

# Hampshire Children and Young People's Mental Health and Emotional Wellbeing Local Transformation Plan (LTP)

## 2021/22 Refresh

September 2021



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## 1. Strategic Context

The 2021/22 Hampshire Local Transformation Plan (LTP) refresh for Children and Young People's Mental Health builds and extends on the

- commitments made to children, young people and families in the 2019/20 LTP, which was published in December 2019
- commitments to improve NHS services for children and young people's mental health as set out in the NHS Long Term Plan and
- priorities set out in the Hampshire Health and Wellbeing Starting Well Strategy and the Hampshire Children and Young People's Plan

The key partnership strategy which sets the direction of travel for improved mental health services for children, young people and young adults is the Hampshire Starting Well Strategy 2019-24 (the Emotional Wellbeing and Mental Health Strategy for Children and Young People in Hampshire) which sets the following strategic priorities:

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

In addition the NHS Long Term Plan makes the following commitments to Children and Young People's Mental Health by 2023/24:

- In Hampshire 112,000 additional CYP aged 5-19 will have access to support via NHS-funded mental health services and school- or college-based Mental Health Support Teams by March 2024 (in addition to the 947 additional children and young people across Hampshire who will be accessing other NHS Commissioned mental health services by March 2024 under the NHS Long Term Plan..
- There will be a comprehensive offer for 0-25 year olds that reaches across mental health services for CYP and adults.
  - At least 35% of the children and young people estimated to have a diagnosable mental health condition will access NHS Funded mental health support services each year.
  - From the 2019/20 baseline an additional 188 young adults (aged 18-25 years) will access NHS funded mental health services as part of a comprehensive offer for children and young people rising to 283 in 2022/23 and 378 in 2023/24.
- The 95% CYP Eating Disorder referral to treatment time standards (urgent referrals starting treatment in 1 week and routine referrals starting treatment in 4 weeks) will be achieved and maintained
- There will be 100% coverage of 24/7 mental health crisis care provision for children and young people which combines crisis assessment, brief response and intensive home treatment.
- CYP mental health plans will align with those for children and young people with learning disability, autism, special educational needs and disability (SEND), and health and justice.

And finally our refreshed plan is in the context of the requirement to support children, young people, families and services in their recovery from the impact of the COVID-19 pandemic on their mental health and emotional wellbeing

## 2. Our Vision & Principles

Our vision and principles are set out in Starting Well, the Emotional Wellbeing and Mental Health Strategy for Children and Young People in Hampshire 2019 to 2024

### Vision

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

### Principles

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

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

Our Vision for NHS services as part of the Starting Well partnership is for children, young people and their families to have timely access to a range of mental health and emotional wellbeing services which are:

- appropriate to their needs,
- close to where they live and/or digitally accessible (where appropriate),
- delivered to a high quality, by staff qualified to either meet their needs and/or help them find additional support from other services where this is not possible.

We see support for the emotional wellbeing and mental health of children, young people and young adults as being part of the role of every professional who works with them, from infancy into early adulthood, according to their needs.

Where professionals reach the limits of what they can do to help, there should be clear and simple ways for them to help young people access other professionals better placed to support them as soon as they need this help.

### 3. Our Local Picture - Overview of Needs

#### Importance of Good Mental Health

Fundamentally, mental health is an important aspect of overall health and wellbeing for our whole community. Good mental health and emotional wellbeing is fundamental to young people's overall health, and is a determinant of life chances more generally, including success in employment and family life, as well as contact with the criminal justice system<sup>1</sup>. The life expectancy of adults with severe mental illness is over 20 years less than for those who live mostly without mental illness. Half of all lifetime cases of mental ill-health are evident by the age of 14, and three quarters by the age of 24<sup>2</sup>. Childhood and adolescence are therefore a critical time for intervening early to interrupt the onset of mental illness that can have lifelong implications.

#### Children and young people – Hampshire population overview

There are just over 380,000 children and young people aged 0-24 living in Hampshire<sup>3</sup>. In Hampshire, this represents over a quarter (27.7%) of the population. Population projections suggest that the number of 0-24 year olds living in Hampshire will rise to in excess of 418,000 by 2026<sup>4</sup>. The number of school aged (4-16) children in Hampshire according to latest mid-year estimates stands at 211,737. The child and young people population is more generally white British than is the case for England, but with larger Black and Minority Ethnic communities in some districts, such as Rushmoor.

#### Rates of Mental Health Problems in Children and Young People

Rates of mental health problems for children and young people have increased since 2017. In 2020, one in six (16.0%) children aged 5 to 16 years were identified as having a probable mental disorder, increasing from one in nine (10.8%) in 2017. The increase was evident in both boys and girls. The likelihood of a probable mental disorder increased with age with a noticeable difference in gender for the older age group (17 to 22 years); 27.2% of young women and 13.3% of young men were identified as having a probable mental disorder in 2020.<sup>5</sup> 17.4% of children in the South East of England have a probable mental health disorder. Applying this South East figure to the Hampshire population suggests 34,120 children in Hampshire have a probable mental disorder.

There has been an increase in the rates of self-harming behaviours affecting children and young people. It is estimated that around 10% of 15-16 year olds self-harm, with this increasing to 36% of 16-24 year olds having self-harmed at some point<sup>6</sup>. Rates of admission to hospital for young

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<sup>1</sup> Centre for Mental Health, Commission for Equality in Mental Health, Mental Health for All? The final report of the Commission for Equality in Mental Health, November 2020 available from [www.centreformentalhealth.org.uk](http://www.centreformentalhealth.org.uk)

<sup>2</sup> Centre for Mental Health, Children and Young People's Mental Health: The Facts, 2018 available from [www.centreformentalhealth.org.uk](http://www.centreformentalhealth.org.uk)

<sup>3</sup> Child and Maternal Health Profiles (Fingertips), Public Health England

<sup>4</sup> Population estimates and forecasts <https://www.hants.gov.uk/en/landplanningandenvironment/facts-figures/population/estimates-forecasts>

<sup>5</sup> Mental Health of Children and Young People in England, 2020 (accessed 30 December 2020): [https://files.digital.nhs.uk/CB/C41981/mhcyp\\_2020\\_rep.pdf](https://files.digital.nhs.uk/CB/C41981/mhcyp_2020_rep.pdf)

<sup>6</sup> [Self-harm \(youngminds.org.uk\)](http://Self-harm.youngminds.org.uk)

women are significantly higher than for young men, with even higher rates for those who identify as transgender or non-binary reported nationally<sup>7</sup>. Conversely, young men are at significantly greater risk of death by suicide than young women, though less likely to report self-harming behaviour<sup>8</sup>.

### **Key headlines from the Children and Young People's Mental Health Needs Assessment Refresh:**

A refresh of the Children and Young People's Mental Health needs assessment was undertaken by Public Health in July 2021

- Hampshire children and young people generally experience lower levels of disadvantage than their peers regionally and nationally in relation to living in low income households, their likelihood of requiring help to keep them safe from harm in their home environment, or to come into local authority care.
- Despite this, there are many children and young people who still face disadvantage compared to their peers. Inequalities in the distribution and burden of poor mental health remains a key challenge for Hampshire. There are particular groups of Children and Young People where additional vulnerability to poor mental health outcomes is a particular concern including those:
  - Who are looked after and care leavers
  - Who have a Special Educational Need or Disability
  - With a learning disability and/or autism
  - Who misuse substances
  - Living in more deprived communities in Havant, Gosport, New Forest, Rushmoor, Basingstoke, Test Valley and Eastleigh
  - Not attending school or not in education, training or employment
  - In ethnic minority groups
  - Who identify as LGBTQ+
  - With parent/s in the criminal justice system and young offenders
  - Who are exposed to criminal and/or sexual exploitation or victims of hate crime
  - Who are bereaved, including bereavement by suicide
- Vulnerability due to Special Educational Needs / Disabilities are similar to the national average
- Hospital admissions for self-harm in 10-24 year olds are rising and at 626.2 per 100,000 are higher than the England average of 444 per 100,000
- Parental wellbeing is the single biggest factor influencing a child's well-being. Children and young people's services could improve their understanding of how to identify parental mental health issues, confidence in discussing mental health with parents and knowledge in how to support parents to access adult mental health services.

### **The impact of Covid-19 on the mental health and emotional wellbeing of 0-25s**

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<sup>7</sup> [Hospital admissions as a result of self-harm in children and young people | The Nuffield Trust](#)

<sup>8</sup> Hampshire and Isle of Wight 0-25 CYP Mental Health Needs Assessment, 2021 Refresh, Page 73

While it is still too soon to know the full and lasting impact of the Covid-19 Pandemic upon children and young people and families' mental health, it is already clear that it has affected some groups more than others, and has affected different groups differently.

