



## Southampton Children and Young People's Emotional and Mental Health Wellbeing Plan: 2021 – 2024 2022 Refresh

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## 1. Introduction: Our Focus and Approach

### 1.1 Southampton City Strategy (2015-2025) – Improving Emotional and Mental Health Wellbeing

Improving children and young people’s emotional and mental health wellbeing requires a collaborative approach of all those working with children and young people. It is firmly recognised in Southampton as a shared priority across all agencies working in the health, social care and education sectors, public sector, community and voluntary sector and embedded in the city’s partnership plans:

- Southampton City Strategy 2015 - 2025,
- Southampton City Five Year Health & Care Strategy 2020 – 2025
- Health and Wellbeing Strategy 2017 – 2025
- Children and Young People’s Strategy 2022-2026.

### 1.2 Our Vision for All Children and Young People

We want all children and young people in Southampton to get a good start in life, live safely, be healthy and happy and go on to have successful opportunities in adulthood.

### 1.3 Child Friendly Southampton

Southampton’s vision is to become a Child Friendly City commenced in 2021 and working towards the goal of accreditation with UNICEF by 2024/25. Our values as a Child Friendly City are to:

- **Be Inclusive** – by becoming a participative city in which children experience meaningful engagement in the design, delivery, and place shaping of Southampton.
- **Listen** – by implementing a participation framework for children within Southampton City Council’s democratic processes within which consultation with children takes place.
- **Learn** - by ensuring all strategy and policy is informed by the active engagement of children, with new strategic commitments expressed in child friendly terms to support children’s inclusion and participation in civic policy creation.

### 1.4 Raising Living Standards and Confronting Deprivation

Southampton is a relatively deprived city, with children and young people disproportionately affected. About 1 in 5 children are in low-income families and will experience poor housing, family debt and financial anxiety, and food insecurity. The COVID-19 pandemic has led to an exacerbation of deprivation and inequalities. This plan contributes to a robust strategy which will steer local services in their work to raise living standards and confront deprivation.

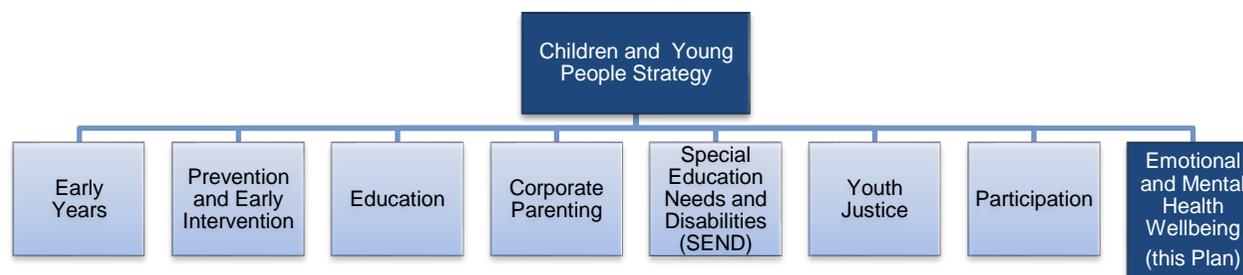
### 1.5 Southampton Children and Young People’s Strategy (2022-2027)

Southampton’s overarching Children and Young People’s Strategy has four key priorities and is underpinned by eight strategic plans (including this one); alongside a range of service delivery and improvement plans that supports the achievement of these priorities either directly or indirectly through service specific goals and actions.

## Our Four Key Priorities



## Our Eight Strategic Plans



### How will we achieve this?

The overarching principles that we are working to and which you will see in this plan are:

- **Early intervention, prevention, and inclusion:** We will invest in prevention, working with schools and communities to identify needs and deliver services as early as possible, to meet needs at the right time, in the right place and in the right way. We will promote educational inclusion and focus on preparing children for transitions and independence.
- **Relationship based work:** We will build and sustain relationships of trust to build on successes, strengthen the quality of practice and make change together with: All children, young people, families, and carers; each other; schools and colleges; partners (health, police, voluntary and cultural sectors) and local communities.
- **Locality working:** We will bring our services closer to the communities they serve by changing how and where we work. We will use local knowledge and intelligence (e.g., data and feedback) to ensure communities can access the services they need from us and partners, closer to home.
- **A skilled and stable workforce:** We will build and develop confident, multi-skilled teams and future leaders through a strong learning and development offer and “high support, high challenge” culture, enabling more consistent relationships with children, families, schools, and partners.

The Southampton Children and Young People’s Strategy (2022-2027) can be viewed [here](#).

### 1.6 Delivering our Strategic Plans

Each of our strategic plans sets out the outcomes that we want to achieve; the targets that we will need to deliver against to do this and how progress will be monitored.

## 2. Southampton's CYP Emotional and Mental Health Wellbeing Strategic Plan Vision

### 2.1 Our Vision

Our Vision is that 'we want all children and young people in Southampton to have the best start in life and enjoy positive mental health and emotional wellbeing'.

We will achieve this vision by:

- Supporting professionals working with children and young people to have a shared understanding of positive emotional and mental wellbeing in their work.
- Ensuring that children and young people have access to a range of early interventions to support their emotional and mental health wellbeing needs which will prevent difficulties escalating and requiring specialist mental health services.
- Ensuring a clear needs-led model of support for children and young people which will provide access to the right help at the right time through all stages of their emotional and mental health development.
- Improve equalities in access, experience and outcomes for groups faring worse than others or more at risk of poor mental health.

### 2.2 Background

This Plan sets out our plan for the city around improving emotional and mental health wellbeing and informs Southampton's contribution to the Local Transformation Plan. The previous Plan was updated in 2021.

Our Plan continues to be informed by and is consistent with the strategic vision set out in national policy and best practice, including Future in Mind 2015, the Five Year Forward View for Mental Health, National Child and Adolescent Mental Health Green Paper 2018 and more recently, the NHS Long Term Plan. All describe an integrated whole system approach to driving improvements in children and young people's mental health outcomes by working in partnership across the NHS, public health, voluntary and community sector, local authority children's services, education, and youth justice sectors.

### 2.3 Mental Health and Emotional Wellbeing is 'everyone's business'

Fundamental to this approach is the importance of partnership working and ensuring emotional and mental health wellbeing becomes 'everyone's business' across Southampton City.

### 2.4 Southampton City Council's Children and Young People's Transformation Programme

This Plan, in turn will support the delivery of Southampton City Children's Services Destination 22 transformation programme which sets out the key areas of transformational work across the system from 2021-2023. A robust approach to promoting positive emotional wellbeing and mental health and delivering timely support to effectively address mental health problems are key to delivering the Destination 22 work programmes. Principally this will involve embedding a strong emotional and mental health early help offer within each of our three locality as part of the Extended Locality Model to provide support closer to home.

## 3. Our Local Picture

### 3.1 Children and young people (CYP) in Southampton with a mental health diagnosis

- There are an estimated 7,350<sup>1</sup> (15.9%) children and young people aged 6 to 19 years old with a probable mental health disorder in Southampton. This is a 50% increase in prevalence rate (+2,450) compared to 4,900 (10.5%) in 2017.
- It is projected that there will be an additional 1,047 (+14.2%)<sup>2</sup> with a probable mental health diagnosis by 2025 aged 6 to 19 years.
- The mental health prevalence rate over this period will increase from 15.9% to 17.4%. This is due to the projected increase in both the 11 to 16 and 17- to 19-year-olds in the City, who have higher mental health rates compared to 6- to 10-year-old population.

### 3.2 Identification of need, protective and primary prevention factors

Based on information available, Southampton generally compares poorly with our ten closest statistical neighbours for identification of need, protective and primary prevention factors (see rank in brackets out of 11 areas). For example:

- Deprivation: We are the 3rd (of 64) most deprived Local Authority (LA) district in the South East & 55<sup>th</sup> in England (IMD 2019), it is also within the four most deprived LA districts in the South East for three out of seven subdomains & both supplementary indices.
- Identification of need: % pupils with Special Educational Needs and Disabilities (SEND) with Social, Emotional & Mental Health (SEMH) needs (2<sup>nd</sup> highest & ranked 3<sup>rd</sup> nationally), self-harm admissions 10-24 yrs. (highest), mental health admissions (highest)
- Protective factors: % 15-year-olds reporting positive life satisfaction (2<sup>nd</sup> lowest), Mean Score of Emotional, Mental Health and Wellbeing Statements (lowest).
- Primary prevention (Adversity): Free School Meals (FSM) Secondary Uptake (2<sup>nd</sup> highest), Children in Need re-referrals (highest)
- Primary prevention (Vulnerability): Children Looked After (4<sup>th</sup> highest), % pupils with SEN support (highest).

### 3.3 Kooth – *Getting Advice and Getting Help*

The Kooth digital mental health service was launched in June 2021 across Hampshire and Isle of Wight. The Southampton uptake during the past 12 months (June 2021 to May 2022) is summarised below:

- Of 756 new registrations:
  - 24% (183) are from ethnic groups other than white.
  - 9% (66) identified as gender fluid or agender, 69% (523) female and 22% (167) male.
  - 76% (572) aged under 18 years old and 24% (184) aged 18 years and older.
- 2,775 total logins and >70% of these are out of hours.
- 114 chat and 1,915 message counselling sessions held.

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<sup>1</sup> [Hampshire County Council Small Area Population Forecasts 2021](#) extrapolated based on prevalence reported within the [Mental Health of Children and Young People in England, 2021](#)

<sup>2</sup> Based purely on demographic trends, it does not consider increases due to other factors for example (this is not an exhaustive list): cost of living crisis, COVID, high levels of deprivation/child poverty, relatively poor primary prevention, and protective factors

### **3.4 Mental Health Support Teams in Schools (MHST): 2021/22 academic year - *Getting Help***

Southampton City has four MHSTs, these cover 3 further education colleges, 12 secondary schools, 43 (out of 54) primary schools and our 2 SEMH Special Schools and Pupil Referral Unit. The Wave 2 teams were fully operational in Easter 2021 and Wave 4 teams in Spring 2022 term. A summary of the 2021/22 school year is:

- 528 individual children and young people have completed interventions. The breakdown by school type is:
  - 269 (51%) primary school, 222 (42%) secondary school, 36 (7%) further education/college and 1 special schools

### **3.5 Community Counselling (No Limits): 2021/22 academic year – *Getting Help***

- 594 referrals and 519 children and young people received counselling.
- Average waiting time for assessment was 6 weeks and 43% attended their first counselling session within 18 weeks from referral
- As of 31 August 2022, there are 94 children and young people on the waiting list.

