

Hampshire Child and Adolescent Mental Health Service Update

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and

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**Hampshire Child and Adolescent
Mental Health Services**

About our Service

(2017/2018)

Received 8376
referrals

Completed
4220 initial
assessments

Started
treatment
with 2828
young
people

Offered 79,114
contacts





Hampshire Child and Adolescent
Mental Health Services

Some of our Successes

Robust
clinical and
professional
supervision

Improving
our vacancy
rate, which
is now 4%

New
Programme of
Group Work
across the
County

Implementat
ion of Early
Help
Service

Fit Fest, PACE,
Professional
Events, Training
Programme,
CARE

New to
CAMHS
Training
Package

A new website
for professionals
and families

Running a
yearlong campaign
regarding Suicide
Awareness & this
year about body
image and self-
esteem

Rated as
'Good' and
'Outstanding'
for Caring by
CQC

Observed
Practice

Our challenges

- We are aware that many young people wait far too long to access treatment within our service.
- The average waiting time for a child waiting for their first assessment is 11 and for treatment is 29 weeks. These are much higher waits than the national averages.
- More children are presenting with higher levels of complexity
- Recruitment, whilst much improved (with a 4% vacancy rate,) continues to be a challenge for certain professional groups
- Increased demand on clinical space, as a result of increasing activity
- Increasing pressures on workforce leading to 'burn-out'

To respond to these challenges the trust and commissioners work closely together to implement a range of initiatives to improve access to services.



Our Priorities



Hampshire Child and Adolescent Mental Health Services

Getting the basics right

Whilst our service has seen some significant changes over the past few years, it is important that we do not lose sight of the basics. These are the things that we need to do in order to offer a safe, effective and high quality service. These things are expected from our Trust, professional codes of conduct, CQC and the families and young people we support. These areas are the non-negotiables and without them we are not able to provide and demonstrate the high quality of care we aim to provide. We continue to need to focus on the basics as there are still some areas where we are not routinely doing all that is required. We will continue to do this by ensuring:

1. all staff routinely having access to high quality clinical supervision which is recorded and uploaded to My Learning
2. all staff having the opportunity to have their practice observed
3. we monitor the implementation of the minimum clinical standards through performance data and clinical audits
4. we routinely use Routine Outcome Measures (ROMs) in our clinical practice.

A multi-agency approach

We know there are a number of factors that positively influence good mental health. The improvement in a young person's mental health is often reliant on social and environmental factors. Therefore the family and professional network is vitally important in supporting improvements in a young person's mental health. We want to improve the way we work with our partners so there is greater recognition of how important their role is. We will achieve this by ensuring:

1. all young people having a clearly documented up to date care plan identifying everyone's roles and responsibilities, including those professionals outside of CAMHS
2. all young people who need a risk and safety management plan having one which is clearly documented and identifies everyone's roles and responsibilities
3. we develop our training package, increasing its reach to a wider range of professionals in order to increase the confidence and competence of the wider children's workforce
4. we continue to develop our events and campaigns for professionals and families
5. we collaborate with our partners, across all stages of our pathways, in order to highlight the importance to multi-agency working in order to improve young people's mental health
6. we develop the risk panel process, including the escalation route for cases causing concern
7. we develop the new models of care programme with our partners.

Our Workforce

Our workforce is the number one asset we have. Our service is made up of dedicated clinicians and administrative staff who come to work each day to do a good job, often going beyond what is expected of them. This is demonstrated by CQC's judgement that our service is outstanding for 'Caring'. We want all our staff to feel supported in their role and we recognise that this can be difficult in such a challenging environment. We will support our workforce by:

1. prioritising recruitment, ensuring we recruit staff who align to our values and to ensure we have teams which are multi-disciplinary and diverse.
2. continuing to support everyone's wellbeing, through approaches such as high quality supervision, reflective time, away days, wellbeing activities and supporting staff to recognise their own personal responsibility.
3. regularly reviewing the training needs for staff within our service and offer a range of training opportunities which support individual development needs and our service vision.
4. exploring ways in which we increase our staffing establishment to support responding to the increasing demand on our service.
5. developing the clinical and managerial working alliance, providing effective leadership at all levels within the service.
6. ensuring our staff have access to the resources needed to do their jobs.

Demand and Capacity

We know that the most significant challenge we have is to manage the increasing demand for young people requiring a specialist mental health service and families that need our support want this to be timely. We have continually sought to look at ways of doing things differently to try and reduce the waiting times for access to our service in a sustainable way. We will continue to work to ensure that the service meets the need of children and young people with significant and enduring mental health difficulties by:

1. continuing to engage with our commissioners over the challenges we face
2. considering ways in which the whole children's workforce can provide early and targeted intervention
3. putting into place pre-screening requirements to ensure children and young people access other services which may be more appropriate to their needs
4. continuing to develop performance data to support us in identifying where our challenges are and help us plan the capacity we have more effectively
5. looking to alternative funding streams, such as through the provision of training and support provided to out of area looked after children
6. further developing our work around telephone assessments, group work, discharge planning and administrative functions.