There is evidence that coronavirus (COVID-19) and related interventions, such as social distancing and stay at home guidance including school and early years setting closures, have likely had a negative effect on some children and young people's mental health and wellbeing, it is unknown how long any impacts might last. There is also evidence that many children and young people seemed to have coped well. Life satisfaction appears to have only slightly reduced and children and young people's happiness appears to have been relatively stable. 'New' or increased anticipated needs as a result of Covid-19 due to loss of connectedness at school and in society, family functioning impacting on risk and protective factors, increased trauma are likely to include the following:

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

No Limits, a local, independent charity providing prevention, early intervention and crisis support to young people, published “The Impact of Coronavirus on Children and Young People’s Mental Health – The New Normal” report in April 2021. Key findings include:

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

The report highlighted that children and young people have experienced social isolation during lockdown, which have impacted negatively on their mental wellbeing including their relationships and engagement with work / education. Young people want a sense of control over their lives, things to do, and meaningful connections with others. Lockdown has not only had an effect on the education of our young people but also their emotional and social development.

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

Particular concerns in relation to increased mental health problems associated with the pandemic have been highlighted in four areas:

- **Eating Disorder** presentations into both community services, acute hospitals and mental health inpatient services have all increased
- **Loneliness** reported by children and young people has increased. Loneliness is associated with future mental health problems up to 9 years later, the strongest association being with depression. The length of loneliness appeared in one study to be a predictor for future mental health problems, thus the length of school closures may directly affect children and young people<sup>9</sup>.
- **PTSD** may present as a result of pandemic disasters and their disease containment measures.
- **Bereavement** – There have been over 130,000 excess deaths in England to date directly related to Covid infections, and the wider increase in excess deaths related to wider impacts of the Pandemic upon the health and care system are likely to be significantly higher than this, with this figure still rising.

The overall picture of mental health needs in Hampshire indicates that most of the County's children, young people and young adults have solid foundations for good mental health in terms of relatively low levels of deprivation, social care need, wider social disadvantage, learning disability / SEND and other common markers for poor mental health and emotional wellbeing.

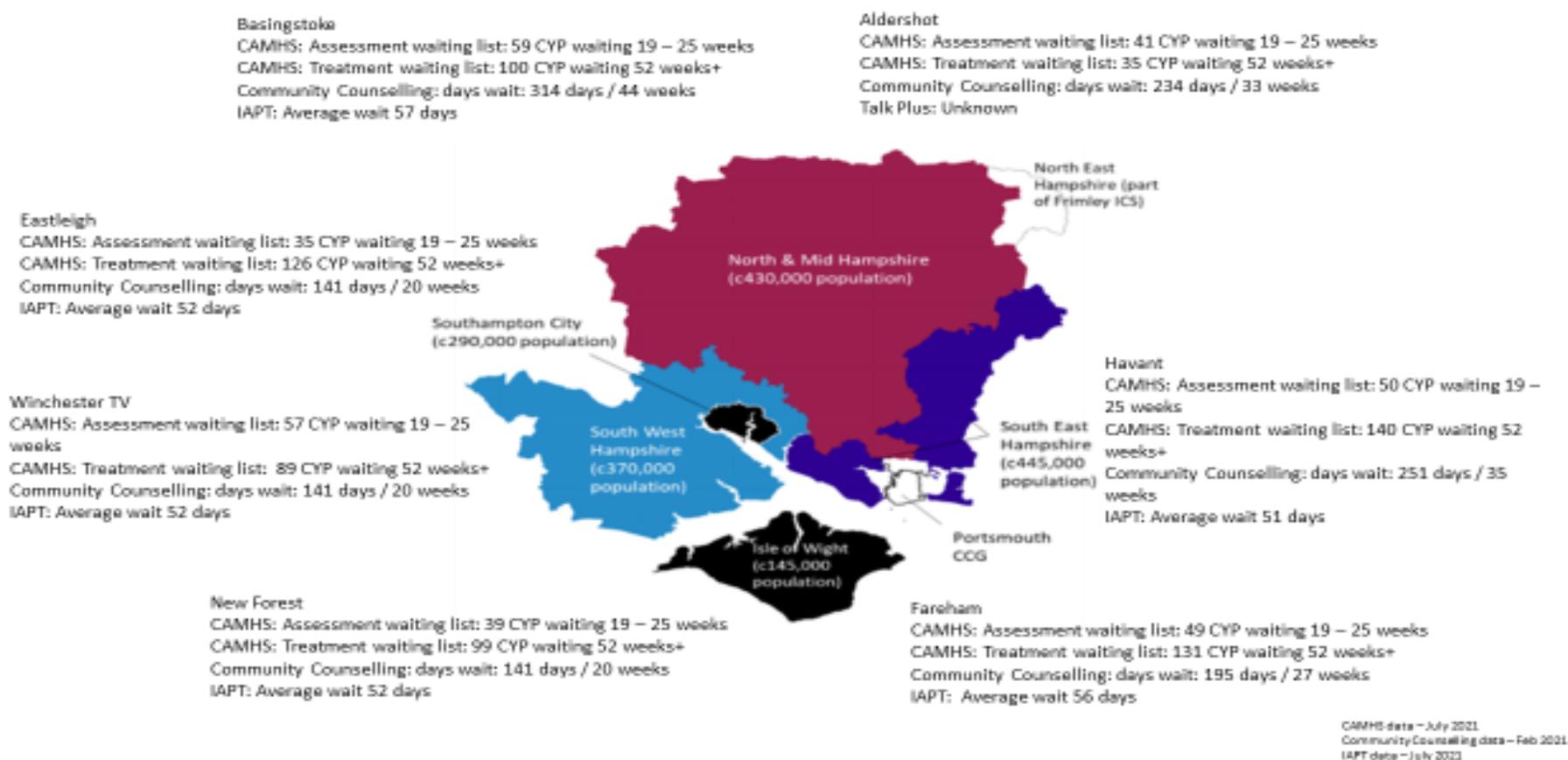
Whilst the commitments made in this Local Transformation Plan refresh for Hampshire will improve the mental health offer for all, our understanding of needs also tells us that the burden of poor mental health outcomes does not fall equally across all sections of our population of children, young people and young adults. We therefore need to ensure that the improvements we make in access, experience and outcomes are developed in a way that is inclusive to the particular needs of those groups who are most vulnerable to poorer mental health outcomes as outlined above.

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<sup>9</sup> Qualter P, Brown SL, Munn P, Rotenberg KJ. Childhood loneliness as a predictor of adolescent depressive symptoms: an 8-year longitudinal study. *Eur Child Adolesc Psychiatry*. 2010 Jun;19(6):493-501. doi: 10.1007/s00787-009-0059-y. Epub 2009 Sep 24. PMID: 19777287

#### 4. Our Local Picture - Overview of NHS Services

Services supporting children and young people in relation to mental health currently face significant demand and capacity challenges.



## Hampshire CAMHS (Child and Adolescent Mental Health Services)

Sussex Partnership Foundation Trust provide specialist community CAMHS services in Hampshire. Demand has outstripped the capacity of services over each of the past five years, resulting in:

- Large and growing numbers of children and young people waiting for assessment or treatment as outlined in the graphs below. As at 31 August 2021, 2,362 were waiting for assessment and 1,709 were for waiting treatment. This includes young people waiting for ADHD assessments whom are often among the longest waiters for assessment and/or treatment.



- Long and growing average waits for children and young people waiting to be assessed and/or treated as the service prioritises those with the most acute and pressing risks and needs.

In order to manage the increasing demands significant additional investment has been made into the Hampshire CAMHS service to:

1. Provide the capacity to deal with the growing number of referrals coming into the specialist service,
2. Provide the capacity to reduce and eliminate waiting lists for assessment and treatment
3. Increase the capacity in prevention and early help services

2020/21 is year one of a three year plan to 1) invest & clear waiting lists, 2) prevent future demand, and 3) right size service. Due to the historic waiting lists and COVID surge demand our modelling forecasts it will take until March 2024 to reduce the waiting list and bring waiting times back to within the national standards.

Hampshire CAMHS are currently recruiting 103 new posts. Recruitment is progressing solidly, with 79 of the 103 recruited and 40 having already started in post.

### **Children and Young Peoples Eating Disorders: 2020/21**

There has been a sharp rise in community eating disorder referrals, particularly in the urgent pathway. This is consistent with the national picture.

Performance:

- 52% increase in cases during 20/21 compared to 19/20, with highest increase in urgent presentations
- 62.5% of urgent referrals start treatment in 1 week (95% Target)
- 62% of routine referrals start treatment in 4 weeks (95% Target)

Access, performance and capacity is a major area of improvement focus. The service are recruiting to several vacancies and increasing the team by 11.5wte to meet the surge in demand.

