing or delivering health and social care services.
 7. Advise and make recommendations about appropriate approaches on community co-design, co-production and participation to be used as part of the development of the Hampshire JSNA and Health and Wellbeing Board strategy on over-arching “philosophical” questions about the future of health and care services, including questions related to the STP which are best approached across the STP area rather than locally
 8. Identify relevant data and service user, CVS and Healthwatch feedback to inform the development of the Health and Wellbeing Board Strategy.
 9. Recommend and where appropriate organise Health and Wellbeing Board stakeholder events to support the development of the Health and Wellbeing Board strategy.
- 4.2. The group agreed three priorities to address first. These are:
1. Provide information and guidance to the HWB Board on good practice in engagement, co-design and co-production both principles and practical tools for delivery (not necessarily specially written by the group) that could be adopted by the HWB Board, the organisations on it, and the constituencies they represent.
 2. Provide training / workshop opportunities to encourage understanding, development and embedding of co-design and co-production as the next steps from engagement or communication.
 3. Provide HWB Board with assurance that there is consideration and delivery of community participation in design and production within the STP programme, especially but not exclusively in respect of over-arching issues.
- 4.3. The Group is chaired by Christine Holloway, chair of Healthwatch Hampshire. Its other members are:
1. Christine Dunkley (Healthwatch Champion)
 2. Jane Gordon (Engagement Manager, West Hants CCG)
 3. Sarah Grintzevitch (STP Communications Lead)
 4. Christine Holloway (Chair, HW Hants)
 5. Elizabeth Kerwood (Head of Communications and Engagement, Fareham and Gosport, Portsmouth and South Eastern Hampshire CCGs)

6. Liz Kite (Associate Director of Communications and Staff Development, West Hants CCG)
7. Sue Lee (HWB Board Manager)
8. Steve Manley (Manager, HW Hants)
9. Sue Newell (Wessex Voices Project Manager)
10. Nicky Priest (NHS England, Wessex)
11. Phil Taverner (voluntary sector rep on Health & Wellbeing Board; Community Development Worker, Test Valley Community Services)
12. Jane Vidler (Communications Team Leader, HCC)
13. Sharon Ward (Associate Director of Communication and Engagement, NEH&F CCG)

The circulation list for the Group's papers also includes Steve Gowtridge as link on co-production for the County Council's care services.

- 4.4. If any Board member would like to receive copies of minutes of the Group or wants to know more, please contact Healthwatch Hampshire on 01962 857357 / Christine.Holloway@healthwatchhampshire.co.uk

5. Finance

- 5.1. None of the recommendations incur additional costs.

6. Consultation and Equalities

- 6.1. The recommendations are based on consultation with representatives of the partners on the Health and Wellbeing Board, including a volunteer with expertise, invited by Healthwatch Hampshire.
- 6.2. The aim of this report and recommendations is to ensure that systems exist to ensure that all communities contribute to shaping future health and care services.

CORPORATE OR LEGAL INFORMATION:**Links to the Strategic Plan**

Hampshire maintains strong and sustainable economic growth and prosperity:	yes
People in Hampshire live safe, healthy and independent lives:	yes
People in Hampshire enjoy a rich and diverse environment:	no
People in Hampshire enjoy being part of strong, inclusive communities:	yes

Other Significant Links

Direct links to specific legislation or Government Directives	
NHS England statutory guidance on <i>Patient and public participation in commissioning health and care: Statutory guidance for clinical commissioning groups and NHS England</i>	2017
NICE quality standard	2016

Section 100 D - Local Government Act 1972 - background documents

The following documents discuss facts or matters on which this report, or an important part of it, is based and have been relied upon to a material extent in the preparation of this report. (NB: the list excludes published works and any documents which disclose exempt or confidential information as defined in the Act.)

