

The NHS logo, consisting of the letters 'NHS' in white on a blue rectangular background, is centered within a light grey hexagonal shape.

# Hampshire Health and Wellbeing Board

Starting Well Update



Hampshire  
County Council

19 March 2020

# Starting Well Priorities

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1. Implement the Emotional Wellbeing & Mental Health Strategy recommendations

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2. Increase mental health support in schools

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3. Using technology to support better mental health

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4. Promote physical activity

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5. Reduce the proportion of women smoking at the time of delivery

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6. Support breast feeding

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7. Co-design, collaboration and procurement to enable system integration

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8. Partnership working on continuing health care

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9. Work with partners to build resilience in children and their families

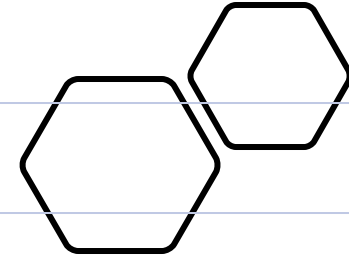
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10. Improve support to families and young people with problematic drug and alcohol use to mitigate the impact of substance misuse and domestic violence

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11. Improve outcomes for children in receipt of children's social care through technology-enabled care (TEC) and collaborative working

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# 1. Implement the Emotional Wellbeing & Mental Health Strategy recommendations

## Baseline

When looking at PHE 3 year trend data:

- Hampshire currently have hospital admission for self-harm (10-24yrs) significantly higher than England 591.8/100,000 compared to 421.2/100,000 (2017-18)
- Hampshire currently has hospital admission rates mental health conditions higher than England 95.3/100,000 compared to 84.6/100,000 (2017-18)

## Aims

- Develop a strategy to reduce hospital admissions for self-harm and mental health conditions over the next 3-5 years to bring Hampshire into line with England rates for:
  - Hospital admission rates for self harm among children and young people (10-24)
  - Hospital admission rates for mental health conditions among children and young people (0-17)

## Activity Completed/Underway

- Hampshire EWBMH for CYP Strategy launched  
<https://documents.hants.gov.uk/public-health/EmotionalWellbeingChildrenYPStrategy.pdf>
- Communications plan in delivery to promote awareness of the strategy.
- Task and Finish group for each of the six Priority Areas established.
- Self-Harm Toolkit in development.
- School survey response rate over 6,000.
- Launch of Hampshire Health in Education website providing information and advice, teaching resources and training.

## Challenges/Risks

- Lots of different work going on to address need particularly in education settings. Need to establish good evidence base for interventions and sustainability.

## 2. Increase mental health support in schools

### Baseline

Historically Mental Health support in schools has been limited to liaison between specialist CAMHS services and schools, with additional paid for support relating to psychological wellbeing from Educational Psychology services.

DfE and the DoH have announced two national programmes to transform mental health support for schools and to enable schools to adopt a whole school approach to mental health: Mental Health Support Teams in Schools (MHSTs) and the Link Programme.

### Aims

- At least 25% of the schools' population covered by 2023 by the MHST programme. The Link Programme can be potentially all schools.
- The MHSTs expressions of interest will focus upon getting teams installed into schools in CCG areas with no such provision at present. For HloW this means prioritising the following areas to complement the two MHSTs secured during Wave 2 in Gosport and Havant:
  - North East Hants and Farnham CCG - Rushmoor
  - North Hampshire CCG - Basingstoke
  - West Hampshire CCG – Test Valley & New Forest
  - Isle of Wight CCG – Island wide

### Activity Completed/Underway

- The Havant and Gosport teams have fully recruited into their two Mental Health Support Teams in schools that Hampshire successfully bid for in Wave 2.
- Training commenced in January 2020 and interventions start from January 2021.
- Mobilisation for existing teams is being overseen by Sussex Partnership Foundation Trust (SPFT) - Hampshire CAMHS.
- SPFT have already trained some school ambassadors who will link in with MHSTs as these are key to the collaborative model for partnership.
- Anna Freud centre is rolling out the school Link programme across England. The CCG Partnership's Maternity and Child Health team is coordinating this.

### Challenges/Risks to delivery

- There is an emerging national concern relating to the recruitment of qualified NHS Band 7 mental health supervisors. Where this has become a problem it could undermine the efficacy of the model which is highly prescriptive. Commissioners are working closely with the SPFT service to monitor recruitment issues associated with future MHST waves. It was not a problem for Hampshire in Wave 2.
- The MHST selection process is competitive and there are fewer teams than CCGs. Rigorous competition will likely mean fewer MHSTs than we want.
- Whilst there are no specific caps on participation in the DfE/DHSC funded Link programme for schools, there are cost and resource implications for CCGs.