### **Neurodevelopmental Pathways**

In addition to the long waits for assessment and treatment for core CAMHS services, there are also long waits for children and young people with Attention Deficit Hyperactivity Disorder (ADHD) and Autism Spectrum Conditions (ASC) to receive an assessment.

- **Autism:** In Hampshire, there are currently approximately 1,233 children and young people waiting for an assessment for an ASC diagnosis. The average wait of those seen in July 2021 was 74 weeks, with the average wait of all those on the waiting list being 37 weeks. This is an improvement from the peak waiting list of over 1,600 in July 2020, with an average wait of approximately 104 weeks at that time. A newly commissioned service starts on 1 October 2021, which will for the first time have sufficient capacity to eliminate the existing waiting list by April 2024.
- **ADHD:** In Hampshire, children and young people with ADHD are assessed and treated for their condition, and any associated mental health problems through specialist community CAMHS services. Waiting list numbers for ADHD are not currently reported separately within the service.

### **Community Counselling Services**

Across Hampshire there are a range of community and voluntary sector provided counselling services, together with a small number of targeted services for vulnerable groups of children and young people. Waiting lists and times for community counselling services have grown in recent years as a result of increasing demand, with referrals growing year-on-year across all services. The Hampshire Community Counselling services now have a waiting list of over 600 children and young people, with average waits for starting individual or group counselling of approximately 6 months. An additional 2500 appointments will be made available from October 2021 to March 2022 to reduce the waiting list. A full service review is also underway to determine what is needed for the longer term.

### **Crisis Care and Safe Havens**

Across Hampshire and the Isle of Wight a number of initiatives have been developed in recent years to improve all age mental health crisis care and develop safe, convenient and timely access to mental health support for people in crisis.

- At the heart of this offer is a 24/7 all age mental health triage service, provided by Southern Health in partnership with South Central Ambulance Service NHS Foundation Trust and hosted in NHS 111. This service has access to all of the mental health patient care systems to support better assessment of risk and the timely notification of the need for follow up to community services.
- The NHS 111 Mental Health Triage service is also supported by a Mental Health Rapid Response Vehicle, which can attend and support people of all ages in mental health crisis in the community.
- A Paediatric Psychiatric Liaison service has been established in Winchester and Basingstoke hospitals. The team support people attending the Emergency Department.
- Alongside this, the NHS commissions a number of Safe Havens across Hampshire which can provide a safe and effective alternative to hospital Emergency Departments for people in mental health crisis. Whilst these are principally adult provisions, the Safe Haven services will be working with local teams to scope an offer for 16+ services going forward. These services are complemented by a small number of children and young people's Safe Havens in some parts of Hampshire.
- We have increased the capacity of i2i Intensive Home Treatment service
- No Limits youth workers are now supporting in hospital Emergency Departments and as part of the NHS 111 team

### **Digital Mental Health support – Kooth.com**

Kooth is a fully accredited counselling service with the British Association of Counselling and Psychotherapy. Kooth gives children and young people immediate access to an online community of peers and a team of experienced, accredited counsellors. Access is free of the typical barriers to support, there are no waiting times, no referrals, no thresholds to meet and complete anonymity. All counsellors receive regular clinical supervision in accordance with British Association of Counselling and Psychotherapy guidelines. As of January 2021 80% of all CCG areas commission Kooth. Kooth was launched in Hampshire in May 2021.

Take up by young people started very well with 584 registrations by the end of Quarter 1 (2021/22). Over 160 professionals have attended the Kooth webinars, with this number rapidly growing. The group of young people predominantly using Kooth are 12-15 year olds, with girls using

the service more than boys by a ratio of approximately 3:1. This mirrors national take-up and use of Kooth in other areas. It's encouraging that BAME registrations currently accounts for 12.1% of all people accessing the service. 100% of Young People would recommend Kooth to a friend, and over 60% use it in the evenings and weekends

### **Mental Health Support Teams in Schools (MHSTs)**

Hampshire currently has two MHSTs, one in Gosport and one in Havant, which were first established in January 2020, and were fully operational from February 2021 when the new teams completed their one year training. The MHSTs work both to support children and young people with mental health needs who don't have a need for specialist CAMHS services, and more generally with designated schools to support them in a whole school approach to promoting good mental health.

Hampshire has also been successful in attracting funding for an additional five MHSTs which will be established from January 2022. There will be two in Rushmoor, one in Basingstoke, one in Test Valley and one in the New Forest. There will be a further three MHSTs developed in Hampshire in January 2023, and a further four from January 2024. Once established, approximately 40% of school and college age children across Hampshire will have access to this enhanced support. We are working with HCC, Hampshire CAMHS and NHS England to ensure that we target areas and schools in Hampshire with the highest levels of need.

### **Health & Justice Partnerships with HCC**

There are a small number of specialist multi-agency support services, led by Hampshire County Council, that provide targeted specialist services to young offenders and young victims of crime. We work in partnership to meet the mental health needs of those accessing the services as part of the integrated team

- Youth Offending service, works with 10-17 year olds who are involved with the youth justice system as a result of offending behaviours. Many of the young people supported by youth offending services have a range of mental health needs, effective support around which can be key to improving their outcomes
- Willow Team, a multi-agency team working directly with children and young people who have been subjected to child sexual exploitation (CSE), and with the wider children's workforce to raise awareness of the signs that other young people they are working with might be subject to CSE.
- Frankie Workers provide support to children and young people who have been subjected to child sexual abuse.

### **Learning Disability & Autism Key Worker Pilot**

The NHS is creating key worker roles to work with families who have a child with a learning disability and/or autism who have recently been admitted to hospital because of their mental health. They will also work with these families where community services are finding it challenging to meet the child's needs and professionals may be considering admitting them to hospital. This is to address the NHS Long Term plan commitment that this group of children will have a designated Key Worker by 2023/24. The overall purpose of the Key Worker role is to get alongside children and families and understand their needs. It will help return them to, or keep them in, a community setting by intervening early in their care and working with the available community support – and if the support is not available, thinking strategically about how to create the required support. Also, giving children and their families the tools, they need to manage crises and when necessary to access the right support at the right time. HIOW is one of 13 national Key Worker pilot sites. Recruitment to the team is underway.

### **Children and Young People's Mental Health Additional Roles Reimbursement Scheme (ARRS)**

From April 2021, Primary Care Networks (PCNs) can recruit mental health practitioners (MHPs) through ARRS, to support the mental health of their population. The roles are employed by the specialist mental health services but embedded in the PCN. We are scoping with PCNs and Hampshire CAMHS a potential pilot of Children and Young People's Mental Health practitioners under this scheme

### **What professional tell us about the children and young people's mental health offer**

The consistent message is that there is not enough universal support widely available to parents and carers in Hampshire, and what there is, it is not widely publicised. This came through very strongly in discussion with education professionals, via the Link Programme, through conversations with Pupil Referral head teachers, and from the Primary Behaviour Service and Hampshire Parent Carer Network (both services which support children, young people and families with often complex and multiple difficulties). Professionals from a range of backgrounds highlighted that many families have both significant gaps in knowledge about basic child development, as well as about behaviours, how behaviours form, and how environmental adaptations and new and improved strategies can support children to adapt and change their behaviour, without the need for specialist service input or a diagnosis. As more frontline children's services become trauma informed in their practice, awareness of evidence of children experiencing this trauma, and of trauma in the lives of children's parents and carers is also building.

The newly commissioned Emotional Wellbeing Service (EWS), introduced to Hampshire during the Pandemic described parental frustrations when supporting their children, which stem from a lack of knowledge about how and why children behave in certain ways. The service stated that there is an increasing need to educate parents and carers about attachment and trauma, especially those who may have had their own difficult experiences which may have led to their children's challenges, e.g. experiencing domestic violence or abuse

## **5. Engagement - The Voice of Children & Young People**

### **What children and young people tell us about mental health services**

Hampshire and Isle of Wight Public Health team undertook a health and wellbeing pupil survey<sup>10</sup> between November 2019 and January 2020 with children in year groups 5, 7 and 10 across 42 primary and 25 secondary schools. 1,862 primary and 4,796 secondary pupils participated. 23% of secondary pupils said that their school never helps them talk about their feelings. 73.2% of primary pupils described their PHSE topics covering feelings to be helpful, compared to 66.4% of secondary pupils.

Overwhelmingly, all children preferred to seek the help of an adult for support or advice, whether that was in school or via a medical professional. While secondary pupils were more likely than younger children to seek support via a website, chat, text, app, social media or other online medium, the element of wanting a human connection with a trusted adult that could offer support came across very strongly in the survey results. The survey highlighted that overall, the majority of pupils felt good or very good about themselves and their health; however there is a marked decrease in these feelings for children in secondary school. This is further exacerbated where children are young carers; young carers across both primary and secondary education had more emotional and behavioural difficulties, with young carers generally feeling worse about themselves and their health than young people with no caring responsibilities.