Document

Location

None

IMPACT ASSESSMENTS:

1. Equality Duty

1.1. The County Council has a duty under Section 149 of the Equality Act 2010 ('the Act') to have due regard in the exercise of its functions to the need to:

- Eliminate discrimination, harassment and victimisation and any other conduct prohibited under the Act;
- Advance equality of opportunity between persons who share a relevant protected characteristic (age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, gender and sexual orientation) and those who do not share it;
- Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

Due regard in this context involves having due regard in particular to:

- a) The need to remove or minimise disadvantages suffered by persons sharing a relevant characteristic connected to that characteristic;
- b) Take steps to meet the needs of persons sharing a relevant protected characteristic different from the needs of persons who do not share it;
- c) Encourage persons sharing a relevant protected characteristic to participate in public life or in any other activity which participation by such persons is disproportionately low.

1.2. Equalities Impact Assessment:

1.3. The aim of this report and recommendations is to ensure that systems exist to ensure that all communities contribute to shaping future health and care services.

2. Impact on Crime and Disorder:

2.1. No direct link

3. Climate Change:

- a) What is being proposed has no impact on carbon footprint / energy consumption
- b) What is being proposed has no direct impact on the need to adapt to climate change, and be resilient to its longer term impacts. It is hoped that better community participation will assist health and care organisations to identify where climate change is affecting our communities.

This page is intentionally left blank

HAMPSHIRE COUNTY COUNCIL

Report

Committee/Panel:	Health and Wellbeing Board
Date:	14 December 2017
Title:	Report of the Health and Wellbeing Board Business Subgroup
Report From:	Graham Allen, Director of Adults' Health and Care

Contact name: Sue Lee, Board Manager

Tel: 07551152760

Email: susan.lee@hants.gov.uk

1. Recommendations

The Board is asked to agree the following recommendations:

1.1 Note progress of the Business Subgroup.

1.2 Adopt the thematic programme of meetings as a means of reviewing the current Strategy.

1.3 Endorse the proposed process and timeline for updating of the Strategy

2. Summary

2.1 The HWB Business Subgroup was established to support the Hampshire Health and Wellbeing Board's (HHWB) business planning process and to coordinate the implementation of the HWB business plan. The business subgroup comprises the chairs of each HWB subgroup. The purpose of this report is to update the Board about the plan for reviewing and updating the HHWB Strategy.

3. Contextual information

3.1 Established and hosted by the local authority, the Health and Wellbeing Board brings together representatives from a range of public and voluntary sector organisations including NHS, public health, adult social care, children's services, district councils, Fire and Rescue, elected representatives, Healthwatch and community and voluntary services to plan how best to meet the needs of the local population and tackle local inequalities in health. The Health and Wellbeing Board is a formal committee of the local authority charged with promoting greater integration and partnership between bodies from the NHS, public health and local government.

3.2 The Health and Wellbeing Board has a statutory duty, with clinical commissioning groups (CCGs), to produce a joint strategic needs assessment and also a joint Health and Wellbeing Strategy for their local population.

3.3 The current Hampshire Health and Wellbeing Strategy addresses local health priorities based on evidence from our Joint Strategic Health Assessment, stakeholder and public feedback. The Strategy was developed to improve health across the county. This includes supporting citizens to look after their own health and wellbeing and ensuring that the right services are delivered where and when they are needed the most. The Strategy focusses on four areas:

- | | |
|------------------------------|--|
| Starting Well | So every child can thrive |
| Living Well | Empowering people to live healthier lives |
| Ageing Well | Supporting people to remain independent, have choice, control and timely access to high quality services |
| Healthier Communities | Helping communities to be strong and supporting those who may need extra help |

3.4 The Hampshire Health and Wellbeing Strategy was informed by information gained from the Joint Strategic Needs Assessment (JSNA). This pulled together a wide range of information about the current and future health and wellbeing of the local population along with the associated inequalities. The JSNA highlighted the key issues for the county and these informed the four goals of this strategy. A number of consultation events were held to inform the development of the Strategy with feedback received addressed in the final iteration.

