

Future in Mind

Portsmouth

Promoting, protecting and improving our children and young people's mental health and wellbeing



Local Transformation Plan Refresh - October 2016

FOREWORD

Few things can be more important in my work as a GP than helping to safeguard the future of vulnerable young people. So I consider myself privileged to be in a position to influence the way we shape future mental health services for young people across Portsmouth. Crucial to our thinking is the early identification of those at risk of poor mental health illness and the need for services to be integrated around the young person's needs and their family's needs. Young people and their families have been at the heart of our planning – and will clearly need to remain as our key stakeholders as the design and delivery of mental health provision continues to evolve.

Schools, colleges and the university will have a key role in promoting good mental health to children and young people and providing an environment that supports and builds resilience.

We already have excellent examples of services delivered by a range of health, mental health, social care and the voluntary sector organisations which are delivering improved 'joined up' outcomes for children. We are now actively building on these firm foundations.

Indeed we now have one shared vision which links three inter-related strategies and initiatives which help underpin our way forward.

We are approaching the second year of our Health & Care Portsmouth programme (also known as the 'Blueprint') which, among many other things, includes having co-located multi-agency teams for children and young people's services.

Stronger Futures is our new strategy for supporting children, young people and families in the city

Our Future in Mind initiative focuses on promoting, protecting and improving our children and young people's mental health and wellbeing.

Our ultimate aim is to give our young people an understanding of the importance of health and well-being to all aspects of their future lives; the resilience to cope with the challenges life brings; and an awareness and confidence in where they and their families can seek and receive help for themselves when this is needed. If we can achieve this, and we will leave no stone unturned in our efforts to do so, it will be a lasting legacy for future generations.

Dr Linda Collie

NHS Portsmouth Clinical Commissioning Group
Executive Member (Children and Families)

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1. INTRODUCTION

It has been a very busy year this year in taking forward our Future in Mind plans and we are proud with what we have been able to achieve alongside our strategic partners from the local authority, health, education and the voluntary sector. Our focus at the start of the year was to create the 'building blocks' to enable us to understand what stakeholders across the city thought were the gaps, strengths and potential ways we could improve the support available for children, young people and families which then led to the development of our health needs assessment which will also prove enormously valuable in shaping the direction of travel.

Future in Mind has been instrumental in raising the profile and importance of Children and Young People's Mental Health across the city and there is a strong commitment between partners to work better together to improve the offer and support available for our community. Future in Mind is a key local strategy underpinning this, supporting integration and workforce development and at the heart of this change is the need to upskill and develop the workforce's understanding of mental health and wellbeing. A key driver for this culture change will be the whole schools strategy that will be in place at the start of 2017 and the work to embed restorative practice across the workforce that will promote a strong, consistent approach to supporting children, young people and families across the whole city.

Involving young people and families is a key priority that we have struggled to fully realise although a lot of energy has been spent on trying. We have successfully engaged a group of parents who have supported us in our plans and have been involved in the co design/co evaluation of the new Emotional Health & Wellbeing service which is due to launch soon. Our ambition is to continue engaging with parents in a meaningful way as their involvement is crucial and we will try even harder and in different, more imaginative ways to involve young people using the principles of co-production.

Stuart McDowell

Future in Mind Project Lead

Integrated Commissioning Service

2. LOCAL STRATEGIC CONTEXT

2.1 Strategic Transformation Plan

The Wessex region are currently in the process of developing a strategic transformation plan that sets out the strategy and vision for improving the health and wellbeing of children and young people in Wessex. There is clear alignment within the STP and our future in mind transformation plan.

The key priorities where both plans align include:

- Improving resilience and positive emotional wellbeing in children/young people.
- Strategies to address maternal mental health problems during pregnancy and to promote good parent/carer-child relationships.
- Staff in schools, primary care, local authority children's services and 3rd sector agencies should possess enhanced knowledge of common emotional/mental health problems and neurodevelopmental disorders as well as signposting individuals to appropriate services.
- Extended hours support, crisis resolution and home treatment should be available for those young people otherwise at risk of psychiatric admission.
- A smoother experience of transition between services aimed at children/young people and services aimed at adults.
- For children/young people thought to require admission due to mental health issues, all agencies and professionals involved in the child's care should be included in decision making about whether admission is in the best interest of the child and family.