Children were also asked about their worries, and whether these related to their personal lives, their school lives or to their friendships and relationships. Most worries were identified as being school-related, with bullying being a significant concern for children. 32.5% of primary and 24.1% of secondary children surveyed said that they had been the victim of bullying within the last 12 months. School-based bullying was described as being the most frequently occurring, while online bullying was the least frequent (but more common for secondary pupils). Young carers are disproportionately affected by bullying, with primary-aged carers being at 70% increased risk of experiencing bullying, and secondary-aged carers at 80% increased risk of experiencing bullying.

### **Where children and young people currently go for support in relation to their mental health**

Helping children and young people find the best support for their mental health needs isn't easy. Across all surveys nationally and locally, children and young people consistently report that their friends and family are the most common first source of support. When parents and peers cannot provide the support needed then this can heighten their concerns. It has been noted by several agencies that many children and young people can feel uncomfortable phoning for support if they do not know who they are going to be talking to, and that similarly they are less likely to answer their phone if they do not recognise the number that is calling them. This highlights the need for services to work with the children, young people and families that their services are intended to support to ensure communication does not create additional barriers and/or anxieties for them. There is a myriad of alternative methods for communication between services and service users: including email, instant messaging/web chat, text message, video call. Services should work with their target audiences to test the attractiveness and

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<sup>10</sup> Hampshire Health in Education, Health and Wellbeing Pupil School Survey 2019/20: Summary, Hampshire County Council, 2020

acceptability of different methods. Much of the phone contact that does have credibility and acceptability to children and young people is to national help lines involving organisations that have a strong reputation for being friendly and sympathetic. Young people require access to devices to be able to engage in many of the available services.

### **Participation People, Youth Climate Report, 2021**

During the spring of 2021, the CCG, working with CAMHS providers engaged with a participation agency called “The Participation People” to review various aspects of how well children’s mental health services reflect and respect the views of children and young people in Hampshire and on the Isle of Wight. Their review was commissioned to test our approach to participation in relation to three areas of particular focus:

1. **Culture:** Whether those leading children and young people’s services are motivated to listen, value and respond to their voices

#### **Key Findings:**

- Professionals understood the importance of involving young people in decision making.
- Professional had different definitions of what good youth engagement, participation and co-production meant.
- Young people were unclear who was in charge or whom to give feedback to. They didn't know how their voice had been listened to or what had changed.

2. **Structure:** how well we enable children and young people to express their views about their experiences

#### **Key Findings:**

- Multiple youth voice and parent voice forums exist.
- They are however limited in number of young people they reach and different types of mental health lived experiences.
- Professionals outside those forums don't know what the groups do or how they affect service improvements
- Young people commented that there was a lot of paperwork, plans, surveys, and requests for their feedback.
- They expressed an interest in knowing what happens with their feedback and data in a youth-accessible way.

3. **Feedback:** how well we are organised to routinely capture the experiences, views and ideas of service users

#### **Key Findings**

- Young people want to give feedback, not just on their care, but also on how mental health services have/haven't supported them.
- Young people's voices should inform and feed into team meetings, team performance reviews, staff training plans and contract monitoring as the rule, not the exception.
- Young people want
  - Information on noticeboards in waiting rooms (designed by young people in a youth-friendly and accessible way).
  - Information regularly shared in fun and engaging ways through social media channels
  - Regularly updated short case studies, films, and news items on websites of services they access - including their school websites.
  - SMS updates on how their voice has influenced change through a survey they had taken part in.

- Supported to use creative mediums e.g. photos, film, cartoons, animation, songs and artwork to help them express their opinions, views and perceptions.

The table below sets out our planned response to the 2021 Youth Climate report.

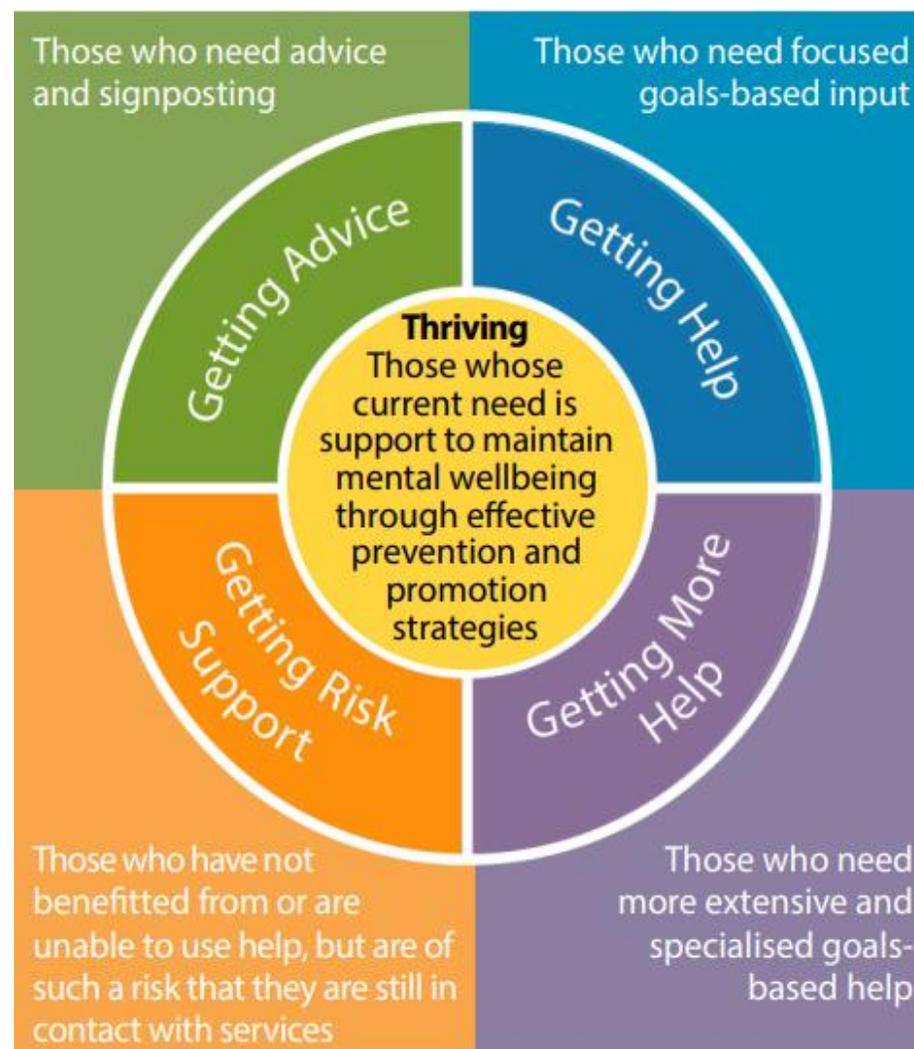
<b>Recommended Actions arising from Hampshire and Isle of Wight Participation Youth Climate Report</b>			
<b>Timescale</b>	<b>Planned Cultural improvements</b>	<b>Planned Structural improvements</b>	<b>Planned improvements in Feedback</b>
2021/22	Facilitate a Takeover Challenge - with young people working alongside senior leaders to “take over” their roles for the day and give senior leaders an authentic experience of children and young people’s views of the issues they make decisions on every day.	With young people and professionals get all the paperwork in a room and youth proof it. Co-produce a "Youth Proof Charter" to ensure all written material is youth-friendly, inclusive, and accessible moving forwards.	Work with young people to identify what "good" looks like for each mental health support service they access. Share their recommendations publicly. Use feedback to inform contract monitoring and commissioned service specifications.
2022/23	Facilitate a reverse mentoring programme for young people to mentor senior leadership in exchange for skill development, CV, and interview support.  Support young people to scrutinise commissioners, services’ annual reports and offer their insight into service improvements.	Recruit, train and support young people to be Young Inspectors. Ask them to inspect how youth-friendly and accessible mental health services and feedback their findings to service leads  Review staff recruitment, selection, induction, training, and appraisal processes with young people. Create a toolkit to support managers involve young people in these processes.	Work with a group of young people to create a short film and hints, tips, and tools guide for maintaining positive mental health whilst waiting for access to services. Give this to young people on the "waiting list" and ask them to feedback what works for them/ other ideas to add to the guide.  Create a set of ‘Trip Advisor’ style ratings for mental health services and ask young people to rate the service they have received. Repeat and review annually with young people.

## 6. Our Approach to CYP Mental Health Service Development

The I-Thrive framework provides a context for the different types of help that children and young people might need from services depending upon whether they are already thriving and/or whether they currently need more help, and if so, what sort of help.