### **3.6 CAMHS Activity: 2021/22 - *Getting More Help***

- 4,430 (91% of those with a probable mental health diagnosis) individual Southampton children and young people aged 0-18 have been seen by Solent NHS Trust.<sup>2</sup>
- 2,760 (57%) individual children and young people aged 0-18 received treatment by NHS funded community services – defined as 2 or more contacts in 12 mths (Solent NHS Trust only<sup>3</sup>) – this is significantly above the 35% national target.
- 2,776 CAMHS referrals received by Single Point of Access compared to 1,623 the previous year – a 71% increase.
- 332 Southampton children and young people seen via the CAMHS Community Crisis Care pathway compared to 177 the previous year – a 88% increase.

### **3.7 CAMHS Current Waiting Lists and Staffing - *Getting More Help***

The CAMHS waiting lists and staffing as at the end of July 2021 (unless stated) are:

- Staff vacancy rate is 12-15% at present time with certain roles being particularly challenging to recruit to.
- Initial Assessment: Waiting times are increasing. There are 163 waiting for an assessment with an average waiting of 11 weeks – this is compared to 137 waiting an average of 6.5 weeks at end of September 2021.
- Treatment/Interventions (excluding ADHD/ASD): 305 are waiting for interventions, with an average waiting time of 25 weeks from assessment. Below are examples of current waiting times as at Aug-21 for different interventions from assessment:
  - Current longest wait time for anxiety groups is 30 weeks, with 47 on the waiting list.
  - CBT (Cognitive Behaviour Therapy) waiting time is 9 weeks, with 16 on the waiting list.
  - DBT (Dialectical Behaviour Therapy) waiting time is 20 weeks, with 13 on the waiting list.
  - Psychiatry longest waiting time is 35 weeks, and there are 59 on the waiting list.

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<sup>3</sup> Since Southampton CCG merged, it has only been possible to report this figure for Solent NHS Trust, so the true figure with all Providers would be higher than this

### **3.8 CYP Community Eating Disorders: 2021/22 - *Getting More Help***

- Significant pressure with a 72% (+53) increase in new cases this year compared to 2020/21 (127 compared to 74).
  - 30 Urgent cases (63% seen in 1 week) compared to 23 (61% seen in 1 week) in 2020/21 (+30%).
  - 97 Routine cases (82% seen in 4 week) compared to 51 (90% seen in 4 week) in 2020/21 (+90%).
- Southampton caseload of 81 CYP at end of March 2022 compared to 67 at end of March 2021 – a 21% increase.

### **3.9 Neurodevelopmental Pathways - *Getting More Help***

The current position for ADHD and Autism pathways is:

- Autism: 238 waiting for an assessment with current waiting times at 35 weeks at end July 2022 (compared to 200 waiting last year). The waiting lists have been relatively stable due to subcontract with NHS Clinical Partners who delivered 300 assessments. This agreement has now ceased and without additional capacity, waiting lists will increase at a greater rate.
- ADHD Initial Assessment: 200 are waiting for an assessment as at end July 2022 with a longest wait of 48 weeks; this is compared to a waiting list of 10 in last year's Plan following the temporary closure of the waiting list.
- ADHD Medication: 273 waiting for medication as a treatment option for ADHD with longest wait of 84 weeks, this has increased compared to 165 waiting with longest wait nearly one year in last year Plan. The service does not currently have capacity to safely offer follow up appointments, they are offered when a young person is discharged from the ADHD caseload.

### **3.10 Building Resilience and Strengths (BRS): July 2021 to June 2022 - *Getting More Help***

The BRS has seen a large increase in referrals and caseload. At present the average waiting time is less than 5 days however due to increase in referrals and staffing challenges there is now a risk of waiting lists needing to develop across the service.

- 222 referrals of which 73% (162) from Social Care, 20% (44) from Health and 7% (16) from Education.
  - Based on sample of 138 referrals from Jan-Jun 2022: 29% (40) consultation, 29% (40) no further action required, 19% (26) crisis pathway and 23% (32) awaiting info/therapeutic panel.
- 290 open cases caseload as at end June-22, this is a 92% increase compared to 151 at end Jun 2021.
  - 25% (73) have a Children in Need Plan , 42% (122) Child Protection Plan and 42% (122) are a Child Looked After (CLA).

### **3.11 Steps2Wellbeing (Improving Access to Psychological Therapies) - 18 – 25 years old: 2021/22**

- 3,999 referrals and 2,404 started treatment during the year.
- More than 75% of all ages are seen within six weeks and 95% within 18 weeks in-line with national targets.

### **3.12 Adult Mental Health Team - 18 – 25 years old: 2021/22**

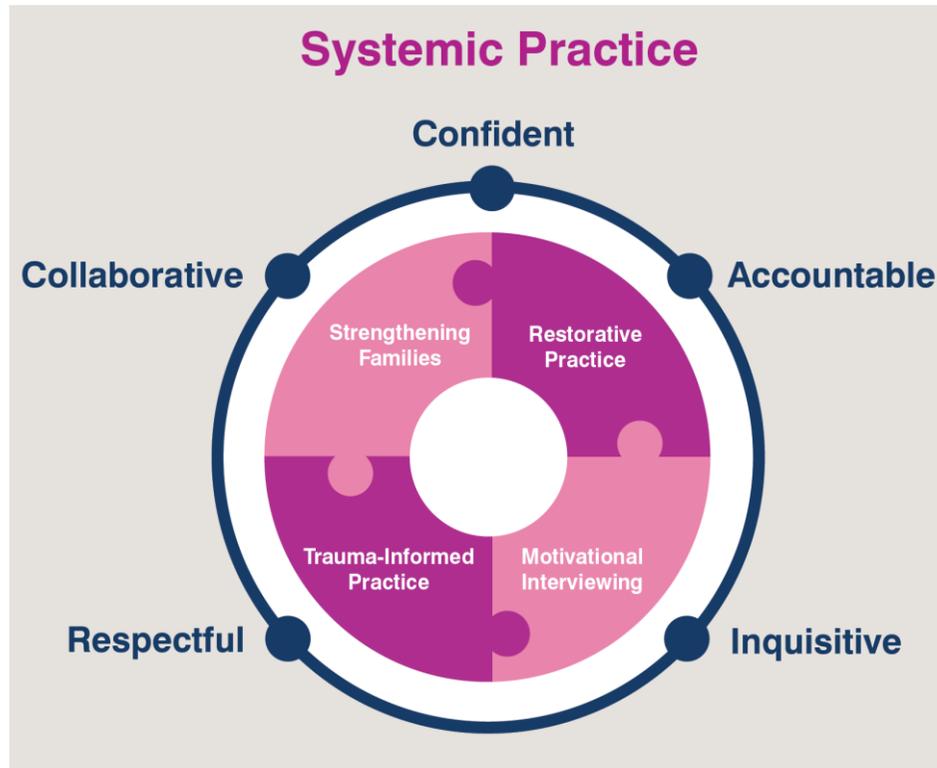
- 2,233 had a first appointment with 10,684 contacts , compared to 1,634 first appointments and 12,697 contacts in 2021/22.
- 93% of those seen within July 2022 were seen within waiting time targets (waiting times in timescale ranged from 59% for Eating Disorders to 100% for Psychiatric Liaison and Crisis Resolution).

## 4. Our Approach

### 4.1 Southampton Practice Framework – Our Practice: Making the Difference

Southampton City has developed a Practice Framework for working with families which sets out the key theories, values, principles, and approaches that inform the way we work with children and families, and how we work together as professionals.

Systemic practice is our overarching approach. It promotes the belief that families have the capacity to change. In this approach, challenges are seen to exist within the context of relationships, rather than being located within individuals.



#### What this means in practice....

<p><b>Relationship-based</b> Developing strong relationships between practitioners and families to make change</p>	<p><b>Self-reflective</b> Thinking about our own beliefs and values and how they influence our work</p>
<p><b>Evidence-based</b> Using evidence-based interventions to support change</p>	<p><b>Confidently holding risk</b> Whilst working with families to minimise risk through change</p>
<p><b>Strengths-based</b> Doing more of what works and less of what doesn't, building on strengths</p>	<p><b>Supervision</b> Using supervision to generate ideas about how to make change</p>

The reason we have adopted Systemic Practice as our overriding approach is because we understand that when undertaken with families with intent and purpose, this systemic exploration can create insight which enables families to create change in the way that they relate to one another. The underlying principle behind systemic practice is the ability to build open, honest, and strong relationships with families, and to be able to develop a level of trust which will help them to create real and sustainable change. The person isn't the problem, the problem is the problem – helping families to look at things this way and change their perception of themselves and others becomes key.

Underpinning Systemic Practice, the city has adopted the following four relationship-based approaches:

- Restorative practice.
- Trauma informed approaches.
- Motivational interviewing.
- Strengthening families.

#### **4.2 Restorative Practice**

Restorative practice is one of these approaches, this includes being explicit about the 'bottom line' to safeguard and protect a child. It overtly uses a 'high challenge' and 'high support' approach, which builds on strong relationship-based practice between children, families, and professionals. This provides a way of working which is family led, jointly owned, and created, achievable and builds sustainable change. It reduces the likelihood of dependency on professional services.

#### **4.3 Trauma Informed Approaches**

The use of Trauma Informed Approaches is central to our Children and Young People's Emotional and Mental Health Wellbeing Plan to ensure children and young people receive evidence-based interventions, have access to the right help at the right time and reduce the risk of specialist mental health services becoming overwhelmed. Research into the effects of adverse childhood experiences (ACEs) has shown how ACEs can impact on the child/teenager/adult's brain processing response to dealing with life challenges. It goes on to highlight that a person who has experienced significant ACEs may be hyper alert and in constant readiness to fight/flight/or freeze in response to presenting situations, and not be as able to process information and reason. It is understood that some 'life choices' or behaviours may be linked to these self-preservation responses. Adopting a trauma informed approach supports a deeper understanding of the impact of past experiences, providing a foundation for effective, emphatic work with families.