2.2 Portsmouth Blueprint

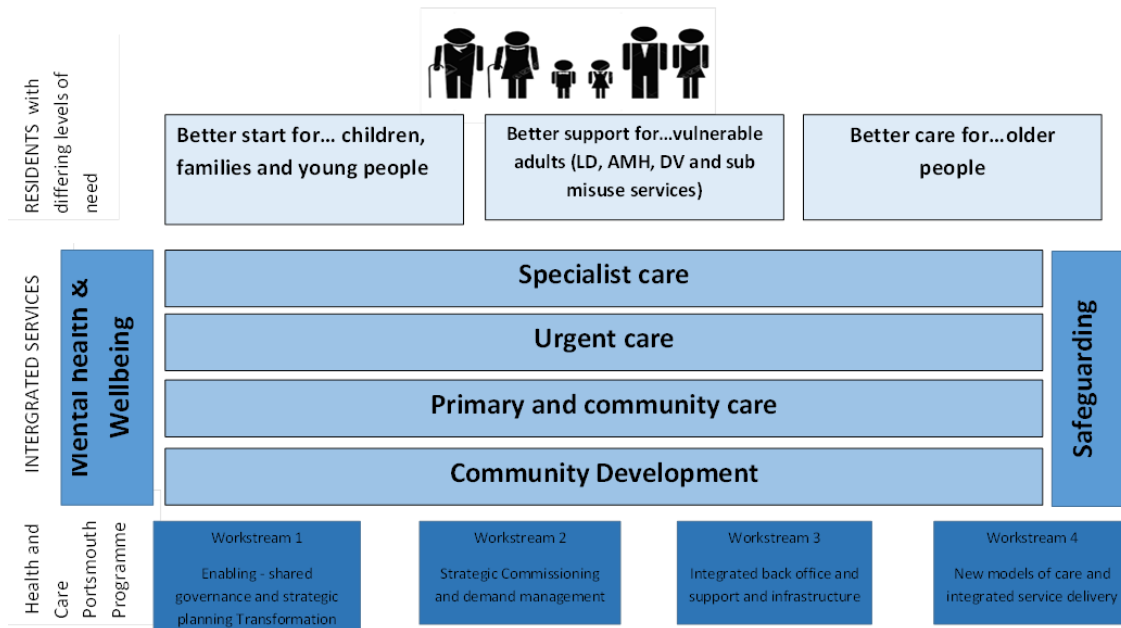
Over the summer of 2015, the organisations responsible for health and social care in Portsmouth came together to discuss the best ways to commission and deliver services and came up with an ambitious blueprint. The blueprint vision is for everyone in the city to live healthy, safe and independent lives with the right support for individual needs provided in the right place and at the right time. This means empowering individuals and communities to maintain good health and prevent ill health. It means a shift from acute care to community care. It means a radical improvement in early intervention and prevention and it means joining up the planning, commissioning, delivery and management of services.

The blueprint aims to remove issues caused by working as separate organisations and to join up services around the care of individuals. This will include bringing together the statutory functions of the different organisations, and creating a single body with delegated authority to commission all health and social care services. The result will be joined up services integrated around the care of the person and we will need to look at how this could be best delivered, such as through a 'lead' provider with staff co-located.

A Blueprint for health and care in Portsmouth

Integrated Commissioning of Integrated Services

Everyone in Portsmouth to be enabled to live healthy, safe and independent lives, with care and support that is integrated around the needs of the individual at the right time and in the right setting.



2.3 Stronger Futures

The Stronger Futures programme is about enabling and empowering families in Portsmouth to build good futures for themselves, improving the quality of their lives and reducing the need for expensive, reactive statutory services. Part of the Stronger Futures transformation programme is a way of working with children, young people and families that has been adopted known as Restorative Practice. This approach is about moving away from 'doing to' or 'doing for' towards a way of 'doing with' children, young people and families. Restorative practice places responsibility on families to make positive changes using a 'high support - high challenge' approach and it is an intention that all services working with children and young people will adopt this approach in the future.

2.4 Future in Mind

The Future in Mind transformation programme is an opportunity to build upon existing strategies and plans to strengthen the emotional resilience and mental wellbeing of children and young people and their families. It will be a key local strategy underpinning the Portsmouth Blueprint - supporting integration and workforce development. At the heart of the transformation programme is the need to upskill and develop the workforce's understanding of mental health and wellbeing and supporting the wider workforce to deliver support and interventions to children and young people and their families, enhancing access to lower level support and putting emotional wellbeing and mental health resilience at the centre of holistic care and planning.

An integral part of this programme is the work undertaken to engage with service users and local health, education and social care professionals to innovate effective quality services for our children, young people and families.