Our Local Transformation Plan is rooted in the iThrive Framework and comprises eight core components:

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



## 7. Key Achievements April 2019 to September 2021

The past 18 months has seen the CCG invest £11.5m to support the growing mental health needs of the children and young in Hampshire in the six priority areas listed below. In addition NHS England has invested £2.7m to develop mental health support teams in schools.

Key Objective	Investment 2020/21	Investment 2021/22	Achievements April 2020 to August 2021
<p><b>1. Improve access and waiting times for children and young people’s mental health services</b> (Getting More Help)</p>	£1.634m	£5.421m	<ul style="list-style-type: none"> <li>• Increased capacity in core specialist CAMHS teams by 40% to address increased demand, COVID surge and legacy waiting lists, including the creation of a new blended treatment team</li> <li>• Increased the capacity of community CAMHS Eating Disorder services to move towards being able to deliver the access standards set out in the NHS Long Term Plan and meet the COVID surge demand</li> <li>• Development of new digital and blended treatment team which should start to offer treatment for children and young people from late September 2021, with a focus on those who have waited the longest, including children and young people with ADHD</li> <li>• Increased activity in relation to assessment of Autism Spectrum Conditions (ASC) from July 2020. To date this has reduced the number waiting for assessment in Hampshire by 23% from 1,600 to 1,233.</li> <li>• A new ASC service will be in place from 1 October 2021 which will clear the waiting list for ASC assessments and reduce average waiting times to 12 weeks by April 2024 (currently 74 weeks).</li> </ul>
<p><b>2. Develop prevention, early help, integration and targeted outreach for higher risk groups of children and young people</b> (Getting advice and Signposting, Getting Help)</p>	£271k	£311k CCG £2.7m NHS England	<ul style="list-style-type: none"> <li>• Improved the Hampshire CAMHS prevention and early help offer to schools and colleges by: <ul style="list-style-type: none"> <li>○ Increasing the capacity of the Single Point of Access</li> <li>○ CAMHS facilitated school and college mental health forums from Autumn 2021</li> <li>○ School and college mental health drop in clinics for children and young people of concern who don’t meet CAMHS criteria.</li> <li>○ CARE programme into Hampshire Primary schools</li> <li>○ Mental Health Ambassadors programme</li> </ul> </li> </ul>

Key Objective	Investment 2020/21	Investment 2021/22	Achievements April 2020 to August 2021
			<ul style="list-style-type: none"> <li>• Successful bid to mobilise 11 additional Mental Health Support Teams in Schools from January 2022 to January 2024</li> <li>• Rollout of the Link Programme to over 70 schools across Hampshire</li> <li>• Launch of Kooth.com digital mental health offer for 11-25 year olds</li> <li>• Development of the Little Blue Book of Sunshine E-book to support children, young people, parents, schools/colleges and other services in maintaining good mental health</li> <li>• Increasing access to psychological therapies for parents through the IAPT expansion</li> </ul>
<b>3. Improve service quality and access for children and young people in mental health crisis</b> (Getting more help, Getting risk support)	<b>£1.4m</b>	<b>£2.337m</b>	<ul style="list-style-type: none"> <li>• Rollout of an all age 24/7 mental health triage service, via NHS 111, backed up with a mental health crisis rapid response car</li> <li>• Increased the capacity of i2i Intensive Home Treatment service</li> <li>• Paediatric psychiatric liaison teams in all hospital Emergency Departments and inpatient support to acute wards</li> <li>• No Limits youth workers in hospital Emergency Departments and NHS 111 to support in crisis and post discharge</li> <li>• Close collaboration with our Tier 4 CAMHS provider collaborative to improve support for children and young people admitted to hospital for mental health crisis / serious self-harm</li> </ul>
<b>4. Improve transition arrangements for 16 &amp; 17 year olds and access to mental health services for 18-25 year olds</b> (Getting advice and Signposting, Getting Help)	<b>N/A</b>	<b>£3.5m all ages IAPT expansion</b>	<ul style="list-style-type: none"> <li>• Engagement with adult mental health teams to develop the programme for 16-25 year olds</li> <li>• Increasing access to psychological therapies for 16 to 25 year olds through the IAPT expansion</li> <li>• Agreement across children's and adult services to refresh and re-commit to the transition protocols</li> </ul>
<b>5. Improve service quality, developing the workforce and embedding the use of data &amp;</b>	<b>N/A</b>	<b>N/A</b>	<ul style="list-style-type: none"> <li>• Significant workforce expansion underway – in excess of 100 additional staff</li> </ul>

Key Objective	Investment 2020/21	Investment 2021/22	Achievements April 2020 to August 2021
<p><b>outcomes to demonstrate service effectiveness</b> (Getting advice and Signposting, Getting Help, Getting more help, Getting risk support)</p>			<ul style="list-style-type: none"> <li>• Agreement across CAMHS services to ensure a consistent approach to the use of Routine Outcome Measures to help achieve a consistent overview of service effectiveness</li> <li>• Engagement with Health Education England colleagues to ensure connectivity with wider workforce development initiatives to support the significant planned expansion of the workforce currently underway</li> </ul>
<p><b>6. Assess and take action to reduce the inequity of access, experience and outcome for more vulnerable and disadvantaged children and young people</b> (Getting Help, Getting more help, Getting risk support)</p>	N/A	£856k	<ul style="list-style-type: none"> <li>• Refresh of the mental health needs assessment for under 25s with specific reference to 16-25s to support the identification of higher priority groups of young adults</li> <li>• Success in having Hampshire, Isle of Wight, Portsmouth and Southampton designated as a Keyworker Early Adopter site for children and young people with Learning Disabilities and Autism</li> <li>• Agreement between HSI CCG and Hampshire County Council to increase the capacity of Cypress Lodge in relation to the psychological wellbeing of complex children in care at risk of placement breakdown</li> <li>• CCG commitment to a revised pledge for better meeting the mental health needs of children in care through local services, and of meeting the needs of Hampshire Children in Care placed elsewhere</li> <li>• Confirmation of NHS input into health and justice services for Hampshire children and young people through the Youth Offending Service, Willow Team and Frankie service</li> </ul>

## 8. Six Key Objectives & Delivery Plan 2021/22

We have 6 key objectives:

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

1. Improving access and waiting times for children and young people's mental health services (Getting More Help)	Mental Health is everyone's business	Improving parental Mental Health	A whole school MH wellbeing approach	Support for vulnerable CYP	Reducing rates of self-harm	Improving service provision
<b>Key Deliverables:</b>						
<b>2021/22</b>						
Maintain service access above the levels required in the NHS Long Term Plan	☺		☺	☺	☺	☺
Mobilise CAMHS blended treatment team to support prioritisation of people who have waited the longest						☺
Mobilise service to reduce waits for Autism assessments		☺			☺	☺
Mobilise the investment in Core CAMHS to increase contact capacity from 5,000 to 7,900 contacts per month	☺		☺	☺	☺	☺
Mobilise capacity in the Hampshire CAMHS Single Point of Access to ensure rapid triage and assessment	☺		☺	☺		☺
Mobilise additional investment in Community CAMHS Eating Disorder Services			☺	☺	☺	☺
Optimise collaboration between the NHS 111 mental health triage service, the Rapid Response car and CAMHS				☺	☺	☺
Continue to develop the Eating Disorder Service offer to fully comply with NICE guidance	☺			☺		☺
Scope the opportunity for voluntary sector partnerships to enhance the eating disorder care pathway	☺		☺	☺		☺
Scope eating disorder raising awareness offer for schools, GPs and other community partners	☺		☺	☺		☺
Scope need and pathway for Avoidant restrictive food intake disorder (ARFID) with support from NHS England				☺		☺
Alignment and development of pathways with Tier 4 Closer to Home Provider Collaborative model				☺		☺
Work with providers to ensure data on waiting times is reported monthly						☺
<b>2022/23 Onwards</b>						
Continue to expand the offer in-line with the long term plan	☺	☺	☺	☺	☺	☺