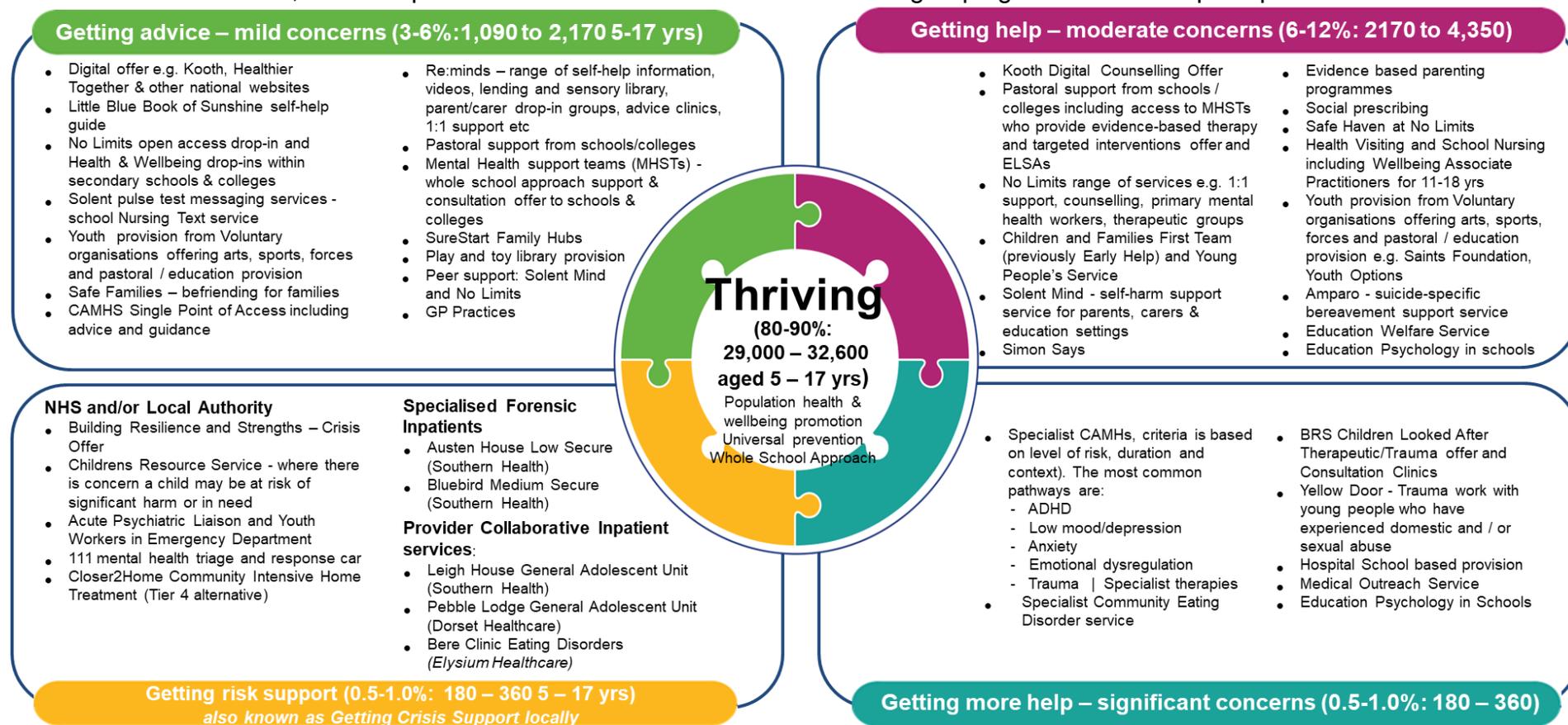
We will implement a system-wide trauma informed approach to ensure children and young people receive evidence-based interventions, have access to the right help at the right time and reduce the number of CYP needing access to specialist Mental Health services.

#### **4.4 I-Thrive Framework for System-wide Change**

To support this approach, we continue to embed the I-THRIVE framework across the City. The framework:

- Is a nationally recognised one for planning and delivering mental health services for children and young people using an evidence-based approach.
- Is person centred and needs led with an emphasis on prevention and early promotion of mental health and wellbeing.
- Advocates for the role of all partners in the system to meet the needs of children and young people's mental health and wellbeing across five categories. These are:
  - Thriving, Getting Advice and Signposting, Getting Help, Getting More Help and Getting Risk Support.

The I-Thrive Framework, Southampton services based I-Thrive needs-based groupings needs and its principles are outlined below:



Principles	Description
1. Common Language	Common conceptual framework (five needs-based groupings): Thriving, Getting Advice, 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. Shared decision-making.
4. Reducing Stigma	Ensuring mental health and wellbeing is everyone's business including all target groups.

Principles	Description
5. Proactive Prevention & Promotion	Enabling the whole community in supporting mental health and wellbeing.
6. Partnership Working	Effective cross-sector working, with shared responsibility, accountability, & mutual respect based on the needs.
7. Outcome-Informed	Clarity and transparency from outset about CYPs goals, measurement of progress and action plans, with explicit discussions if goals not achieved.
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.

The framework was developed by the Anna Freud National Centre for Children and Families and the Tavistock and Portman NHS Foundation Trust (Wolpert et al., 2019).

## 5. How we will Measure Success

We want to see an improvement in the emotional and mental health wellbeing of Southampton's children and young people.

The focus of the Plan is on improving the following key outputs and outcomes.

1. Improved resilience, emotional well-being and mental health of children and young people.
2. More children and young people feel happy and healthy.
3. Reduce the demand on specialist CAMHS and social care.
4. Reduce self - harm and mental health hospital attendances and admissions.
5. Good response times for young people's emotional and mental health support.
6. Improved attendance at early years settings, schools and colleges and improved attainment.
7. Strengthen inclusion and support mainstream schools in meeting the needs of pupils with SEND reducing the demand on Social, Emotional and Mental Health (SEMH) Special Schools.
8. Partner agencies have an increased awareness of their role to support children and young people's emotional and mental health well-being and the wider service offer.
9. Skilled and confident workforce who feel empowered to engage with families, promote emotional well-being and respond to emotional distress and mental ill-health.
10. More children and young people are engaged in positive activities.
11. More children, young people and their families report that they are happy with the quality of the service they receive.

## 6. COVID-19 and Impact on Emotional and Mental Health Wellbeing

The Mental Health of Children and Young People in England, 2021: Wave 2 follow up to the 2017 survey highlighted that the rates of probable mental disorders have increased since 2017; in 6 to 16 year olds from one in nine (11.6%) to one in six (17.4%), and in 17 to 19 year olds from one in ten (10.1%) to one in six (17.4%). Rates in both age groups remained similar between 2020 and 2021. This is relatively a 50% increase in 6- to 16-year-olds and 72% increase in 17- to 19-year-olds.

'New' 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 has led to 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.

Evidence of the impact of COVID-19 on services locally includes:

- CAMHS referrals: 77% (+1,208) increase (2,776 compared to 1,568) in 2021/22 compared to 2019/20 (pre-COVID). Referral numbers are still yet to plateau, this continues to impact on increasing waiting times and numbers.
- Higher Acuity: 'high level' referrals increased from an avg of 24% of all referrals at beginning of 2020 to 36% at the end of 2021
- Community Eating Disorder: Caseload has increased from 37 in May 2020 to 84 in June 2022 – a 127% increase, however this does now appear to have plateaued.
- Southampton City Emergency Department presentations (aged 10-17) with mental health as primary diagnosis: 28% (+109) increase (499 compared to 390) from 2021/22 compared to 2019/20.

This highlights the need to continue developing 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.

## 7. Plan - 10 Key Priorities

Our Emotional and Mental Health Wellbeing Plan continues to have the following 10 priority areas (as outlined in [Southampton City Children and Young People's Emotional and Mental Health, Local Transformation Plan 2021 Refresh](#))

1. Promoting resilience, building strong prevention and early intervention services.
2. Improving access – ‘no wrong door’.
3. Improving services for children and young people with Eating Disorders.
4. Improving care for the most vulnerable and reducing health inequalities.
5. Improving crisis care.
6. Improving the transition to adulthood.
7. Developing the children and young people's workforce across all sectors and different ways of service delivery, including maximising digital opportunities, to promote positive emotional and mental health at every opportunity and intervene early, whilst also meeting increased levels of demand (formerly CAMHS Workforce development).
8. Neurodiversity - Improving the evidence-based support for children, young people, and families where there is behaviour that challenges and/ or a neurodevelopmental concern or condition.
9. Suicide prevention - Continuing to prevent suicide and its impact on children, young people, and families.
10. Improving local intelligence and measuring of outcomes to determine what impact we are making and to inform future service development.

**Impact of COVID-19 and the 2022 cost of living crisis:** the overall impact has been significant, and it has had a negative impact on emotional and mental health wellbeing prevalence, outcomes and has increased demand on our Services. The pandemic has affected some groups much more than others. The impact of COVID-19 and our response to this is underpinned as a key principle across all 10 key priorities to address how we meet the needs of those most impacted.