3. STAKEHOLDER CONSULTATION

There was a recognised gap in our previous transformation plan where we hadn't sufficiently consulted with stakeholders. This has been fully addressed with a comprehensive stakeholder consultation process undertaken from 1st January to 18th March 2016.

A total of 335 participants engaged in this consultation, by either completing a questionnaire/survey monkey or attending Focus Group Meetings, Workshops or 1-2-1 interviews. The complete findings are available in the full report. A summary of the key findings follows:

3.1 Children and Adolescent Mental Health Workforce

Joined Up Workforce

Professionals and young people highlighted the need for more joined up working, young people stating that it was extremely important that services supporting young people's mental health worked together to provide care and support when required. Professionals also stated that the key to services working better together is improved communication, better liaison between professionals and clear responsibilities.

Workforce Skills

The professionals believe that it is important to have a workforce that understands what's important about the work they do to support young people and their families. They suggested that when practitioners have the skills, knowledge and experience required for their role or particular field of work, this is when they system works well. Professionals also stated that more training needs to be available for all staff working with young people, who use many services, to ensure that everyone is able to support young people where appropriate. It is suggested that training could be a shared resource amongst services, rather than keeping it within teams/areas.

School Support

Professionals and young people raised school support as a key issue with professionals expressing their concern that some schools do not have the skills and/or resources to appropriately support children's social and emotional needs. Young people also expressed the need to have members of staff in their schools/colleges who could offer them the help they need when facing difficulties.

3.2 Communication/Mental Health Promotion

Information Availability

Across all stakeholders participating in this consultation the lack of information was raised as an issue with availability and accessibility being a common theme. Parents/carers specifically raised the lack of information relating to how they could support, teach or manage their child as an issue and young people requested more information being available about mental health generally within their schools/colleges along with guidance about where best to get specific information and support.

Stigma

It is also clear from feedback received from young people and parents/carers that stigma is still attached to users of mental health services. Young people and parents/carers suggest that the level of stigma is reducing, but the concerns amongst young people about confidentiality and about not being seen to be visiting or using services clearly illustrates a significant perception of stigma still exists.

3.3 Identified Gaps in Provision

Autism

Both parent/carers and professionals highlighted the lack of help and support for young people with autism and their families, particularly for young people with behavioural problems related to autism. Professionals raising particular concern for young people who do not attend special schools as these young people were unlikely to be seen by CAMHS and therefore not in a position to receive the help and support they need.

Crisis Care

Young people, parents/carers and professionals all raised Crisis Care as a key issue. Professionals raising concern regarding a noticeable gap in provision between support and crisis care. They are reporting that young people, parents/carers and professionals have to wait until the young person reaches crisis point before being able to access support. It was stressed that effective crisis intervention and instant support in 'crisis' situations is required.

Early Intervention - Low Level Support

Professionals highlighted that there is a gap in the provision of early intervention, low level support such as counselling, this is also supported by feedback received from the young people themselves. The professionals believe that by intervening earlier and providing additional low level support (counselling) would help prevent the mental health needs of young people from progressing and therefore requiring more intensive, specialist support.

Infant Mental Health

The lack of support available within the infant mental health service provision was raised as a concern by professionals. They stated that more support in this area would improve outcomes for children and parents identified with attachment issues and also suggested that addressing such mental health issues during the infant years is a key example of prevention in health care.

Self-Harm/Suicide

It is apparent from this consultation that there is confusion for both professionals and young people regarding the support available around self-harm and suicide. Young people stating that there is no clear process with many young people telephoning the Police for support. Professionals are also unclear regarding the referral process and specifically which service covers particular areas and issues around young people between 16-18 years of age.

3.4 Operational Issues

Accessibility/Referral Process

A number of areas were identified by all stakeholders regarding the accessibility of services for young people with mental health problems. Professionals acknowledge that work needs to be undertaken to address the problem, both in terms of venue and time but also around the frequency of appointments. Young people stressed that often their appointments would fall within the time they should be attending school/college and would always be in clinical settings, both of these issues having a negative impact on the young person.

Another point raised by professionals and parent/carers alike was the difficulty experienced trying to access the service in the first instance. Professionals suggesting that one way to alleviate this would be to review the referral process allowing a wider range of professionals to refer into services. Parents/carers stressed that the whole system should be reviewed they considered that the young person's school/college should be the 'referrers' rather than a GP.