# 3. Using technology to support better mental health

## Baseline

- Think Ninja Self Help Smart phone App – commissioned from May 2019. Up to 85,000 licenses for the App commissioned as a flagship digital component of Hampshire system-wide mental health offer service. Fewer than 1,000 licenses are currently activated.
- Healthier Together is an established digital platform, App and resource intended to provide easy access to information about the full range of health services for children and young people, including mental health resources. No reliable baseline of App downloads is centrally reported, but the service is now locally commissioned.
- DadPad is now available to all Hampshire families to support partners of new mothers in the months following a birth. Baseline of roll-out to be established in 2019-20.
- Specialist CAMHS referrals consistently above 674 capacity per month in 2019-20.

## Aims

- By December 2021 up to 85,000 children and young people will have been offered the Think Ninja app across Hampshire and the Isle of Wight.
- Ongoing increases in referrals to Community Counselling and Tier 3 CAMHS services will bring CAMHS referral levels to less than 674 per month to support more timely assessment.

## Activity Completed/Underway

- Schools introduced to Think Ninja, with support from HCC Inclusion Managers.
- Individual schools being targeted to act as champions for rollout of Think Ninja App.
- Comms are being developed to promote GP promotion of Think Ninja App.
- Opportunities to promote the Think Ninja App with community groups (Social Prescribing) are also being explored.
- Participation work planned with parents, children and young people around digital utilisation to inform future service design and investment in digital transformation interventions.

## Challenges/Risks

- Take up of Think Ninja from schools, services and children has been much slower than originally anticipated to date. The timetable for delivery of the rollout may need to be revised and much greater take-up would be needed to see a reduction in referrals to CAMHS and community Counselling services.
- Digital take-up is behind schedule and more work is needed with children, young people and families to inform the utilisation of technology to support better health, including mental health.

# 4. Promote physical activity

## Baseline

- Year 2 data 2018-19
  - Number of CYP active every day (18.3%)
  - Number of CYP active every week (26.2%\*)
  - Number of individual respondents (2445)
- Numbers have remained broadly static – this is a new data set, working through schools randomly. It is premature to consider any trend. What we can say is that insufficient numbers of CYP are undertaking activity which would be beneficial for positive health outcomes.

\* Data collection and reporting has changed for this indicator making comparison difficult. Clarification is being sought and revised indicator will be supplied

## Aims

- Increase in the number of CYP active every day doing 60 minutes or more of moderate/vigorous activity (18.5% baseline)
- Increase in the number of CYP active across the week who are doing 60 minutes or more on any day (26.2% baseline\*)
- Number of schools selected to be part of the Active Lives (CYP) Survey completing the survey (Individual respondents 2527)

## Challenges/Risks/Opportunities:

- H&WB Board asked to note the development of new joint Physical Activity Strategy led by Energise Me (Active Partnership) and Public Health working with health (NHS) and other Children's Services teams. This will include CYP.
- Engaging schools to embed physical activity through whole school approach – culture, removal of barriers, training and confidence, participation in Active Lives CYP survey. Linking up being active in school, in families and in community – whole system approach.

## Activity Completed/Underway

- Partnership developed between Public Health, Energise Me, Outdoor Education (Children's Services), Early Years (Children's Services), Active Travel (Economy, Transport & Environment) and Health in Educational Settings and other agencies to increase number of active CYP.
- Supporting digital resources and offers developed – [Daily Activity](#) (Energise Me) [Hampshire Health in Education](#) (Public Health) [Physical Education and Outdoor Education](#) (Children's Services) [Active travel to school](#) (Economy, Transport & Environment)
- Joint innovations between partners:
  - 'This Girl Can' programme secondary girls – 9 schools engaged on first cohort – development of champions and engagement with teachers.
  - Couch to 2k for CYP and their families – Train with Hart & Rushmoor Borough Council linked to earlier obesogenic audit results - targeted schools. Early results promising including engagement with Nepalese. Aim to increase participation into Junior Park Runs from populations who currently do not access these.
  - Early years – supporting extension of 'Fit to Write' workshop led by Early Years (Children's Services) which links physical activity, physical development, school readiness and attainment.
  - Roll out of Create Real Play which increases activity linking school and home - targeted areas based on Indices of Multiple Deprivation and inactive families.
  - Supporting and shaping Annual Physical Education Conference to include best practice around engaging inactive CYP and link with emotional health and mental wellbeing.
  - Active Travel – transition work, balance bikes and scooters (Whitehill & Borden).
- Ongoing provision of direct and indirect [satellite physical activity clubs](#) across Hampshire - supported 200 inactive 14-19 year olds during 2018/19

## 5. Reduce the proportion of women smoking at the time of delivery

### Baseline

- 695 referrals to Hampshire Stop Smoking Service (SSS) in 2015/16 (compared to conservative estimate of 1300 smokers = 53.5%).
- 26 women had successfully quit through the Hampshire Stop Smoking Service at 4 weeks = 3.7% (*data source: Hampshire Stop Smoking Service, Contract year 2015/16*).