## 8. Delivery Plan (2022 - 2024)

<b>1. Promoting resilience, building strong prevention and early intervention services (Getting Advice and Signposting, Getting Help)</b>	
<b>Named Leads:</b> Phil Lovegrove / Chantal Homan / Dan Buckle	
<b>Key Achievements in Last Year:</b>	
<ul style="list-style-type: none"> <li>a. Launch and roll-out of Little Blue Book of Sunshine.</li> <li>b. Mental Health in Schools Team (MHST): All four MHSTs are now fully operational. Each education setting has access to consultation, signposting support, targeted support &amp; group work and to develop their whole school approach. Staffing levels have remained high.</li> <li>c. Roll out of whole school approach and consultation offer from the MHSTs to education settings.</li> <li>d. Early Years have successfully piloted a wellbeing and mental health module for the Healthy Early Years Awards (HEYA) and embedded a Continuing Professional Development (CPD) offer funded by the Department for Education and delivered by The Education Development Trust.</li> <li>e. Development of Mental Health Clinical Leads within our three 0-19 Prevention &amp; Early Help locality teams (Two of three appointed).</li> <li>f. Re:minds continue to support an increasing number of families with children and young people with mental health and/or neurodiversity (2,000+ now members) – this includes 1:1 support, monthly advice clinics, parenting courses, online resources, sensory and book library.</li> </ul>	
<b>No.</b>	<b>Key deliverables over the next 18 months</b>
1	Early Years - Autumn term launch of Healthy Early Years Award (HEYA) module on wellbeing and mental health.
2	Children and Families First (previously Early Help) – Mental Health Clinical Leads fully embedded in Service offer to support training, consultation, and upskilling workforce to support children and young people’s emotional and mental health at an earlier stage.
3	Continued development and roll-out of Whole School Approach led by MHST.
4	MHST – to scope expanding the service to a Citywide offer (within current resources).
5	Kooth promotion campaign to continue to increase engagement in service.
6	HIOW Community Counselling and Digital Mental Health Service – new service in place.
7	Development of Citywide Youth Framework to improve co-ordination of commissioning service and improve outcomes.
8	Scope service for prevention and early interventions for infant mental health and primary aged mental health .

**2. Improving access – ‘No Wrong Door’**  
***(Getting Advice and Signposting, Getting Help and Getting More Help)***

**Named Leads:** Satty Basra / Phil Lovegrove / Scott Willis / No Limits representative

- Key Achievements in Last Year:**
- a. Number of Children and Young People accessing emotional and mental health services continues to increase and exceed NHS Long Term Plan targets.
  - b. Multiagency CAMHS Single Point of Access expanded to include ASD pathway and two workshops have been held with young people, parent/carers, No Limits and Yellow Door to develop improving the front door to emotional health & wellbeing services.
  - c. Successful roll-out of Kooth Digital service has supported young people who need immediate support and improved out of hours offer.
  - d. Non-recurrent waiting list initiative funding has reduced waiting times into our Community Counselling service and maintained current waiting times for therapeutic services for children and young people experiencing sexual or domestic abuse at Yellow Door.
  - e. Children/Young People/Parents/Carers have had contact from triage workers within 48 hrs, if urgent on the same day.

<b>No.</b>	<b>Key deliverables over the next 18 months</b>
1	I-Thrive framework – continue to embed the framework by ensuring partners understand their role in promoting and supporting positive mental health and ensuring this continues to be included within key plans and strategies.
2	Refresh of emotional and mental health service directory including services across the City and self-help and apps.
3	Relaunch of CAMHS Single Point of Access as an Emotional Wellbeing Hub – including BRS, voluntary providers & peer support.
4	Developing the role of peer support workers in Emotional Wellbeing Hub in delivery with support and training.
5	Processes and minimum standards to be reviewed in Emotional Wellbeing Hub.
6	Scope including Children and Families First (previously Early Help) input into the Emotional Wellbeing Hub.
7	Continue to ensure that equality of diversity is embedded within service delivery across the system to continue to reduce mental health stigma, reduce inequalities and improve access/outcomes for vulnerable groups.

**3. Improving Services for children and young people with Eating Disorders  
(Getting Help, Getting More Help, Getting Risk Support)**

**Named Leads:** Jo Barker / Zena Penny supported by Marie Woodhouse

**Key Achievements in Last Year:**

- a. 92% access achieved in most recent 12 months in-light of increasing demand.
- b. Increased staffing capacity within Community Eating Disorder Service with £158k new investment approved in 2022/23.
- c. Shared care guidelines for Eating Disorders developed and circulated to GPs.
- d. Training for healthcare professionals delivered by BEAT – 90 professionals.
- e. Holistic offer across Children and Young People’s Eating Disorders and CAMHS to ensure best outcomes for young people.
- f. Developing and delivering psychoeducation and body acceptance groups for young people with eating disorders.

<b>No.</b>	<b>Key deliverables over the next 18 months</b>
1	Work with BEAT to promote and review uptake of SPOT tool within Southampton schools to support early identification and support for eating disorders and deliver training/awareness sessions to schools.
2	Continued recruitment into team with the ambition to move to full staffing compliment.
3	Continue to develop the Eating Disorder service offer to fully comply with NICE guidance whilst working with the Hampshire & Isle of Wight Clinical network to explore opportunities for commissioning pathways/interventions across a wider geography where this will improve outcomes for Southampton Children and YP and provide better value for money.
4	Avoidant restrictive food intake disorder (ARFID) – task and finish group in place with aim to map current service offer and development of local ARFID pathway.
5	Further development of pathways with Closer2Home model with Provider Collaborative.
6	HIOW Eating Disorder guidance for education professionals published.
7	Input from hospital paediatrician into the Community Eating Disorder pathway.

**4. Improving care for the most vulnerable and reducing health inequalities  
(Getting Help, Getting More Help, Getting Risk Support)**

**Named Leads:** Jeanette Keyte / Tim Nelson

**Key Achievements in Last Year:**

- a. Joint funding agreed from ICB and SCC for expansion of our BRS Crisis Offer to weekday evenings and Saturdays and our therapeutic pathway for children and young people with complex needs including CLA.
- b. Continues to be no waiting lists in BRS and short turnaround times (<1wk) to Multi-disciplinary Team from referral and <24 hours for crisis cases.
- c. Lesbian, gay, bisexual, and transgender (LGBT) Lead appointed by Re:minds parent/carer group to improve support and a CAMHS Participation group has delivered training around LGBT support and awareness.
- d. The Majestic project has been running since September 2021 and has supported around 80 young people via either a peer supporter, family engagement worker and/or a youth worker. The project is operational in three schools in Southampton and as a result of positive evaluation, has been awarded a further 12 months funding. NHSE/I representatives visited two of the three schools to meet the head teachers, key staff, including the peer support worker, who has gone on to permanent employment with the school
- e. BRS consultation clinic is now live for social care professionals.
- f. Improved System1 Patient System to improve recording around equality and diversity – this will help to identify gaps in provision.

No.	Key deliverables over the next 18 months
1	Review of expanded BRS offer and ongoing recruitment to posts including offer to Children Looked After (CLA).
2	Positive Behaviour Skills pathway development – develop pathways to better meet the emotional and mental health needs of children and young people with Learning Disabilities and/or Autism (LDA) led by Locality Clinical Lead & linked into CYP LDA health & social care transformation.
3	Continue to monitor and evaluate the Majestic Project under NHSE/I guidance and its alignment with the Young People’s Service. The outcomes will contribute towards informing the wider NHSE/I Health & Justice Vanguard regional projects to support the development of the wider integrated programme.
4	Engage in Adapt research programme focussed on trauma in children looked after across CAMHS and BRS.

**5. Improving Crisis Care**  
**(Getting Help, Getting More Help, Getting Risk Support)**

**Named Leads:** Phil Lovegrove / Chantal Homan

**Key Achievements in Last Year:**

- a. 111: 24/7 Crisis Assessment, Brief Intervention and Home treatment support through mobilisation and integration of children and young people mental health services with access to next day follow up with the Mental Health Rapid Response Vehicle has been in attendance.
- b. Co-location of No Limits Youth Workers from the Voluntary and Community sector in 111.
- c. Embedding 111 Mental Health Triage Team into Care Planning and Crisis Planning support across all mental health services to promote 111 Mental Health First, in line with the 111 First approach.
- d. Capital funding for ambulance response vehicles: NHSE/I funding has been identified for 23/24. SCAS are leading on this,
- e. Youth Workers in Emergency Department fully embedded in acute hospital.
- f. Short stay Residential Unit for young people with complex social & emotional difficulties, learning disability and/or autism in crisis – business case approved, £900k capital funding has been secured and revenue funding from Southampton City Council and Hampshire County Council agreed.
- g. In-reach Acute Psychiatric Liaison team now operating during weekdays up to 10pm and Saturdays - service has seen 203 young people for assessment from May-July with only 4 young people being admitted (less than 2% excluding Eating Disorders).
- h. Closer2Home Team - The service is now live and CAMHS have supported the Team with DBT pathway to ensure alignment with local and there has been no admission to inpatient units for children and young people who have completed the full programme.
- i. SHOUT paid partnership for the ICB with the keyword ‘hants’ to support an all-age approach to digital access 24/7 to Mental Health urgent and routine support via text messaging. Linked back into NHS 111 for urgent support.

No.	Key deliverables over the next 18 months
1	Scope an integrated Acute Psychiatric Liaison offer aligning the in-reach acute & inpatients offer and to scope the integration of paediatric liaison with adults’ mental health liaison.
2	Closer2Home pathway to expand current offer of 1:1 therapeutic support and alignment with community services.
3	BRS expansion of crisis offer to weekday evenings and Saturdays.
4	Review and agree future provision of Youth Workers in Emergency Department and Safe Haven across H1OW.
5	Development of Short Stay Residential unit for young people with complex social and emotional difficulties, learning disabilities and/or autism in crisis (dependant on funding).
6	Continued review of the Directory of Service that supports NHS 111 and 999 services.

**6. Improving the transition to adulthood  
(Getting Advice and Signposting, Getting Help)**

**Named Leads:** Satty Basra / Zena Penny / Tania Emery supported by Marie Woodhouse

**Key Achievements in Last Year:**

- a. Transition Advice Clinics delivered in collaboration with Adult Mental Health (AMH) fully embedded by Re:minds Parent/Carer Group.
- b. Local implementation groups for 16–25-year-old workstream have been set up to review offer, identify gaps and agree future model of delivery.
- c. Meetings with Steps2Wellbeing, CAMHS and MHST are now undertaken weekly to review referrals for young people moving to adulthood to embed a seamless process.
- d. Meetings in place between CAMHS/AMH team managers every six weeks to discuss and ensure referrals are reviewed, accepted and joint transition work takes place between Young Person, AMH and CAMHS.
- e. Transition leaflet/booklets co-produced with Young People and Re:minds parent/carers have been developed . These are shared with YP and parent carers at transition point.
- f. An audit of 50 case notes of young people transitioning from CAMHS to adulthood to identify gaps in provision has taken place to inform the 16–25-year-old workstream and to review quality of discharge summaries.