Waiting Times

Professionals highlighted that waiting times is an issue and believe that this could be resolved if there was more diversity in the offer given to young people. Young people and parents/carers felt that the waiting times were too lengthy (up to 4 months to receive the first counselling session) and that additional support should be available.

Transition between Children and Adult Services

The transition between children and adult services is also a concern for all participants in this consultation. Professionals stressing the importance of a much smoother transition process between children and adult services. This point was also raised by young people and parents/carers alike, with young people stating that the transition should be when the young person feels ready and emotionally stable rather than at a specific age.

Professionals also stated that it was particularly important that training was made available to all staff working with young people to ensure that everyone is able to support young people to continue with their planned care when discharged or transitioned out of services.

3.5 Young People/Parent Support

Peer Support

Both young people and parents/carers emphasised the importance of being given the opportunity to meet up with other young people, parent/carers who found themselves in the same or similar position. They stressed that being able to discuss their situation with each other gave them the feeling or being able to cope with the situation and removed the feeling that they faced their particular circumstances alone.

Young People with Complex Mental Health Needs

Parents/carers of young people with complex mental health issues expressed their concern of the lack of support, particularly around coping strategies and understanding their child's needs, via survey monkey and Focus Group meetings held for parents across the city. Two of the biggest concerns raised were not having a specific training course designed for parents who have children with complex mental health needs and the lack of help/support available to parents suffering from anxiety due to their child's complex needs.

Conclusion

Across the consultation, participants commented that the characteristics of an ideal service would include being accessible and available, providing support in a timely fashion, privacy and confidentiality, clear communications, working with the same professionals each time, being listened to and believed, having key information available, and the opportunity for an informal first meeting.

The combination of the research already undertaken along with the findings from this consultation now gives us a clear view of the current children and adolescent mental health service. This review has highlighted the need for services that have been genuinely designed for young people, that young people and parents are listened to, that professionals have time and resources to provide appropriate services, and that the services are provided in a timely fashion.

4. COMMISSIONING ARRANGEMENTS

Portsmouth City Council and the NHS in Portsmouth have a long history of positive and productive joint working. In 2010 our integrated commissioning arrangements were formalised using section 75 flexibilities (NHS act 2006) giving Portsmouth City Council delegated lead commissioner function from NHS Portsmouth CCG to commission a wide range of community health and social care services for adults and children.

4.1 Integrated Commissioning Service

The Integrated Commissioning Service (ICS) was established to deliver these arrangements and over the last five years it has grown with the ambition to be an innovator in the commissioning of whole life pathways to deliver efficiencies and improve outcomes for vulnerable adults, children and families in the city. The ICS mission is to "Improve Health and Wellbeing outcomes for the people of Portsmouth through excellent commissioning" The service continues to evolve in line with the changing commissioning landscape.

The ICS is a joint commissioning service for Portsmouth City Council and NHS Portsmouth Clinical Commissioning Group with the aim to deliver efficiencies across departments and improve outcomes for vulnerable adults, children and families in Portsmouth through the commissioning of whole life pathways, joining up the delivery of services, and adopting a strategic approach to the wider determinants of health and wellbeing. The ICS also works in partnership with the Voluntary and Community Sector in Portsmouth and there are a number of dedicated roles within the team whose roles are to maintain and build on those positive relationships. The ICS delivers commissioning and contracting functions across a range of areas that include:

- Community Services
- Public Health
- Physical Disabilities
- Learning Disabilities
- Children and Family Services
- Carers
- Adult Mental Health and CAMHS services
- Substance Misuse
- Supporting People

5. HEALTH NEEDS ASSESSMENT

We are currently producing an health needs assessment which aims to describe and quantify (where possible) the need for preventative and other mental health services for children and adolescents in Portsmouth; to assess whether the use of services by children and adolescents with mental health problems in Portsmouth reflects need; and to make recommendations.

The needs assessment covers the mental health and wellbeing of children and young people in Portsmouth aged 0 to 24 years, highlighting where possible, groups at increased risk of experiencing mental health problems and links directly to the strategic plans of several boards.