### Target

As set out in the Hampshire Smoking in Pregnancy Strategy 2017-20:

- Reduce prevalence of smoking at time of delivery in Hampshire to 7% by 2020.
- Increase referrals of pregnant smokers to Hampshire stop smoking service to 100%\* (\*excluding opt-outs) by 2020.
- Increase the uptake of stop smoking support by pregnant smokers with 50% of referrals setting a quit date by 2020.
- Increase the 4 week quit rate to 55% and the 12 week quit rate to 25% of those setting a quit date by 2020.

### Progress on Targets – 2018/19

- The prevalence of smoking at time of delivery (SATOD) in Hampshire is 8.7%
- 1,829 referrals into the SSS; 298 pregnant smokers set quit dates (16%); of those, 180 quit at 4 weeks (60%) and 81 quit at 12 weeks (27%)

*Data source: Hampshire SSS, 2018/19 contract year – from Oct. 2018 to Sept. 2019.*

### Activity/Projects

- A strategic whole systems approach has been set up across Local Maternity System (LMS) areas, with key activities to support each NHS Trust agreed, including establishing steering groups in each Trust.
- Referral Pathways have been established, including CO monitoring at each appointment; provision of new, fit for purpose CO monitors for midwifery staff; a review of referral systems to ensure that they are robust and efficient.
- Specialist stop smoking in pregnancy adviser support for each Trust from the SSS or in-house from the midwifery team.
- Training for midwifery staff to ensure a consistent messaging and approach.
- Commissioning of a smokefree pregnancy communications campaign for pregnant women, families and professionals across Hampshire.

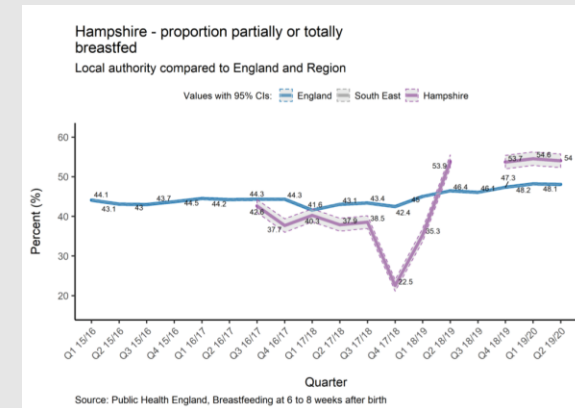
### Challenges/Risks

- Support from senior management in each NHS Trust as part of a smoke free Trust approach; developing a Trust-wide offer of stop smoking support to meet requirements in [NHS Long Term Plan](#).
- Developing a joint strategic approach across Hampshire and Isle of Wight with co-ordination across the LMS and Wessex Academic Health Science Network (Patient Safety Collaborative, NHS England and NHS Improvement and Public Health commissioners).

# 6. Support Breastfeeding

## Baseline

- Number of partially or totally breast fed babies at 6-8 weeks remains consistent and is better than the bench mark. New way of recording data is demonstrating a higher rate of breastfeeding - most recent data 54%. (The target is 50% but efforts to increase breastfeeding continue).



## Aim

- Increase in mothers continuing to breastfeed at 6-8 weeks.

## Activity Completed/Underway

- Southern Health's Health Visitors are working towards Unicef Breast Feeding Initiative (BFI) Gold Status (the highest level of breastfeeding support).
- High Impact Area (HIA) Board infant feeding group led by Southern Health.
- The Local Maternity Service (LMS) have committed to maternity services working to achieve Unicef BFI accreditation. This will help align Maternity and Health Visiting approaches to supporting mums.
- The LMS are appointing a programme manager to lead their infant feeding group which will link in with the Hampshire HIA Partnership Board infant feeding workstream.
- Agreement of LMS funding for Hampshire/Isle of Wight wide Dadpad licence for 4 years includes breastfeeding information around how Dads can support breastfeeding mums. Work to localise the product is being led by HHFT.

## Challenges/Risks:

- Consistent messaging and advice around breast feeding from all professionals whom a mum / baby may come into contact with.



# 7. Co-design, collaboration and procurement to enable system integration

## Baseline

- Few jointly commissioned contracts for services, often of relatively low value and with short term funding agreements
- No pooled budgets
- Engagement during procurement stage, but limited at co-design stage

## Aims

- Establish an effective Joint Commissioning Board to facilitate identification of opportunities and provide shared accountability
- Identification of joint strategic commissioning priorities, starting with mental health crisis care and S117 wraparound support
- Where appropriate, evaluate opportunities for pooled budgets and shared resourcing.
- Apply to become a national Children and Young People's Integration Pilot site - Application deadline 15<sup>th</sup> April.