No.	Key deliverables over the next 18 months
1	Work with Hampshire colleagues (ICS worksteam) around developing the 16-25 offer to meet the NHS Long Term Plan ambition with focus on Care Leavers, Learning Disabilities and Autism.
2	Develop and sign off Transition Protocol between CAMHS and Southern Health (Adult Mental Health Provider).
3	Work with Adult Mental Health Services and Primary Care Networks (PCNs) as part of the No Wrong Door/community transformation initiative to develop solutions for meeting the needs of 18–25-year-olds who don't traditionally meet AMH criteria.
4	Work up options for improving for young people transitioning from CAMHS into adult services including primary care and alignment with the Preparing for Adulthood Team.
5	Survey to gain an understanding of how people currently find out about mental health and emotional wellbeing support for people aged 16 - 25 years old in Southampton.
6	Mapping of services both commissioning and non-commissioned supporting the mental health and emotional wellbeing for 16–25-year-olds and their families.
7	Improve accessibility of information supporting young people and their families during the transition to adulthood.
8	Explore development of a Transition Fayre for professionals, children and young people and parent carers.

**7. Developing the children and young people's workforce across all sectors and different ways of service delivery, including maximising digital opportunities, to promote positive emotional and mental health at every opportunity and intervene early, whilst also meeting increased levels of demand  
(Getting Advice and Signposting, Getting Help, Getting More Help, Getting Risk Support)**

**Named Leads:** Stuart Webb / Laura Roughan / Mary Chisham supported by Marie Woodhouse

**Key Achievements in Last Year:**

- a. Funding approved for Solent to develop a CAMHS Workforce Academy – aim to improve recruitment, retention & training of workforce. Project Manager now appointed and engaging with Local Providers to develop this.
- b. WAVE Trust has been delivering Trauma Informed Practice training.
- c. Ongoing roll-out of Southampton Practice Framework – included Southampton City Council commissioned a large-scale training programme (Phase One - consisting of Systemic Practice, Motivational Interviewing, Safe & Together).
- d. Trauma Informed Practice Champion network established.
- e. Re:minds – service and workforce development and recruitment with CAMHS e.g., interview panels, induction programmes, delivered training.
- f. Eight EMHPs are now fully qualified from training, adding to the mental health workforce in schools and colleges.
- g. Silvercloud online CBT programme trail has been completed with success.
- h. Systemic Practice, overview training days offered to all children and learning staff and Senior Leaders undertaking the Leadership Programme.
- i. Launch of digital platform for ADHD triage streamlined process and increased clinical capacity.
- j. Training for Early help on ADHD (the ADHD forums).

No.	Key deliverables over the next 18 months
1	Development of mental health training offer within Practice Framework and commissioning of Phase Two of Children and learning training programme – this includes Incredible Years, CSAFE – Child sexual abuse in the family environment (specialist training for practitioners and managers) and Narrative Model – Building Bridges training programmes.
2	Continued development of CAMHS Workforce Academy.
3	Review HIOW-wide Mental Health Workforce Survey to identify gaps in Southampton City to inform future training programme.
4	Agree the local Trauma Informed Practice Groups role in supporting, overseeing development and implementation of a City-Wide Trauma Pathway.
5	Launch of MHST training for Senior Mental Health Leads in Education settings in Autumn term.
6	Southampton MHST to implement roll-out of four Senior Wellbeing Practitioner roles to support clinical development within the MHST workforce allowing for broadened support for schools and colleges – this is dependent on bid being successful.
7	Silvercloud to be fully rolled out within the MHST offer from Autumn term onwards for schools and colleges.

**8. Neurodiversity - Improving the evidence-based support for children, young people, and families where there is behaviour that challenges and/ or a neurodevelopmental concern or condition  
(Getting Advice and Signposting, Getting Help, Getting More Help)**

**Named Leads:** Laura Roughan, Tania Emery, Laura Nisbet supported by Sam Nicolaou

**Key Achievements in Last Year:**

- a. Qb ADHD diagnostic screening pilot and use in the clinic has commenced for ADHD; this has supported complex decision making.
- b. Partnership with NHS Clinical Partners has delivered 300 ASD diagnostic assessment to clear historic waiting list. This is completed.
- c. EarlyBird – staff in Jigsaw & Early Help now trained and have delivered first set of parenting group programme.
- d. New Forest Parenting Programme – Early Help and Re:minds have been trained to deliver this evidence-based parenting group.
- e. The Autism in Schools project has delivered training and support to seven schools (both primary and secondary) in Southampton – there are indications of positive outcomes (e.g., increased attendance, greater understanding and responding to different behaviours; reduced exclusions and impact on school attendance). Parents are being supported.
- f. Train the Trainer sessions delivered for the wider network to deliver the ‘Understanding Myself’ workshop for young people.
- g. ADHD: launched the ADHD city wide guidance to support professionals, parents, families, and young people.
- h. Creation of 100% remote prescribing roles to increase prescribing capacity. Recruiting to these roles remains an issue.

No.	Key deliverables over the next 18 months
1	Roll-out and evaluation of Youth Options Non-Violent Resistance (NVR) pilot.
2	Autism in Schools - expansion of offer to 10 new schools in year two plus continuation of support to year one schools to encourage sustainability.
3	Evaluate the impact of Qb testing on prescribing and medication titration, staff time and clinic capacity.
4	Development of Digital Platform for Autism in Schools Project to access a library of information around neurodiversity for parents.
5	Develop demand and capacity model for ASD and ADHD diagnosis and prescribing aligned to wider HIOW worksteam.
6	Roll-out of evidence based New Forest Parenting offer for children and young people with ADHD within 0-19 Early Help and Prevention offer and Re:minds. Delivery is planned for autumn 2022.
7	Rollout of EarlyBird Plus and Cygnet programme to ensure full age range coverage for Autism parenting support programmes.
8	Evaluation of ADHD digital project phase 1 and rollout of the second phase (medication monitoring app).
9	Development of a citywide Neurodiversity strategy.
10	Continue to review and develop post diagnostic support offer in the City.

**9. Suicide Prevention - Continuing to prevent suicide and its impact on children, young people, and families  
(Getting Advice and Signposting, Getting Help)**

**Named Leads:** Emily Walmsley

**Key Achievements in Last Year:**

- a. The HIOW suicide-specific bereavement support single service went live on 1 April 2022, provided by Amparo. The service includes a children and young people support service, however there are ongoing challenges with recruiting a counsellor.
- b. Positive uptake of Connect5 Mental Health training in Southampton.
- c. Solent Mind successful bidder for self-harm support service for parents, carers, and education settings, however delays have been faced with the launch of this service.
- d. Four voluntary/community organisations in Southampton received Suicide Prevention Innovation Funding to deliver innovative initiatives to reduce suicide, with a specific focus on CYP. These included No Limits, Re:Minds, R;pple and MAST Mayflower Studios.
- e. Primary care training package to support the identification and management of people with suicidal behaviours and thoughts launched February 2022.
- f. Southampton’s Suicide Audit 2019-20 has been completed (full report awaited), including cases of death by suicide in children and young people.

<b>No.</b>	<b>Key deliverables over the next 18 months</b>
1	Build workforce capacity of Amparo service to enable service to provide full suicide-specific bereavement support to young people.
2	Mobilisation of self-harm support service for parents, carers, and education settings.
3	Sign up to the Prevention Concordat for Better Mental Health and develop a Mental Health and Wellbeing Plan for Southampton.
4	Next revision of Southampton’s Suicide Prevention Plan to more explicitly state how suicide will be prevented in children and young people.
5	Gain the commitment of key employers to promote mental health and wellbeing within their organisations through the Mental Health at Work Commitment framework.
6	Explore the completion of a “deep dive” on the characteristics (including risk and protective factors) of children and young people up to and including 25-year-olds that have taken their own life by suicide Using the suicide audit, real time surveillance and other available data (in collaboration with HIOW).
7	Review risks around online safety and the links to suicide risks in children and young people and explore options for raising awareness and risk mitigation.

**10. Improving local intelligence and measuring of outcomes to determine what impact we are making and to inform future service development**

***(Getting Advice and Signposting, Getting Help)***

**Named Leads:** Phil Lovegrove / Laura Roughan / Emily Walmsley

**Key Achievements in Last Year:**

- a. Solent working group in place to develop both CAMHS and Eating Disorders performance dashboards – initial CAMHS Dashboard has been produced and shared with ICB.
- b. Co-production – there is an active CAMHS participation group – examples of their work this year includes developed art work within clinics, been involved young people panels for recruitment, developing pathways.
- c. Partnership between CAMHS and Re:minds to improve support for children and young people – examples include have participated on interview panels, continue to run advice clinics in partnership with CAMHS.
- d. All-age HIOW Mental Health Needs Assessment published.
- e. Improved process to ensure staff are completing and entering outcomes data onto clinical systems.
- f. Real time surveillance system for suicide – this has enabled more timely suicide related bereavement support for families.

<b>No.</b>	<b>Key deliverables over the next 18 months</b>
1	Routine contract monitoring reporting in place for Solent NHS Trust covering CAMHS, CYP Eating Disorders, MHST and Psychiatric Liaison.
2	Develop an Emotional and Mental Health Partnership Scorecard that includes key indicators and outcomes to better understand local demand and how well we are meeting the needs of children and young people as a city aligning to the CYP Strategy.
3	Continue work around submitting high quality data and submission of Outcomes data to MHSDS – working in partnership with Solent NHS Trust and South, Central and West Commissioning Support Unit (CSU).
4	Scope how outcomes data from Specialist CAMHS service can be extracted from Clinical System to enable us to evaluate impact of interventions and the service on children and young people.
5	Continue to embed co-production and service evaluation with children and young people and families in review and development of services – at an individual and forum level.
6	Development of a Peer Support role within the Wellbeing Hub to further strengthen co-production and service development.
7	Explore a common approach to children and young people outcome measures across the City to ensure a consistent approach, monitor impact of interventions and improvement in outcomes.