5.1 Prevalence Rates

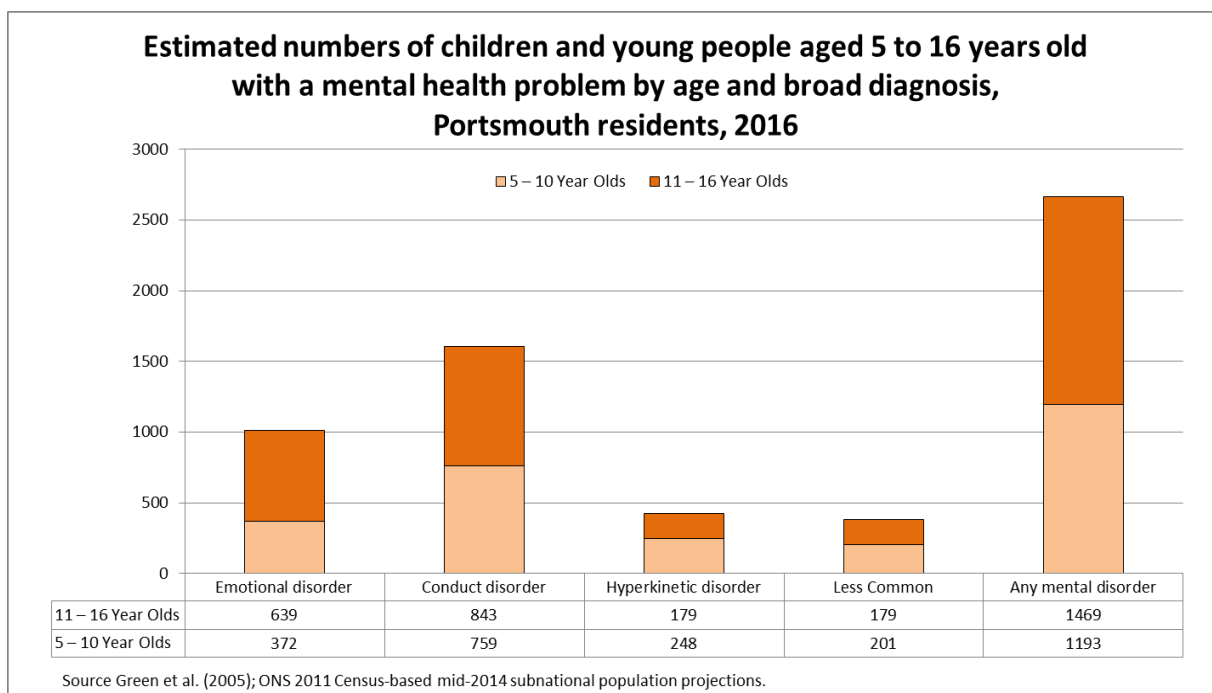
Between 2001 and 2011, Portsmouth's population of 0-24 year olds increased from 63,336 to 74,223 - with the largest increases of around 3,200 in 15-19 year olds and around 6,100 in 20-24 year olds.

In 2021, a projected 77,232 0-24 year olds will be living in the city. The greatest increase will be in those aged 10-14 years old which will increase by around 1,800 children (16% increase). The other age groups are predicted to decrease or increase by less than 2%.

It is estimated that there could be 2,126 pre-school children aged 2-5 living in Portsmouth who have a mental health disorder, studies in children aged 2-5 found that average prevalence rate of any mental health disorder in the age group was 19.6%.

There are 14,423 young people aged 15-19 and 23,688 young adults aged 20-24 in Portsmouth. Together, those aged 15-24 account for 18% of Portsmouth's population. The population of young adults aged 16-24 in Portsmouth is divided between 18.9% males and 16.8% females.

Children aged 11-16 years are more likely than those aged 5-10 to experience mental health problems. On the whole, boys are more likely than girls to experience conduct disorders and other mental health problems. However, girls are more likely to experience or have experienced certain conditions such as eating disorders.



Nationally, it is estimated that nearly 1 in 10 children aged 5-16 has a mental disorder. Emotional and conduct disorders are the most common mental disorders as seen in the table below. It is estimated that 19.2% of children and young people aged between 5-16 years have a mental health disorder in Portsmouth.

Prevalence and Estimated Numbers of Mental Health Issues (16-24 Years), Portsmouth (2016)

	16-24 Year Old Prevalence	Estimated Number of Residents Aged 16-24 Years
Any common mental health disorder	17.5	6,311
Mixed anxiety / depressive disorder	10.2	3,678
Generalised anxiety disorder	3.6	1,298
Depressive episode	2.2	793
All phobias	1.5	541
Obsessive-Compulsive Disorder	2.3	829
Panic Disorder	1.1	397
Post-traumatic stress disorder	4.7	1,695
Psychotic disorder	0.2	72
Attention deficit hyperactivity disorder (ADHD) (All six characteristics)	1.1	397
Attention deficit hyperactivity disorder (ADHD) (Four or more of six characteristics)	9.5	3,426
Eating disorder (Score 2 or more with significant impact)	3.5	1,262
Eating disorder (Score 2 or more)	13.1	4,724
Co-morbidity (2+)	12.4	4,471