<p><b>2. Increase our focus on prevention and early help</b></p> <p><b>(Getting advice and Signposting, Getting Help)</b></p> <p><b>Key deliverables:</b></p>	Mental Health is everyone's business	Improving parental Mental Health	A whole school MH wellbeing approach	Support for vulnerable CYP	Reducing rates of self-harm	Improving service provision
<b>2021/22</b>						
Add an additional 2500 appointments to the Community Counselling Services for the remainder of 2021/22	☺				☺	☺
Successful promotion and rollout of Kooth and Year 1 Evaluation			☺	☺	☺	☺
Develop collaborative proposals with HCC on the Wellbeing for Education Return programme	☺		☺			☺
Improve self-help, supported self-management and parental mental health information on Healthier Together	☺	☺	☺			☺
Review the impact of Hampshire CAMHS Psychological Perspectives in Education and Primary programme	☺		☺			☺
Mobilise five new MHSTs in Rushmoor (2), Basingstoke and Deane, Test Valley and New Forest	☺		☺	☺		☺
Submit proposals for 3 additional MHSTs	☺		☺	☺		☺
Deliver the Link Programme to 40 Hampshire schools	☺	☺	☺			☺
With HCC Education seek selection for further roll-out of the Link Programme in 2022/23	☺	☺	☺			☺
Scope and agree 2022/23 pilot of CYP ARRS roles focussed in areas with less benefit from MHST expansion	☺			☺	☺	☺
Review Hampshire-wide Community Counselling service provision including the LGBTQ+ provision	☺		☺	☺	☺	☺
In partnership with adult services, improve signposting and navigation for parents mental health	☺	☺	☺	☺		
Co-produce communication materials and campaigns to improve parent/carer awareness of their own mental health whilst supporting children and young people with their mental health	☺	☺				☺
Develop the parental mental health support offer for families	☺	☺				☺
Evaluate preventative Hampshire CAMHS programmes in Hampshire schools	☺	☺	☺	☺	☺	☺
<b>2022/23 onwards</b>						
Deliver a community and voluntary sector children and young people's mental health grants programme	☺	☺		☺	☺	☺
Agree the future model for Community Counselling service provision for children and young people	☺		☺	☺	☺	☺
Submit proposals for 4 additional MHST in Schools teams	☺		☺	☺		☺

3. Improving service quality and access for children and young people in mental health crisis (Getting more help, Getting risk support)  Key Deliverables:	Mental Health is everyone's business	Improving parental Mental Health	A whole school MH wellbeing approach	Support for vulnerable CYP	Reducing rates of self-harm	Improving service provision
	<b>2021/22</b>					
Ensure successful acute Psychiatric Liaison mobilisation		☺		☺	☺	☺
Evaluate Youth Workers in Emergency Department and Safe Haven and scope embedding within the core Psychiatric Liaison/Crisis Offer	☺			☺	☺	☺
Scope the potential for an all age Psychiatric Liaison service by integrating children's and adult services				☺	☺	☺
Further development of 111 pathway with No Limits for under 25 year olds	☺			☺	☺	☺
Develop proposals for improved provision of safe spaces for discharge from acute hospital for children and young people in acute mental health distress	☺			☺	☺	☺
Mobilise additional investment in i2i Community Home Crisis Service		☺		☺	☺	☺
Support the roll-out of the "Closer to Home" Tier 4 service				☺	☺	☺
Develop proposals for achieving 24/7 Mental Health Crisis support services	☺	☺		☺	☺	☺
Understand the data and pathways in relation to self-harm, identify areas for quality and service improvement	☺	☺	☺	☺	☺	☺
Link with public health to scope a deep dive on the characteristics of people up to 25 who have died by suicide	☺			☺	☺	☺
<b>2022/23 Onwards</b>						
Implement the agreed proposals as a result of the work above and in line with the NHS Long Term Plan				☺	☺	☺
Support the Public Health led commissioning of a suicide bereavement service	☺	☺		☺	☺	☺

<b>4. Improve transition for 16 &amp; 17 year olds and access to mental health services for 18-25 year olds (Getting advice and Signposting, Getting Help)</b>  <b>Key Deliverables:</b>	Mental Health is everyone's business	Improving parental Mental Health	A whole school MH wellbeing approach	Support for vulnerable CYP	Reducing rates of self-harm	Improving service provision
<b>2021/22</b>						
Baseline the number of 18 to 25s receiving a dedicated service offer and set up monthly reporting						😊
Co-produce priorities for the Hampshire 18 to 25 service offer	😊	😊		😊		😊
With No Wrong Door community transformation develop solutions for 18-25 year olds who don't meet AMH criteria	😊			😊		😊
Increase access to IAPT for 16 to 25 year olds	😊	😊		😊	😊	😊
Review mental health support needs of 18-25 year olds in full or part time education	😊	😊		😊	😊	😊
Develop and sign off Transition protocol between CAMHS and Southern Health (Adult Mental Health Provider)	😊			😊		😊
Agree protocols for in children in care, care leavers & young people with learning disability transitioning into early adulthood	😊			😊	😊	😊
Agree protocol for transition from CAMHS to Primary Care Mental Health Teams	😊			😊		😊
Co-produce with young adults (16-25) transition support information that prepares them for adult community mental health services	😊	😊	😊		😊	😊
<b>2022/23 Onwards</b>						
Continued roll-out of 0-25 offer	😊	😊	😊	😊	😊	😊
Scope an all age eating disorder pathway	😊		😊	😊		😊

<b>5. Improve service quality, develop the workforce and embed the use of data and outcomes to demonstrate service effectiveness</b>  <b>(Getting advice and Signposting, Getting Help, Getting more help, Getting risk support)</b>  <b>Key Deliverables:</b>	Mental Health is everyone's business	Improving parental Mental Health	A whole school MH wellbeing approach	Support for vulnerable CYP	Reducing rates of self-harm	Improving service provision
<b>2021/22</b>						
Share the revised 0-25 Mental Health Needs Assessment widely to inform future service improvement	☺	☺	☺	☺		☺
Deliver the actions from the 2021 Youth Climate Report	☺	☺	☺	☺	☺	☺
Co-produce with children, young people, parents and carers a participation programme for 2022/23	☺	☺	☺	☺	☺	☺
Monitor impacts of the pandemic upon wellbeing, sickness and turnover in the mental health workforce	☺					☺
Encourage uptake of the staff support hub for the children and young people's workforce	☺	☺				☺
Review and embed findings from Health Education England (HEE) HIOW Workforce Development Project	☺					☺
Review of current training available to wider workforce to support emotional and mental health	☺	☺	☺	☺	☺	☺
Review opportunities to reduce levels of 'failed' referrals into Community CAMHS service	☺					☺
Improve the quality of data reporting and recording in relation to paired outcome measures						☺
Improve the quality, consistency and comprehensiveness of data on protected characteristics						☺
Upload MHST information to the MHSDS in line with national standards	☺		☺			☺
Use the outcome measures from the MHSTs to inform and develop the Whole School Approach	☺		☺			☺
CAMHS reporting using clinical coding as per SNOMED-CT system and upload Outcomes data to MHSDS						☺
<b>2022/23 onwards</b>						
Implement participation programme for children, young people, young adults, parents and carers	☺	☺	☺	☺	☺	☺
Support the implementation of a Trauma-informed practice workforce development training programme	☺	☺	☺	☺	☺	☺

<b>6. Increase equity of access, experience and outcomes for more vulnerable children and young people</b>  <b>(Getting Help, Getting more help, Getting risk support)</b>  <b>Key Deliverables:</b>	Mental Health is everyone's business	Improving parental Mental Health	A whole school MH wellbeing approach	Support for vulnerable CYP	Reducing rates of self-harm	Improving service provision
<b>2021/22</b>						
Develop a roadmap to measure access, outcomes and experience for vulnerable groups						😊
Develop collaborative proposals with HCC in relation to improving psychological support for children in care	😊			😊	😊	😊
Review learning from the Complex Children's Panel and make improvements based on that learning	😊			😊	😊	😊
Review jointly funded multi-agency services: Youth Offending, Willow & Frankie	😊	😊		😊	😊	😊
Mobilise Learning Disability / Autism Keyworker Team	😊	😊	😊	😊	😊	😊
Develop an all-age Autism Strategy aligned with publication of National and SE Autism Strategy	😊	😊		😊	😊	😊
Review and remodel the ADHD and Autism Pathways, scoping the benefits of an all age pathway	😊	😊	😊	😊		😊
Developing pathways to better meet the emotional and mental health needs of CYP with LD and/or Autism		😊	😊	😊	😊	😊
Work in partnership with HCC to develop the Cypress Lodge service	😊			😊	😊	😊
<b>2022/23 onwards</b>						
Use the developing data sets for further design and service improvement	😊			😊		😊

## 9. Measuring Success

We will meet or exceed the following commitments:

Commitment	Baseline	2021/22	2022/23	2023/24
We will see over 95% of children and young people referred to CAMHS Eating Disorder services as urgent cases within 1 week by the end of 2021/22.	63%	95% by Q4	95%	95%
We will see over 95% of children and young people referred to CAMHS Eating Disorder services as routine cases within 4 weeks by the end of 2022/23.	62%	80% by Q4	95% by Q3	95%
We will continue to exceed the national access standards targets for children and young people estimated to have a mental health disorder.	>8,379	>8,604	>9,183	>10,140
We will achieve or exceed the national access ambitions set out for increased uptake of mental health services by 18-25 year olds by the end of 2022/23.	>109	>218	>327	>437
We will achieve or exceed 90% of children and young people being assessed within 4 weeks of referral by March 2024.	17%	30%	60%	90%
We will achieve or exceed 90% of children and young people starting treatment within 18 weeks of assessment by March 2024	13%	30%	60%	90%
We will meet or exceed 90% of children and young people referred for autism assessments receiving them within 12 weeks by March 2024	0%	30%	60%	90%
Additional numbers of people will access an 18 to 25	Baseline to be established	Baseline + 188	Baseline + 238	Baseline + 378

### Outcome Measures

In addition to the above, we are also working with children's mental health service providers to develop a single approach to Routine Outcome Measures that demonstrate not only our progress in the timeliness of access to children, young people and young adults mental health services, but demonstrates the effectiveness of local mental health services in improving the mental health of those that they work with.