## 9. Governance: Southampton City and Hampshire and Isle of Wight

### 9.1 HIOW Integrated Care Board (ICB) – Mental Health, Learning Disability and Autism (MHLDA) Portfolio Team

#### Mental Health and Learning Disabilities and Autism Programme Governance



The ICB Mental Health and Learning Disability Portfolio Team remit and responsibilities are:

- **Focus:** The focus of the ICB Mental Health and Learning Disabilities Portfolio Team is whole system planning, commissioning at scale and delivery of transformation aligned to the NHS Long Term Plan and local priorities.
- **Remit:** is operating at scale, co-ordinating plans, and priorities across our four places (Hampshire, Isle of Wight, Portsmouth, and Southampton) to generate an ICB wide view of MH delivery of HIOW priorities as well as the Long-Term Plan aims and objectives.
- **Accountability:** it is accountable to the ICB – via the transformation board, and the MH Programme board.
- **Authority:** The Portfolio team operates under authority from the ICB in accordance with its constitution and any agreed delegated functions. Authorised to develop and deliver programmes of work at scale, including commissioning services across the ICB footprint and at scale working with 6 ICS across SE region.

*Governance Structure subject to change as Integrated Care Board (ICB) and MHLDA Provider Collaborative governance arrangements are developed.*

## 9.2 Southampton Place Based Governance

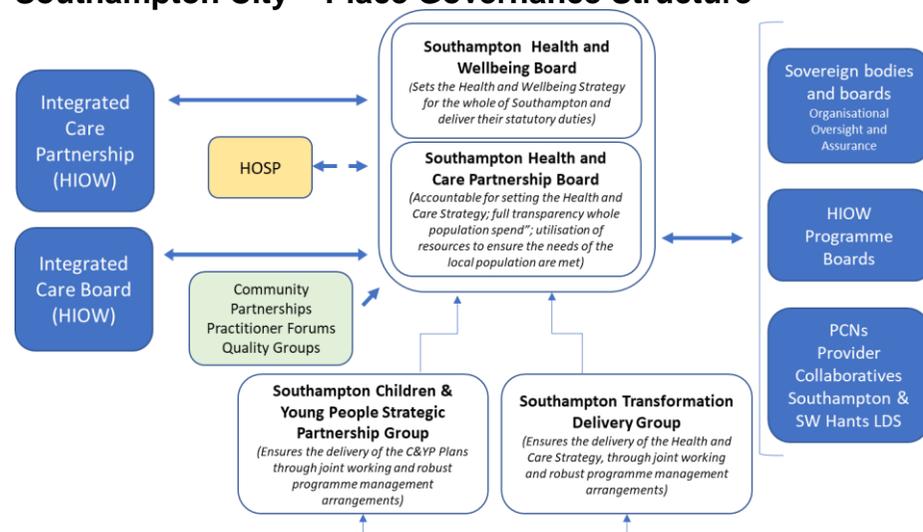
To ensure delivery of the city’s vision and key strategies through strong partnership working, including those specifically relating to improving outcomes for children and young people, we have developed a strong multiagency governance structure.

The place-based remit and responsibilities are:

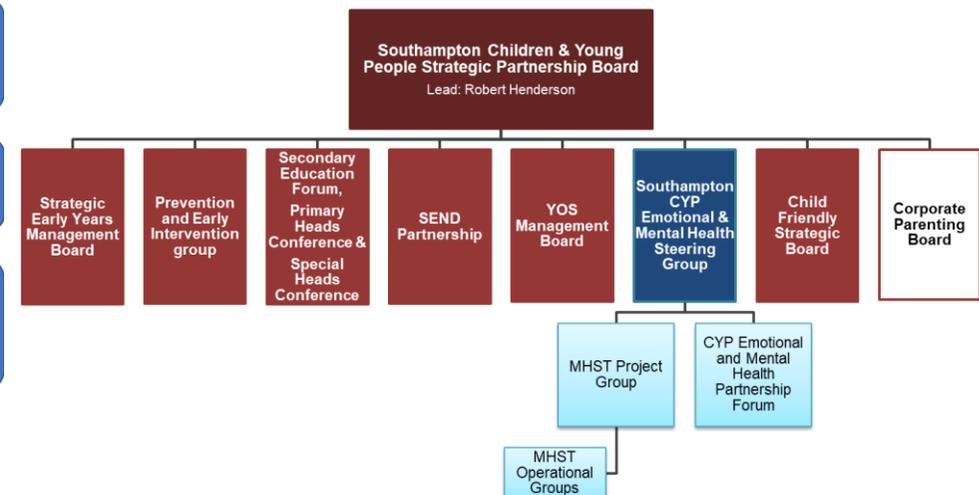
- **Focus:** delivery of place-based plans with local health & care partners, maintaining a rich understanding of local needs to ensure these continue to drive the desired improvement in outcomes.
- **Remit:** operating at place, contribute towards the creation and delivery of the ICB-wide MHLDA plan via place-based plans informed by the local needs of the population, and providing system leadership on selected ICB wide strategic priorities.
- **Accountability:** accountable to the MHLDA Transformation Boards (Crisis, CYP, No Wrong Door & LDA) at HLOW level. Within Southampton CYP Mental Health place-based governance, is accountable to the Southampton Children & Young People’s Strategic Partnership Board, which reports up to the Southampton Integrated Health & Care Partnership Board and Health & Wellbeing Board.
- **Authority:** Place-based teams operate under authority from the ICB in accordance with its constitution and any agreed delegated functions. Authorised to develop and deliver programmes of work at place, working cohesively with local health & care partners.

The Southampton governance structure is outlined below:

### Southampton City – Place Governance Structure



### Southampton Children and Young People’s Governance



## 10. Finance

### 10.1 Southampton Children and Young People's Emotional and Mental Health Recurrent Spend from 2015/16

The total funding in £,000 related specifically to emotional and mental health services since 2015/16 is highlighted in the table below, this includes Service Development Funding (SDF) funding committed in 2022/23 that will be recurrently funded from 2023/24.

£,000	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22	2022/23
<b>ICB Funding</b>								
CAMHS including Autism Assessment <sup>4</sup> (Solent NHS Trust)	2,325	2,351	2,895	2,996	3,183	3,298	3,593	3,629
CYP Eating Disorders (Solent NHS Trust) – <i>new investment only</i>	148	149	151	152	189	210	275	436
CYP Acute Psychiatric Liaison in-reach team (Solent NHS Trust)						85	169	214
Building Resilience and Strength (BRS) and MH Support in 0-19 Locality Teams (Solent NHS Trust)	652	659	660	660	669	669	669	832
Community Counselling	-	-	40	40	65	65	65	66
S256 Spend: Peer Support and Play & Youth	-	-	-	30	39	61	61	61
Parenting Groups - Neurodevelopmental	-	-	-	-	-	50	50	50
Re:minds and Parent Carer Forum	-	-	-	-	3	10	10	15
Acute Psychiatric Liaison (UHS)	-	-	-	-	28	28	28	28
HIOW-wide Projects including 111 Youth Workers, LGBT Support, Kooth & CETR - CYP (Southampton contribution)							112	112
Youth Workers in ED							68	68
Safe Haven							32	32
Majestic Project								25
<b>Subtotal</b>	<b>3,125</b>	<b>3,159</b>	<b>3,746</b>	<b>3,878</b>	<b>4,176</b>	<b>4,476</b>	<b>5,132</b>	<b>5,568</b>
<b>Mental Health Support Teams in Schools - ICB and Health Education England Funding (ICB pick up funding when fully operational)</b>								
<b>Mental Health Support Teams Subtotal</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>206</b>	<b>1,031</b>	<b>1,493</b>	<b>1,532</b>
<b>Local Authority Funding</b>								
CAMHS Grant contribution	169	169	169	169	169	169	169	169
BRS and MH Support in 0-19 Locality Teams – SCC	490	490	490	490	490	490	490	716
Community Counselling	39	39	39	39	39	39	39	39
<b>Subtotal</b>	<b>698</b>	<b>924</b>						
<b>NHS England Health &amp; Justice (Service Level Agreement via ICB)</b>								
Youth Offending Service - CAMHS Nurse	-	-	31	31	31	-	-	-
Majestic Project							100	100
<b>Subtotal</b>	<b>-</b>	<b>-</b>	<b>31</b>	<b>31</b>	<b>31</b>	<b>0</b>	<b>100</b>	<b>100</b>
<b>Total</b>	<b>3,823</b>	<b>3,857</b>	<b>4,475</b>	<b>4,607</b>	<b>5,111</b>	<b>6,205</b>	<b>7,423</b>	<b>8,124</b>

(excludes non-recurrent funding, public health funded service e.g., school nursing and acute services funded via main contract e.g., Inpatient Psychiatric Liaison)

<sup>4</sup> This will include CYP Eating Disorder spend up to 2014/15, There will also be an additional budget for Autism Assessments for under 5s within the Solent Child Protection Medical Service (CPMS) contract but it's not possible to disaggregate the budget for Autism Assessments only. In addition, there will be staff from other Solent NHS Trust services who contribute towards the Multi-Disciplinary ASD Assessment process e.g., Speech and Language Therapy

## 10.2 Southampton Children and Young People's (0-18 years old) Mental Health Investment Priorities: 2023-24

ICBs are required to meet the national Mental Health Investment Standard (MHIS) each year which aims to drive NHS investment in mental health services at a higher percentage than the overall increase in allocation to ICBs from NHS England each year.

There are NHS commitments that ICBs are expected to deliver in CAMHS relating to access standards (waiting times and numbers accessing treatment), Eating Disorders and age-appropriate crisis services including intensive home treatment service aimed at CYP who might otherwise require inpatient care. The ICB's investment plans reflect a contribution towards the priorities identified in the Local Transformation Plan, which focus on developing the Eating Disorder Service provision (in line with the Long-Term Plan commitments), strengthening crisis support as well as providing more support for vulnerable young people.

The Southampton investment priorities is summarised in the table below.

	<i>Costs in £,000</i>	<b>£,000</b>
CYP Mental Health 0-18 Projected MHIS Baseline Allocation: 2022/23 & 2023/24		582
CYP Mental Health 0-18 Service Development Fund (SDF)		449
<b>Total Children and Young People aged 0-18 Investment</b>		<b>1,154</b>

The Southampton investment that has already been committed and requires ongoing recurrent funding in 2023/24 is summarised in the table below. Taking this into account, there is £546k investment available for new projects in 2023/24.