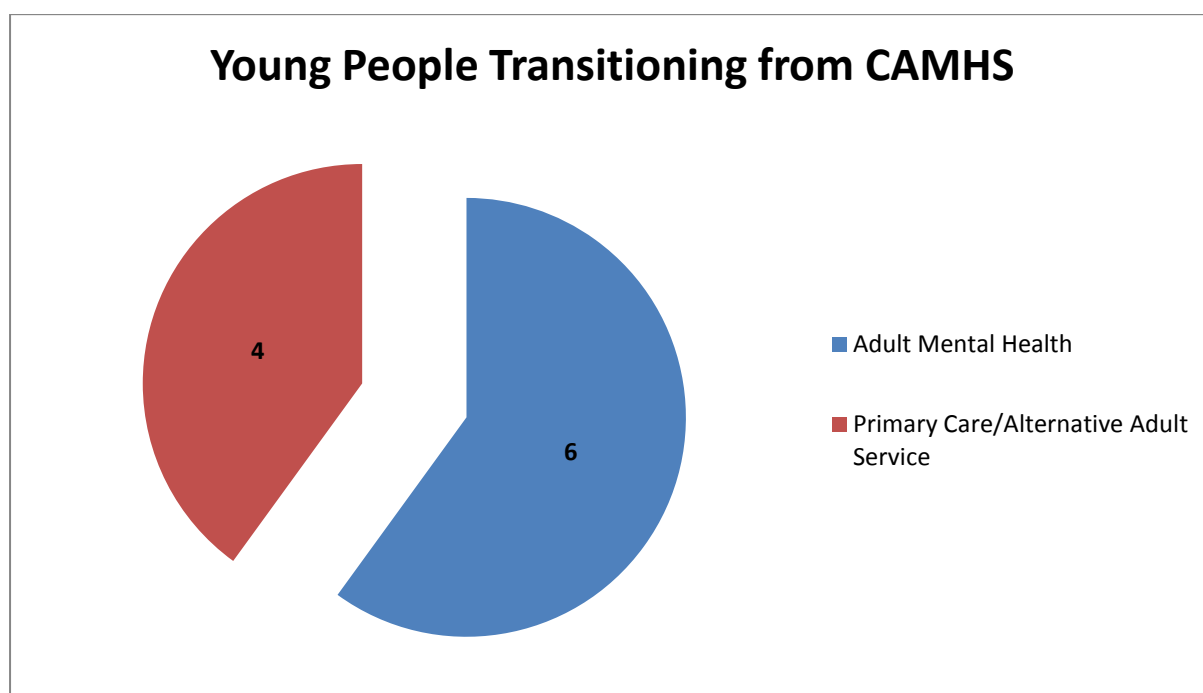
An estimated 4,120 to 6,180 children in Portsmouth are in need of Tier 1 services, falling to between 30 and 190 in need of Tier 4.

Estimated Level of Need by Service Tier for Portsmouth (2016)

	Model by Kurtz, 1996		Model by Campion and Fitch, 2013 (Joint Commissioning Panel for Mental Health model)	
	Prevalence, under 17 years old	Estimated number, under 17 years	Prevalence, under 17 years old	Estimated number under 17 years
Tier 1	15.00%	6,180	10.00%	4,120
Tier 2	7.00%	2,880	7.00%	2,880
Tier 3	1.85%	760	3.00%	1,240
Tier 4	0.075%	30	0.47%	190

5.2 Transition

In Portsmouth, CAMHS offer mental health care to young people until they are 18 years old. From the age of 17.5 years CAMHS work with the young person and their parent/carer to prepare an appropriate plan for the future. The plan is based on exploring pros and cons of the different options available. The graph below indicates the number of young people transitioning from CAMHS between May 2015 and June 2016:



Currently the CAMHS team is working on improving the way in which transitions are monitored and recorded and a spreadsheet has been set up detailing all young people approaching 17.5 years. The proposal is to develop a new system whereby all clinicians who have a young person approaching 17.5 years of age will add them to the spreadsheet to initiate the transition process. The young person's progress will then be monitored to ensure the correct standards for transitioning are being met. All clinicians will be using a transitions checklist which details when and what they need to do as part of the young person's transition out of the service. The correct stages of transition will then be checked and recorded on the transitions spreadsheet as and when they are completed by the case holder of the young person.