3.5 Subgroups are set up around each of the priorities in the Health and Wellbeing Strategy. Each subgroup has a nominated chair (taken from a diverse range of agencies) and a multi-agency membership. There is representation from public health and districts on each subgroup in order to promote co-ordination and consistency. Where possible, the subgroups have built on an existing work stream in order to avoid any unnecessary overlap and duplication.

Review of the Hampshire Joint Health and Wellbeing Strategy 2013 - 2018

3.6 It was agreed by the HWB to adopt a thematic programme of meetings based on the layout and Priorities of the HWB Strategy. Each Board meeting between now and December 2018 will include a workshop covering one of the HWB priorities. Led by partner organisations, the workshops will provide evidence of progress against the priority areas in the Strategy. This approach will enable the HWB to undertake continuous review of the Strategy throughout the year and provide an opportunity for any 'system blockages' to be highlighted to the HWB and potentially resolved. It will also enable new priority themes to be identified.

Refresh of the Hampshire Joint Health and Wellbeing Strategy 2013 - 2018

3.7 The process will be co-ordinated by the HWB Business Group with input and contributions as needed from member organisations. The agreed timeline for publication of the updated HWB Strategy will be March 2019.

3.8 Given that the four priorities in the strategy are very broad, it is unlikely that these will need to be changed. Instead, it will be the key themes (that sit within the priority) that will be revised to reflect current needs and priorities as informed by data and information gained as part of the process outlined in the following section. The action plan includes the following activities:

a) A review of progress to include:

- A programme of workshops at the HWB (as in para 3 above)
- Accountability statement outlining activity and progress on the current strategy
- Survey of partner organisations
- Stakeholder event to gain feedback about current issues to inform future priorities
- Board event to review data and agree priority themes going forward

b) Sourcing and analysis of data:

- 2017 Joint Strategic Needs Assessment
- HIOW Sustainability Transformation Plan
- Partner agency strategies and plans
- Data and feedback from service user, CVS and Healthwatch
- Public/stakeholder feedback

c) Input and contributions required from partner organisations:

- Public health
- Adults Health and Care
- Children's Services
- Clinical Commissioning Groups
- NHS England
- Hampshire Healthwatch

d) Public involvement and engagement in the process:

- Communication and engagement plan
- A programme of consultation events

CORPORATE OR LEGAL INFORMATION:**Links to the Strategic Plan**

Hampshire maintains strong and sustainable economic growth and prosperity:	No
People in Hampshire live safe, healthy and independent lives:	Yes
People in Hampshire enjoy a rich and diverse environment:	No
People in Hampshire enjoy being part of strong, inclusive communities:	No

Section 100 D - Local Government Act 1972 - background documents

The following documents discuss facts or matters on which this report, or an important part of it, is based and have been relied upon to a material extent in the preparation of this report. (NB: the list excludes published works and any documents which disclose exempt or confidential information as defined in the Act.)

Document

Location

None

IMPACT ASSESSMENTS:

1. Equality Duty

1.1. The County Council has a duty under Section 149 of the Equality Act 2010 ('the Act') to have due regard in the exercise of its functions to the need to:

- Eliminate discrimination, harassment and victimisation and any other conduct prohibited under the Act;
- Advance equality of opportunity between persons who share a relevant protected characteristic (age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, gender and sexual orientation) and those who do not share it;
- Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

Due regard in this context involves having due regard in particular to:

- a) The need to remove or minimise disadvantages suffered by persons sharing a relevant characteristic connected to that characteristic;
- b) Take steps to meet the needs of persons sharing a relevant protected characteristic different from the needs of persons who do not share it;
- c) Encourage persons sharing a relevant protected characteristic to participate in public life or in any other activity which participation by such persons is disproportionately low.

1.2. Equalities Impact Assessment:

This report does not propose any decision therefore an impact assessment has not been undertaken.

2. Impact on Crime and Disorder:

2.1. No impact anticipated.

3. Climate Change:

- a) How does what is being proposed impact on our carbon footprint / energy consumption? No impact anticipated
- b) How does what is being proposed consider the need to adapt to climate change, and be resilient to its longer term impacts? No impact anticipated.

This page is intentionally left blank