No	Investment Priorities	Indicative Cost £,000	Comments	Risk Log Reference
<b>New Funds Committed in 2022/23</b>		<b>497</b>	<b>To fund recurrently</b>	
1	CYP Eating Disorders	160	To meet current demand and align with HIOW funding.	4, 5
2	Acute Psychiatric Liaison	129	To expand offer to weekends and evenings .	1, 2
3	BRS Expansion/Locality Model (ICB contribution only)	157	Jointly funded by City Council.	1, 2, 7
4	Re:minds – supporting parent/carers	5	Contribution to work supporting families on waiting lists.	3, 6, 7
5	Breakout Youth - LGBT Group and 1:1 Support	13	HIOW offer: 1:1 and Group support for LGBT.	3, 7
6	Majestic Project - CYP with complex needs at risk of involvement with the criminal justice system	25	Improve emotional & mental health support for those at risk of or in the criminal justice system within our SEMH Special Schools.	3, 7
	1.7% inflationary uplift	8		
<b>Full Year Effect of 22/23 investment</b>		<b>107</b>	<b>To fund recurrently</b>	
3	BRS Expansion/Locality Model	101	See No. 3 – this is the full year effect of this funding.	
6	Majestic Project	5	See No. 6 – this is the full year effect of this funding.	
	1.7% inflationary uplift	2		
<b>Total Investment already in place</b>		<b>605</b>		
<b>New investment remaining to allocated for 23/24</b>		<b>547</b>		

New investment priorities over the next two years are summarised in the table below. It should be noted that these are indicative costs at present.

No	Investment Priorities	23/24 £,000	24/25 £,000	Comments	Risk Log Reference
7	Development of Short Stay Residential Unit at Westwood House Site (Soton ICB contribution)	141	250	Total NHS cost is £627k – SW Hants contribution is £83.3k, £200k ICB Continuing Healthcare (£150k Southampton) and contribution from Tier 4 Provider Collaborative and UHS.	1, 2, 8
8	Increasing ADHD and Autism Assessment and ADHD Prescribing Capacity	200	250	Current waiting list of 300 CYP on prescribing caseload ADHD and Autism assessment times continue to increase.	6
9	Development of Multiagency Wellbeing Hub	75	75	Develop of Single Point of Access to Wellbeing Hub to improve offer at front door. This will expand our VCSE partners input and incorporate peer support input.	3, 7
10	Improve Mental Health & Behaviour Support for SEND	110	220	Expand positive behaviour support offer in CYP LD service to reduce home/school placement breakdowns	8
11	Psychiatric Liaison – therapeutic offer for those below CAMHS threshold	22	43	Short term therapeutic offer for CYP who present at the ED but do not meet community CAMHS criteria.  Total funding is £75k – this is dependent on SW Hants contribution of £32k (£16k in 23/24)	1, 2
<b>Total</b>		<b>547</b>	<b>838</b>		

The £546k new investment alone is not sufficient to meet the totality of resources required in 23/24 to deliver all the city’s priorities and we do not have confirmation of our investment yet for 24/25. There is likely to be the need to explore alternative sources of funding, partnership contributions and invest to save opportunities to deliver these priorities.

Section 11 highlights the risks that are associated with these investment priorities.

## 11. High Level Risks and Issues

No	Description of Risk	Impact(s) of risk if realised	Current Risk	Mitigating actions
1.	<p><b>Emergency Department (ED) and Paediatric Ward Presentations</b></p> <ul style="list-style-type: none"> <li>- Increases in ED and paediatric ward presentations and admissions over the winter (even with a fully operational paediatric psychiatric liaison and other crisis services are mobilised and expanded).</li> </ul>	<p>Hospital has remained at capacity during this Summer, there has not been the usual decrease in emergency activity. It is highly likely that there will be more significant pressure during this Autumn/Winter than previous years.</p> <p>Paediatric wards and Emergency Dept. could become overwhelmed with mental health patients whilst Hospitals are also struggling with care capacity and other serious illness.</p> <p>Patient risk insufficiently understood to support safe and clinically appropriate admission and discharge decisions pending mobilisation of additional psychiatric liaison and community crisis capacity, resulting in sub-optimal outcomes for young people.</p>	16 (V High)	<ul style="list-style-type: none"> <li>- Investments made into all acute hospital systems to set up paediatric liaison services and Youth workers in ED. – <b>already in place Investment No 2</b></li> <li>- 24/7 access to crisis care available to all children and young people via NHS 111. – <b>already in place.</b></li> <li>- Youth workers in Emergency Department to work alongside staff, providing crisis and follow up support to young people with view to diverting any future return to hospital – <b>already in place</b></li> <li>- Development of Short stay Residential unit for Young People with complex social and emotional difficulties and/or Learning Disabilities/Autism in crisis to provide a more appropriate “Safe Space” away from the Emergency Dept./hospital where CYP can be assessed by staff skilled in Trauma informed practice/Positive Behaviour Support and a plan developed to support them in the community, preventing hospital or residential admission or placement breakdown. – <b>investment required No 7*</b></li> <li>- Increased multiagency crisis support in the community to provide a more proactive approach. – in place within BRS <b>additional investment confirmed and in mobilisation</b></li> <li>- Range of other services to support CYP who need support e.g., Safe Haven, Kooth, SHOUT – <b>already in place</b></li> <li>- Enhanced therapeutic offer for CYP with behavioural issues but either unknown to or do not meet CAMHS criteria. – <b>investment required No 11*</b></li> </ul>
2.	<p><b>Tier 4 Beds</b></p> <ul style="list-style-type: none"> <li>- Continued difficulty in accessing Tier 4 inpatient beds has significant impact on the resilience of the rest of the system, particularly beds in acute hospital paediatric wards which CYP often occupy until they can be transferred (unless it is safe for</li> </ul>	<p>Additional pressure upon acute hospital inpatient provision for more complex CYP awaiting specialist assessment and treatment not available in acute hospitals. Risk of disruption, patient harm, ward closure(s) and stress upon provision not equipped for this patient group. S136 suite breaches.</p>	16 (V High)	<ul style="list-style-type: none"> <li>- CAMHS 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 Provider collaborative also working to improve step down arrangements from inpatient back to community and build on success of CETR project in HLOW system.</li> <li>- Close to Home Service has launched – to provide intensive support to CYP in their own homes as an alternative to admission or prolonged hospital stay.</li> <li>- Development of Short stay Residential unit for Young People with complex social and emotional difficulties and/or Learning Disabilities/Autism in crisis to provide a more appropriate “away</li> </ul>

	<p>them to go home in the interim).</p> <ul style="list-style-type: none"> <li>- Children with Eating disorders &amp; disordered eating presentations continue to be the hardest place with the most complex needs.</li> <li>-</li> </ul>			<p>from the Emergency Dept./hospital where CYP – <b>investment required No 7*</b></p>
3.	<p><b>Increased waiting times as referrals continue to increase/remain high since COVID-19 and also increasing demand due to demographic changes</b></p> <ul style="list-style-type: none"> <li>- Projected 7% increase in 11–17-year-olds in next 3 years (2022 to 2025).</li> <li>- 77% increase in CAMHS referrals since COVID and 28% increase in ED presentations.</li> </ul>	<p>Continued pressures upon the services that support them in terms of additional demand and referrals.</p> <p>Impact on staffing morale due to significant pressures within services</p> <p>Waiting times and lists are continuing to increase impacting on offer to children and young people.</p> <p>Risk of exacerbation of symptoms leading to young people presenting in crisis due to long waits.</p>	16 (V High)	<ul style="list-style-type: none"> <li>- CAMHS Provider has business continuity plans in place</li> <li>- Expansion of digital offer within CAMHS to increase capacity</li> <li>- Increase early intervention offer with particular focus on bringing emotional and mental health expertise into front line Early Help locality teams to provide advice, training, consultation and joint case work and tackle problems earlier. – <b>investment confirmed and being mobilised</b></li> <li>- Implement routine information reporting to continuously monitor impact on waiting lists.</li> <li>- Implementation of alternative forms of support, e.g., Kooth digital counselling platform. – <b>in place</b></li> <li>- Development of wellbeing hub with increased multiagency, peer support and early help input to maximise use of wider offer in the city and offer support to those referred to CAMHS. <b>Investment required– No 9*</b></li> <li>-</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</li> <li>- High vacancy rates</li> <li>- Competing recruitment exercises in all parts of Region.</li> <li>- Impact of COVID on workforce e.g., isolating.</li> </ul>	<p>Waiting times and lists increase particularly in certain specialties due to challenges recruiting to certain roles – in particular Psychiatry and Family Therapy.</p>	16 (V High)	<ul style="list-style-type: none"> <li>- Work with ICS workforce programme and continue to explore how to diversify and train workforce.</li> <li>- Provider continues to use Recruit to Train opportunities.</li> <li>- Continue to explore of alternative roles/posts.</li> <li>- Creation of blended digital and face to face team to support waitlist management and tackle some of the longest waiters on particular pathways (low mood/anxiety and ADHD).</li> <li>- Increase early intervention offer with particular focus on bringing emotional and mental health expertise into front line Early Help locality teams to provide advice, training, consultation and joint case work and tackle problems earlier. – <b>Investment confirmed and being mobilised No 3*</b></li> <li>- Implementation of alternative forms of support, e.g., Kooth digital offer already in place.</li> </ul>