**To provide a wider measure of the performance and progress we will also work with our partners to report performance in the following measures:**

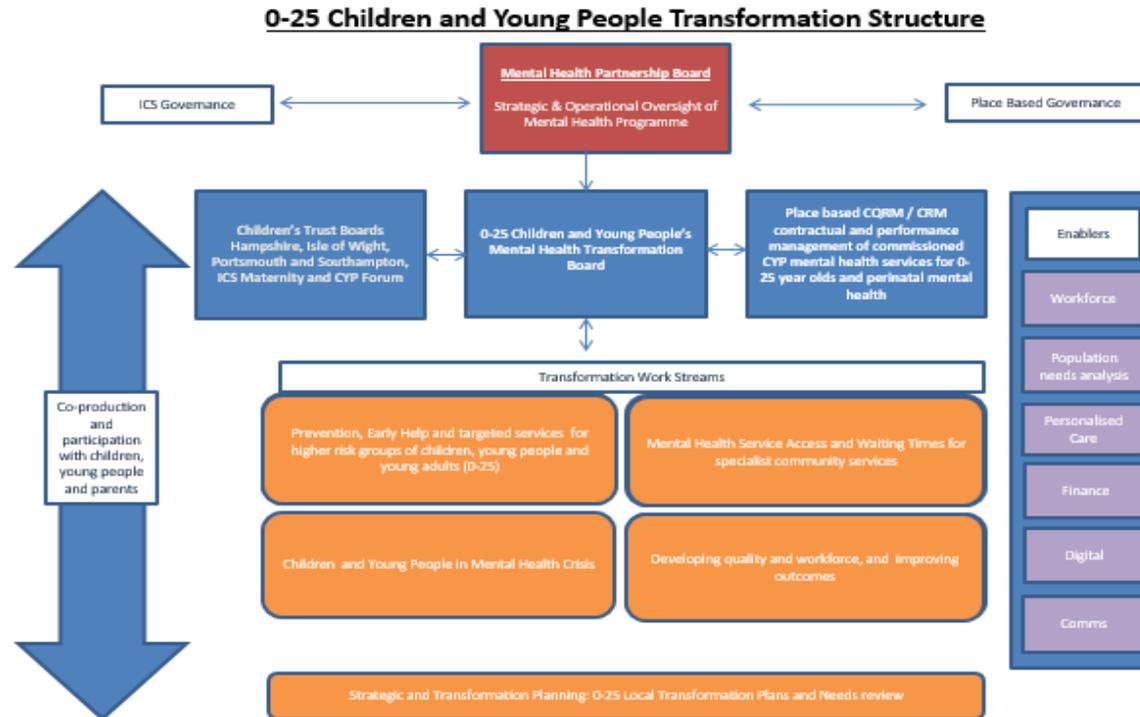
Measure
Coverage of 24/7 Mental Health Crisis services across Hampshire

<b>Measure</b>
Mobilisation of Mental Health Support Teams (MHSTs)
Numbers of Hampshire schools and colleges supported in a whole school approach through participation in the Link Programme.
Average waits of children and young people assessed by specialist CAMHS Services
Longest waits of children and young people assessed by specialist CAMHS Services
Number of children and young people awaiting assessment by specialist CAMHS services
Average waits of children and young people starting treatment by specialist CAMHS Services
Number of children and young people waiting to start treatment by specialist CAMHS services
Longest waits of children and young people assessed by specialist CAMHS Services
Number of children and young people referred to specialist CAMHS services
The number of children and young people open to treatment by specialist CAMHS services
Number of urgent and routine referrals for the eating disorder community service
Number waiting for a NICE approved eating disorder treatment on the urgent and routine pathways and how long they have waited
Longest wait for a NICE approved eating disorder treatment on the urgent and routine pathways and how long they have waited
The percentage of specialist CAMHS service users discharged from services with a paired outcome score
Number of children and young people referred to non- CAMHS community Counselling services
Number of children and young people on waiting lists for non-CAMHS community Counselling services
Average wait for starting non-CAMHS community Counselling services
The number and percentage of non-CAMHS service users discharged from counselling services with a paired outcome score
The number and percentage of users of NHS 111 Mental Health Triage services whose needs were met without attending a hospital
The rate per 100,000 of 10-24 year olds admitted to acute hospitals for as a result of self-harm
The number and percentage of children in care whose emotional wellbeing is a cause for concern
The number of children and young people referred for an Autism assessment
The number of children waiting for an Autism assessment
The average wait (in weeks) for an Autism assessment
The longest wait (in weeks) for an Autism assessment
The number of children and young people referred for an ADHD assessment
The number of children waiting for an ADHD assessment
The average wait (in weeks) for an ADHD assessment
The longest wait (in weeks) for an ADHD assessment

## 10. Governance

The CYP Mental Health Transformation Board sits under, and reports into the HIOW ICS Mental Health Partnership Board, which provides overall strategic direction for the development and transformation of the all age mental health offer. Whilst the operational and strategic governance model is likely to evolve as the NHS Integrated Care System (ICS) develops the current structure is set out below in Figure 1

**Fig 1 – HIOW Children and Young People’s Mental Health Transformation Board (0-25)**



## 11. Finance

Investment from NHS England into the Hampshire CYP MH Local Transformation Plan is derived through the NHS Long Term Plan Ambitions Tool. Because Hampshire's geography is a composite of those parts of Hampshire in the Hampshire and Isle of Wight ICS, and those parts of Hampshire in the Frimley ICS, the finances associated with CYP MH Long Term Plan have been estimated on the basis that 87% of the children in North East Hampshire and Farnham are resident in Hampshire. These figures are to be confirmed with North East Hampshire team before being finalised.

### Cumulative NHSE Investment in improving Community Services for Children and Young People's Mental Health 2019/20 to 2023/34

Area of Investment	Geography	2019/20 (£s)	2020/21 (£s)	2021/22 (£s)	2022/23 (£s)	2023/24 (£s)
Community based services and crisis services (0-25)	Hampshire Component of HIOW ICS	507,532	1,228,785	1,840,116	3,005,469	4,308,510
	North East Hampshire component of Frimley ICS	80,199	193,329	288,354	468,936	669,450
	Hampshire County Council Footprint (total of above)	587,731	1,422,114	2,128,470	3,474,405	4,977,960
Eating disorder services	Hampshire Component of HIOW ICS	223,526	444,648	458,293	468,414	478,428
	North East Hampshire component of Frimley ICS	35,321	69,958	71,816	73,085	74,337
	Hampshire County Council Footprint	258,847	514,606	530,109	541,499	552,765
<b>Total</b>	<b>Hampshire County Council Footprint</b>	<b>846,578</b>	<b>1,936,720</b>	<b>2,658,580</b>	<b>4,015,904</b>	<b>5,530,725</b>

In 2021/22, the CCGs invested well beyond the funding specifically provided by NHS England for Children and Young People's Mental Health to reduce waiting lists and respond to COVID surge demand.

### Funding Risks

A further investment of £1.356m in 2022/23 and £1.5m in 2023/24 is expected from NHS England to deliver the requirements of the Long Term Plan in relation to Community CAMHS, Crisis and Eating Disorder services for Children, Young People and Young Adults.

The funding for Eating Disorders, at a total of £23k over the two years, will not be sufficient to meet the rise in demand that CAMHS services are experiencing. Discussions are underway with NHSE about the need for an increased allocation to meet the eating disorder demand.

It is also important to note that the Long Term Plan does not provide a specific funding stream for ADHD and Autism assessment and treatment. This is also an area of significant growth in demand. We anticipate this will continue to be a need into the coming years and as such we will carry out a detailed pathway review.