5.3 Service Offer with Staffing Numbers and Activity Data

Universal Services

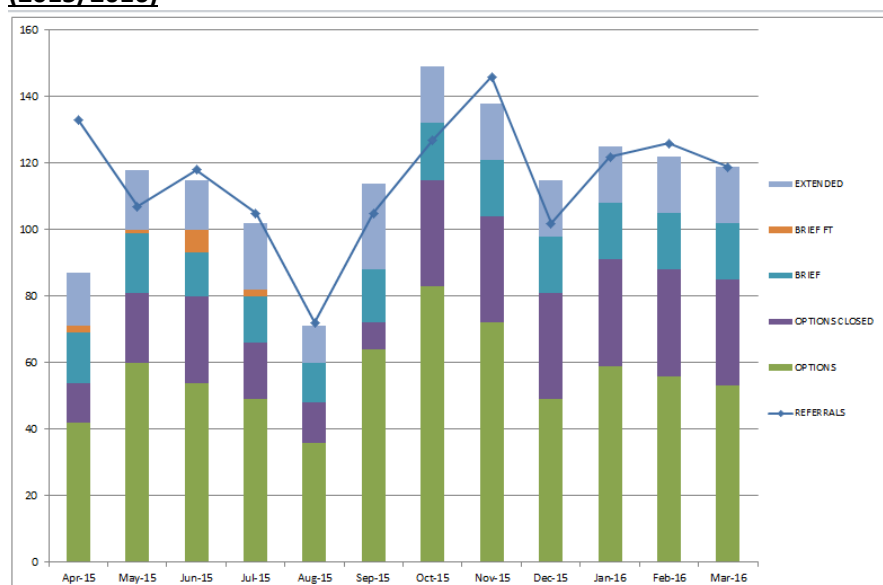
You and Your Baby	Pre and Post-natal depression group that support mother and baby bonding and reduce isolation, including relaxation, breathing and mindfulness; general group discussion, sharing of experiences; support and advice on healthy eating and living; advice about baby and mother's sleep; Cognitive Behavioural Therapy (CBT) group to help manage stress/anxiety.
Respond Portsmouth	Pre and Post-natal depression group that support mother and baby bonding and reduce isolation, including relaxation, breathing and mindfulness; general group discussion, sharing of experiences; support and advice on healthy eating and living; advice about baby and mother's sleep; Cognitive Behavioural Therapy (CBT) group to help manage stress/anxiety.
Shelf Help	<p>The books provided by Shelf Help offer tips and ideas to help young people understand and manage emotions as well as cope with difficult situations. Some of the recommended books suggest useful self-help techniques. There are also person stories, graphic novels and fiction. Reading about other people's experiences and feelings can sometimes help young people understand their own.</p> <p>The Shelf Help collection is comprised of 125 books (multiple copies of the 35 titles in the collection). Since April, the collection has generated 175 book issues (this doesn't necessarily mean that 175 people borrowed one item, it could also mean that fewer people borrowed a number of books, and perhaps the same book has gone out more than once). This amounts to 20% of the collection being on loan currently.</p>
4U	Public Health Portsmouth supports lesbian, gay, bisexual, transgender and questioning young people aged 11-19 through the 4U LGBTQ Youth Services in Portsmouth. This service offers a regular youth group, 1-1 support in schools, Personal, Social, Health Education (PSHE) citizenship lessons in schools as well as supporting gay/straight alliance groups in secondary schools.
The Healthy Child Programme	The Healthy Child Programme is an evidence based programme for children and families, including developmental reviews, information and guidance needed to achieve their optimum health and well-being. The programme aims to improve a range of outcomes such as: strong parental-child attachment; better child social and emotional well-being; a reduction in childhood obesity; prevention of serious and communicable diseases; improved readiness for school and learning; better short and long-term outcomes for children at risk of social exclusion. The Healthy Child Programme utilises graduated response -community, universal, universal plus, universal partnership according to need. The workforce includes health visiting and school nursing (commissioned by Public Health) and also the wider community child health services, voluntary services and school professionals.