				<ul style="list-style-type: none"> <li>- Implementation of CAMHS Workforce Academy – to improve staff recruitment, retention, and training. – <b>investment confirmed for development</b></li> <li>- Work in collaboration across providers on recruitment and retention.</li> </ul>
5.	<p><b>Eating Disorders caseloads remain high impacting on capacity</b></p> <ul style="list-style-type: none"> <li>- Eating Disorder caseload increased by +127% since pandemic.</li> <li>- Increased acuity of cases.</li> </ul>	<p>Unable to meet national access standards. Increasing waits lead to higher number presenting with acute needs.</p> <p>Negative impact on core CAMHS as staff are diverted to support Eating Disorder pathway.</p> <p>Cases not identified at an early stage, so present at high levels of acuity and require more extensive interventions or require acute treatment within hospitals.</p>	16 (V High)	<ul style="list-style-type: none"> <li>- To continue to recruit to the Eating Disorder service to increase capacity following additional investment. – <b>investment in place– No 1*</b></li> <li>- To work holistically across CAMHS and Eating Disorder service to meet the needs of CYP with Eating Disorders.</li> <li>- To work with ICS colleagues to deliver the CYP Eating Disorder Recovery Plan.</li> </ul>
6.	<p><b>Neurodevelopmental Waiting Lists, Service Capacity and Support</b></p>	<p>Diagnostic waiting lists are currently low however capacity does not meet demand.</p> <p>Long waits for ADHD Treatment since clearing diagnostic waiting list – currently the service is at prescribing capacity.</p> <p>Continued perception amongst public and partners that diagnosis required to access support – risk that this is delaying access to support services whilst patients sit on waiting lists for assessment.</p>	16 (V High)	<ul style="list-style-type: none"> <li>- To increase ADHD and ADS capacity including ASD prescribing caseload. – <b>Investment required – No 8*</b></li> <li>- Improve support offer to CYP and families (accessible with or without a diagnosis) with roll-out of parenting offer, Autism in Schools project, Autism Champions and 1:1 support to families. And increased awareness raising/signposting to what is available working with schools and Parent/Carer forums – already underway, links to LDA Programme.</li> </ul>
7.	<p><b>Prevention and Early Intervention Offer</b></p> <p>Insufficient expertise available to support frontline workers in Early Help to support CYP at an earlier point before their problems escalate. Over-reliance on referral on to specialist services.</p>	<p>Children and young people who cannot access timely help appropriate to their needs suffer deteriorating MH. This increases risk of harm to them, increases the distress in families and impacts parental mental health, and affects other services (e.g., primary care and schools) trying to support them but ill-equipped to meet their needs. It also puts increased pressure on Specialist CAMHS as a result of escalating needs which could have been supported and addressed at an earlier point.</p>	16 (V High)	<ul style="list-style-type: none"> <li>- Kooth digital offer – already in place.</li> <li>- Roll-out of MHSTs across 90% of Southampton City and to scope citywide roll-out and whole school approach – already in place</li> <li>- Increase early intervention offer with particular focus on bringing emotional and mental health expertise into front line Early Help locality teams to provide advice, training, consultation and joint case work and tackle problems earlier. – <b>Investment confirmed and being mobilised No 3*</b></li> <li>- Improved support for parents/carers whose have children and young people on CAMHS waiting lists. – <b>Investment confirmed and in place No 4</b></li> </ul>

				<ul style="list-style-type: none"> <li>- Improve attachment and relationship between baby and parent to support your child to get off to the best possible start in life, grow up feeling safe and secure and so they can develop positive emotional, social, physical, and mental health. – <b>Investment required No 12*</b></li> </ul>
8.	<p><b>Home/ school placement breakdowns due to pressures from children and young people with learning disabilities and/or autism presenting with behaviours that challenge</b></p> <ul style="list-style-type: none"> <li>- Increases in breakdown of home and school placements resulting in requests for residential school and/or residential living placements or requests for extensive homecare packages of support that are restrictive in nature.</li> </ul>	<p>CYP with learning disabilities and/or autism are placed in residential care facilities. This is not in line with the best practice recommendations from the Learning Disability and Autism programme of work as it is not a least restrictive option.</p> <p>CYP are institutionalised at home with extensive care packages or by being placed in residential settings. This isolation leads to them becoming separated from their home communities and reduces the likelihood of them living supported, independent adult lives.</p> <p>Reduction in quality of life for Children and Young People with learning disabilities and/or autism as their needs are not understood and supported. This leads to frustration and alienation from their families and communities and a reduction in opportunities for personal growth and development.</p> <p>Short- and long-term increased cost to the public purse from institutionalisation and lack of opportunities for children and young people to develop appropriate independent living skills.</p>	16 (V High)	<ul style="list-style-type: none"> <li>- Positive Behaviour Support (PBS) trained staff who can undertake functional behaviour analysis and design positive behaviour support (PBS) plans. – <b>already in place via Jigsaw team</b></li> <li>- Adaptation of PBS model and development of the team’s ability to use other behaviour change models to support children and young people with autism and low or no learning disabilities or those where using a traditional PBS model has not had the desired impact.</li> <li>- Staff team who are able to role model and trouble shoot the implementation of PBS and other behaviour plans with parent/carers, school, and respite staff to ensure the child has a consistent approach 24 hours a day and any adaptations to the plan can be made.</li> <li>- Extended hours support for parents/carers in implementation of behaviour plans especially over the weekend and in the evening which can often be pressure times for parent/carers.</li> <li>- Development of use of outcome measures to evaluate and demonstrate the effectiveness of behaviour support models used to support the service offer development.</li> <li>- Improved multi-agency working with SpCAMHS, education and social care to provide holistic, consistent behaviour support for children and young people.</li> <li>- <b>Investment required No 10*</b></li> </ul>
9.	<p><b>Long term impact on vulnerable young people’s mental health who are in or at risk of entering Criminal Justice</b></p> <ul style="list-style-type: none"> <li>- Southampton has high rates on 1st time entrants to Youth Justice.</li> </ul>	<p>High dependency on statutory provision and increasing costs.</p> <p>Increasing emotional and mental health needs of vulnerable young people are not met – linked to impact of COVID-19 and its disproportionate impact on vulnerable families.</p> <p>Likely increase in young offending if emotional and mental health needs are not met.</p>	12 (High)	<ul style="list-style-type: none"> <li>- The introduction of the Vulnerable Adolescent Service to the city by the Local Authority. - <b>in development</b></li> <li>- Review of Youth offer within the City and development of a more co-ordinated Prevention and Diversion offer for young people. This is aligned to development of a Southampton Youth Alliance</li> <li>- To embed a trauma informed approach in the City.</li> <li>- Development of Majestic project within our 2 SEMH Special Schools and Pupils Referral Unit to improve emotional and mental health support for young people who are in or at risk of entering Criminal Justice. – <b>Investment agreed No 6*</b></li> </ul>

	<ul style="list-style-type: none"> <li>- Ranked 4th nationally for Crime subdomain in Index of Multiple Deprivation (IMD).</li> <li>- Southampton has the 4th highest rate of 16/17 year olds who are not in education, employment of training (NEET), they are almost twice more likely to have a health problem than the overall population and mental health conditions.</li> </ul>	Fewer young people are likely to be engaged in Education, Employment of Training.		
10.	<p><b>MHSDS</b></p> <ul style="list-style-type: none"> <li>- Reporting of accurate Mental Health, MHST and CYP Eating Disorders Data to the MHSDS.</li> <li>- Reporting Outcomes Data to MHSDS.</li> </ul>	<p>Unable to meet national target to upload data to MHSDS and evaluate impact on service and interventions.</p> <p>Data on the MHSDS is not reflective of activity and performance data from our local Providers.</p> <p>Limited assurance of monitoring/achieving national targets.</p>	8 (Med)	<ul style="list-style-type: none"> <li>- Work with Providers and CSU to monitor and upload outcomes to the MHSDS – already underway.</li> <li>- Secure support from NHS England if required.</li> </ul>

Risk Score out of 16 with 1 being lowest and 16 highest (Impact 1-4 x Probability 1-4)

*\*requires additional investment – Investment Priorities (see p27-28)*

## 12. Sign Off Process

This plan will be considered and/or approved at the following meetings within the Southampton place-based system and Hampshire and Isle of Wight Integrated Care System (ICS):

Meeting	Date
<b>Southampton City Governance</b>	
Children and Young People Strategic Partnership Board (sign off by Executive Director, Wellbeing, Children & Learning)	15 November 2022
Children's Commissioning Strategic Exchange	17 October 2022
Integrated Health & Care Board (formerly Joint Commissioning Board)	20 October 2022
<b>Hampshire and Isle of Wight (HIOW) Governance</b>	
HIOW Children and Young People Mental Health Transformation Board	5 October 2022
HIOW Mental Health System Delivery Group	27 October 2022
HIOW Integrated Care Board	2 November 2022

### 13. List of Abbreviations and Acronyms

ACEs	Adverse Childhood Experiences
ADHD	Attention Deficit Hyperactivity Disorder
AMH	Adult Mental Health
ARFID	Avoidant Restrictive Food Intake Disorder
ASD	Autism Spectrum Disorder
BEAT	BEAT - The UK's Eating Disorder Charity
BRS	Building Resilience and Strength service
CAMHS	Child & Adolescent Mental Health Services
CBT	Cognitive Behaviour Therapy
CLA	Children Looked After
CETR	Care, Education and Treatment Review
CPD	Continuing Professional Development
CPMS	Community Paediatric Medical Services
CSU	Commissioning Support Unit
CYP	Children and Young People
DBT	Dialectical Behaviour Therapy
ED	Emergency Department
EMHP	Education Mental Health Practitioner
FSM	Free School Meals
HEYA	Healthy Year Years Award
HIOW	Hampshire and Isle of Wight
ICB	Integrated Care Board
ICS	Integrated Care System

IMD	Index of Multiple Deprivation
LA	Local Authority
LDA	Learning Disabilities and/or Autism
LGBT	Lesbian, Gay, Bisexual, and Transgender
MHIS	Mental Health Investment Standard
MHLDA	Mental Health, Learning Disability and Autism
MHSDS	Mental Health Services Dataset
MHST	Mental Health in Schools Team
NEET	Not in Education Employment of Training
NHSE/I	NHS England and NHS Improvement
NVR	Non-Violent Resistance
PBS	Positive Behaviour Support
SCC	Southampton City Council
SEMh	Social, Emotional and Mental Health
SEND	Special Educational Needs and Disabilities
SDF	Service Development Fund
SNOMED-CT	Systematized Nomenclature of Medicine Clinical Terms
SpCAMHS	Specialist CAMHS
UHS	University Hospital Southampton
UNICEF	United Nations International Children's Emergency Fund
WTE	Whole Time Equivalent
YOS	Youth Offending Service

Phil Lovegrove, Commissioner  
 NHS Hampshire, Southampton and Isle of Wight Integrated Care Board (ICB)  
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