## **12. Agreeing 2022/23 Local Transformation Plan Priorities**

We will work with partners and stakeholders over the next six months to finalise the investment priorities for children and young people's community mental health services, crisis services and eating disorder services to deliver on the access and outcome requirements as set out in the long term plan

However, the level of investment expected through the Mental Health Investment Standard and the NHS Long Term Plan alone will not be sufficient to deliver on all the priorities. We will develop business cases for those areas that fall outside of those long term plan commitments

A refreshed Local Transformation Plan will be published in March 2022 outlining our agreed investments, actions and delivery plans for 2022/23 in full.

### 13. High Level Risks and Issues

No	Description of Risk	Impact(s) of risk if realised	Current Risk (Impact x Probability)	Mitigating actions
1.	<p><b>Emergency Department (ED) and Paediatric Ward Presentations</b></p> <ul style="list-style-type: none"> <li>- Increases in Emergency Department presentations and paediatric ward and admissions over the winter (even as paediatric psychiatric liaison and other crisis services are mobilised and expanded) due to ongoing impact of Covid-19 and expected increases in RSV / Bronchiolitis admissions</li> <li>- Frimley Hospital (serving NE Hampshire) does not yet benefit from an equivalent CYP psychiatric liaison model as HHFT, though does have an offer.</li> </ul>	EDs and Paediatric wards may be compromised in relation to safe patient care due to increased numbers of RSV infections and high numbers of children and young people with eating disorders and other mental health presenting conditions requiring inpatient care. Patient risk may be insufficiently understood to support safe and clinically appropriate admission and discharge decisions pending mobilisation of additional psychiatric liaison and community crisis capacity.	16 (V High)	<ul style="list-style-type: none"> <li>- Investments made into acute hospital systems to establish paediatric psychiatric liaison services and Youth workers in ED</li> <li>- 24/7 access to crisis care available to all children and young people via NHS 111.</li> <li>- Participation in the development of Business Plan for Short stay Residential unit for Young People with complex social and emotional difficulties and/or Learning Disabilities/Autism in crisis Development and the offer for young people with complex behavioural, social and mental health needs.</li> </ul>
2.	<p><b>Access to CYP MH inpatient beds (T4)</b></p> <p>Continued pressures in the Tier 4 CYP MH inpatient bed estate has significant impact upon acute hospitals and community CAMHS services in supporting the additional care needs of these patients while waiting for a specialised bed. This adds to existing pressures and risks associated with high demand for these services.</p>	Additional pressure upon acute hospital inpatient provision and CYP community mental health crisis teams in supporting more complex CYP awaiting specialist assessment and treatment not available in acute hospitals. Risk of disruption, patient harm and stress upon provision not equipped for this patient group. Risk of S136 suite breaches and delayed discharge when medically fit.	16 (V High)	<ul style="list-style-type: none"> <li>- CAMHS Tier 4 Provider Collaborative working with neighbouring provider collaboratives and specialist MH inpatient providers and NHSE/I to maintain flow and optimise bed availability.</li> <li>- CAMHS Tier 4 Provider collaborative also working to improve step down arrangements from inpatient back to community and build on success of CETR project in HIOW system. Close to Home project manager in post to begin mobilisation of service</li> <li>- Paediatric Psychiatric Liaison in acute hospitals</li> <li>- Investment in Community Crisis CAMHS capacity.</li> </ul>
3.	<p><b>Increased waiting times as referrals continue to increase across services and also increasing demand due to disruption from pandemic and wider demographic changes</b></p> <ul style="list-style-type: none"> <li>- Increase in specialist CAMHS demand and demand for CYP MH services at every level</li> </ul>	Longer waiting lists and average waiting times for the assessment and treatment of children and young people requiring specialist CAMHS support increasing risk of deterioration and/or harm for those waiting.	16 (V High)	<ul style="list-style-type: none"> <li>- CAMHS Provider has business continuity plans in place</li> <li>- Significant investments in capacity of Hampshire CAMHS to increase capacity of core CAMHS services and specialist county wide CAMHS teams</li> </ul>

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	<ul style="list-style-type: none"> <li>- Projected increase in adolescent age group (who typically have higher MH needs) over next 3 years</li> </ul>			<ul style="list-style-type: none"> <li>- Continued close work across the system to identify risks, needs and potential solutions quickly as part of ongoing ICS wide transformation programme.</li> <li>- New digital services such as Kooth.com commissioned to increase range, accessibility and flexibility of support available.</li> <li>- Expansion of Hampshire Mental Health Support Teams (MHSTs) in schools by five from January 2022.</li> </ul>
4.	<p><b>Staff recruitment and retention</b></p> <ul style="list-style-type: none"> <li>- National shortage of staff particularly within a number of key roles with other services competing to recruit them.</li> <li>- Risk of staff burnout /loss from sustained high workload intensity.</li> <li>- Impact of COVID on workforce e.g. self-isolating, staff with vulnerable health conditions etc.</li> </ul>	<p>Risk of failure to fully mobilise investments made by CCG to improve service capacity and address high levels of demand and high waiting lists.</p>	<p>16 (V High)</p>	<ul style="list-style-type: none"> <li>- Work with ICS workforce programme and continue to explore how to diversify, train and grow the existing workforce</li> <li>- Provider continues to explore and exploit Recruit to Train and wider workforce development opportunities such as Physician Associates.</li> </ul>
5.	<p><b>Continued high levels of CYP Eating Disorder presentations</b></p> <p>The pandemic has changed the pattern and volume of presentations of children and young people with eating disorders, particularly urgent presentations. This patient cohort has a particularly high level of risk of harm.</p>	<p>Impacts include:</p> <ul style="list-style-type: none"> <li>- Risk of harm to CYP ED patients.</li> <li>- Failure to recover performance to meet national access standards for CYP with Eating Disorders.</li> <li>- Disruption of performance in other parts of CAMHS services as workforce is diverted to support ED patients.</li> </ul>	<p>16 (V High)</p>	<ul style="list-style-type: none"> <li>- Confirmed investment in increasing the capacity of Community Eating Disorder services.</li> <li>- Work with provider to further increase capacity of CAMHS Eating Disorder service to levels indicated.</li> <li>- Support for wider initiatives (such as ALPINE) to improve acute hospital confidence around care of CYP with Eating Disorders.</li> <li>- To work with providers, ICS colleagues and NHSE/I to deliver the CYP Eating Disorder Recovery Plan</li> </ul>
6.	<p><b>Neurodevelopmental Waiting Lists / Service Capacity</b></p> <p>There remain long waiting lists for Hampshire children and young people in accessing assessment for Autism Spectrum Conditions (ASC), Young people with Attention Deficit Hyperactivity Disorder (ADHD) are among the longest waiters in Community CAMHS services.</p>	<p>Long waits for Autism Assessments and/or ADHD Treatment increases the risk of harm to children and young people with Autism and/or ADHD failing to thrive while their additional needs are poorly understood and/or controlled.</p>	<p>16 (V High)</p>	<ul style="list-style-type: none"> <li>- Hampshire has invested significantly to increase the capacity of Autism Assessment services on a recurring basis and has procured a service to eliminate current waiting list over the next 2.5 years.</li> <li>- Investments in Hampshire CAMHS include plans for a blended treatment team that will help meet the needs of more long waiters, including those with ADHD.</li> </ul>

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				<ul style="list-style-type: none"> <li>- Commissioners are exploring other options for addressing the needs of children and young people with ADHD only to have their needs met.</li> </ul>
7.	<p><b>Insufficient Prevention and Early Intervention Offer to limit service demand</b></p> <p>With many aspects of public services operating under significant financial distress and constraint there is risk of continuing deterioration of the reach and impact of universal and targeted services and the community and voluntary sector to meet needs sufficiently early to prevent mental health deterioration and future demand for more specialist mental health services.</p>	<p>If children and young people cannot access timely help and/or support appropriate to their needs they may suffer deteriorating Mental Health. This increases risk of:</p> <ul style="list-style-type: none"> <li>- Harm to them and distress to families and parental mental health</li> <li>- Increased challenging behavioural presentations in universal and targeted services</li> <li>- Increased demand in specialist mental health services.</li> </ul>	<p>12 (High)</p>	<ul style="list-style-type: none"> <li>- Kooth digital offer has been commissioned</li> <li>- Roll-out of five additional MHSTs in Hampshire and use of MHSTs and Link to support whole school approach</li> <li>- Development of Community and Voluntary Sector Grants programme from April 2022</li> <li>- Review of Community Counselling services for Hampshire.</li> </ul>
8.	<p><b>Reporting of Outcomes Data to MHSDS</b></p>	<p>Unable to meet national target to upload data to MHSDS and evaluate impact on service and interventions</p>	<p>8 (Medium)</p>	<ul style="list-style-type: none"> <li>- Work with Providers and CSU to monitor and upload outcomes to the MHSDS</li> <li>- Secure support from NHS England if required</li> </ul>