## Activity Completed/Underway

- Review and rationalisation of governance landscape between Children's Services, Public Health and the CCGs
- Joint Commissioning Board established and Terms of Reference approved
- Review of ICS governance and priorities underway.

## Challenges/Risks

- Tension between local versus at-scale development of priorities – local decision-making needs to be joined up at an ICS level to ensure equity of access to services across the county.
- Collaboration at a Hampshire and Isle of Wight level means interfacing with the multiple governance regimes of 3 local authorities (i.e Health and well-being Boards).
- Competing demands for resources across health and social care.

# 8. Partnership working on continuing health care

## Baseline

Number of children jointly funded

- Pre MARP 2018/19 Q3 11
- 2019/20 Q3 32

## Aims

- Governance and processes are in place to support joint decision making regarding eligibility and funding for Continuing Care and Section 117 After Care.
- The process for agreeing eligibility and funding for Continuing Care and Section 117 After Care is efficient and effective with clearly defined roles and responsibilities and decision making documented.
- One source of data is developed which shows the whole picture of children in the Continuing Care and Section 117 After Care pathway.

## Activity Completed/Underway

- Introduction of a joint pathway for consideration of cases which require intervention from health, social care and/or education.
- The Hampshire Multi Agency Resource Panel (MARP) provides the forum for joint agreement regarding eligibility and funding contributions Continuing Care and Section 117 After Care.
- Processes are working well and next steps are to move towards standardising funding contributions to further streamline the process and continue to develop multi agency partnership working.
- An appeals process is in development for any professionals or service users wishing to challenge the MARP decision.

## Challenges/Risks

- The number of complex cases which require joint arrangements relating to challenging behaviour are increasing and may require a different eligibility assessment.

# 9. Work with partners to build resilience in children and their families

## Baseline

- 65% of families referred for an Intensive Worker/Specialist worker in 2019 had a trigger trio issue present.
- Emotional /mental health was the primary need identified in families stepping up from level 3 to level 4.

## Aims

- Increase family resilience thus reducing the demand for social care interventions by;
  - keeping more children and young people safely at home through prevention and reunification
  - working with partners to embed a whole family approach to meet the needs of both children and parents thereby improving safeguarding and improving outcomes for whole family.

## Activity Completed/Underway

- CAMHS / Substance misuse Specialist workers are co-located in social care delivering interventions to 'priority cohort' families.
- Test & Learn project is underway with DWP - worker co-located within the south-east care Leaver team.
- A scoping exercise in underway in relation to current relationships between Adult Wellbeing Centres and children's social care.
- TSC Partnership Manager scoping opportunities to work with new and existing partners to meet identified needs.

## Challenges/Risks

- The number of families receiving intensive support has increased through staff investment and recruitment, however demand is now greater than current capacity.
- There is no identified sustainable funding for the majority of Specialist roles after March 2021. This will impact on service delivery and therefore impact outcomes for families. Discussions are in progress to identify Children's Services requirements and partnerships to meet shared outcomes.

# 10. Improve support to families and young people with problematic drug and alcohol use to mitigate the impact of substance misuse and domestic violence

## Baseline

- Young people (under 18) in specialist or targeted substance misuse services - 437 (18/19)
- Number of young people whose parents are accessing substance misuse services offered support (Year to date) – 0 (no service in place (18/19))

## Aim

- Young people with problematic drug/alcohol use are able to access specialist substance misuse treatment. Target is for 315 young people to access treatment.
- Children are offered support where parental substance misuse is identified. Target of 30 young people access support.

## Activity Completed/Underway

- 37% increase in young people (under 18) in specialist or targeted substance misuse services - 597 (Q3 19-20)
- New young peoples substance misuse service up to 25 years.
- Family Recovery Workers embedded working with Children's Services. 478 families supported since the service began in July 2018.
- Bespoke service for children with substance misusing parents.

## Challenges/Risks

- Managing capacity / level of demand of the Young Peoples Substance Misuse Service with an increased age (18-25 years) and complexity of cohort.

## 11. Improve outcomes for children in receipt of children's social care through technology-enabled care (TEC) and collaborative working

### Baseline

- Since the service was launched in Children's Services in 2015, over 100 CYP have been assessed and there are currently 70 active users.

### Aims

- To enable greater independence, safety and welfare tracking whilst providing a cost effective alternative to physical support.

### Activity Completed/Underway

- Trailblazing pilot – UK's first Children's Residential Care TEC explored in Hampshire with confirmed benefits to the individuals and the Council.
- Ongoing positive feedback from families using TEC, and professionals referring for the service.
- Working with DCTs to mainstream the service and fast-track eligible cases through CAP, including a new off-line referral form (coming out in May 2020).

### Challenges/Risks

- Public perception of seeing TEC as a "money saving" scheme as opposed to its focus on improving outcomes could be impacting on uptake.
- Further education is required to increase the volume of referrals to the service.

Questions?