Family Nurse Partnership	The Family Nurse Partnership (FNP) is a preventive programme, usually offered to first-time young mothers who are under 20 years of age and before they are 20 weeks pregnant. The same family nurse works with families from early pregnancy up until the child is two years old. The programme's primary focus is the future health and well-being of the child and mother. It is effective with young parents who have low psychological resources, limited family support and low educational achievement. Family nurse practitioners have backgrounds in midwifery and health visiting and they receive additional training to support them for the specific role. The Family Nurse Partnership has seven nurses in a maximum client capacity of 175, with average 160 clients on its books at any one time.
Young Carers	Public Health Portsmouth works with schools to identify young carers and find appropriate ways to share information between education and carer services. The aim is to give school-age carers the guidance and support they need in order to fulfil their caring role and reach their maximum educational potential.

Targeted Services

Service Description	Number Supported	Current Issues												
<u>CAMHS Single Point of Access</u> The aim of this team is to promote the mental health and psychological wellbeing of all Portsmouth's children and young people and to provide a range of high quality, accessible services that are responsive to needs as they arise. The role of the CAMHS SPA is to act as an interface between universal first contact services for children and families and specialist CAMHS (Extended Team).	<u>Total number of Options Appointments = 673</u> Breakdown: <table><tr><td>Closed or signposted to other services</td><td>241</td></tr><tr><td>Offered some brief intervention</td><td>202</td></tr><tr><td>Placed on Extended Team waiting list</td><td>192</td></tr><tr><td>Signposted to a medic</td><td>30</td></tr><tr><td>Placed on the 3 month watch list</td><td>3</td></tr><tr><td>Awaiting more information</td><td>5</td></tr></table>	Closed or signposted to other services	241	Offered some brief intervention	202	Placed on Extended Team waiting list	192	Signposted to a medic	30	Placed on the 3 month watch list	3	Awaiting more information	5	50% of the referrals to this service do not meet the service's criteria. Commissioners are now in the process of utilising some of the 'Future in Mind' funding to bring a new service into operation in January 2017 to help alleviate this situation.
Closed or signposted to other services	241													
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Signposted to a medic	30													
Placed on the 3 month watch list	3													
Awaiting more information	5													
<u>Workforce:</u> Band 7: 1WTE (Clinical Team Leader) Band 7: 1WTE x 2 + 0.8WTE x 1 + 0.5WTE x 1 Band 6: 1WTE x 4 + 0.8WTE x 1														
<u>Waiting Times:</u> Options Appointments = 4 Weeks - Treatment = 4 Weeks														

Graph showing the Outcome of each Referral to the CAMHS Service through the SPA Team (2015/2016)



Service Description	No: Supported	Current Issues								
<p><u>Talking Change</u></p> <p>Talking Change is a service which provides a range of therapies and treatments for those dealing with common mental health problems. The service is for people aged 16 and over who are registered with a GP in Portsmouth and who are experiencing mild to severe depression and/or anxiety. The service is delivered by a team of specialist therapists and counsellors. The support provided is often described as "Talking Therapies" and follows guidance from the National Institute for Health and Care Excellence (NICE) to ensure the best care based on needs is provided.</p>	<p><u>Total number of treatments provided = 327</u></p> <p>Breakdown:</p> <table><tr><td>16-18 year olds</td><td>37</td></tr><tr><td>19-25 year olds</td><td>284</td></tr></table>	16-18 year olds	37	19-25 year olds	284	<p>During 2015/2016 there were 1398 referrals to this service, however only 327 young people received treatment. Why so many young people are failing to engage with this service is currently being investigated by commissioners with a view to understanding the reasons behind this and to support the provider by exploring ways in which they could improve their engagement rates.</p>				
16-18 year olds	37									
19-25 year olds	284									
<p><u>Off the Record</u></p> <p>Off the Record deliver informal support, 1-1 counselling and information to young people aged 11-25 who are suffering from or are at risk of a range of problems, including relationship difficulties, social isolation, mental ill-health, violence, alcohol addiction, drug abuse, smoking and obesity.</p>	<p><u>Total number of Contacts = 1193</u></p> <p>Breakdown:</p> <table><tr><td>Quarter One</td><td>300</td></tr><tr><td>Quarter Two</td><td>474</td></tr><tr><td>Quarter Three</td><td>194</td></tr><tr><td>Quarter Four</td><td>225</td></tr></table>	Quarter One	300	Quarter Two	474	Quarter Three	194	Quarter Four	225	<p>The service has seen an increase in the referrals from GPs, CAMHS and Social Services over the 2015/2016 financial year. This has led to difficulties in capacity and also long waiting times for young people some of them waiting up to 6 months to receive counselling.</p> <p>Commissioners are now in the process of utilising some of the 'Future in Mind' funding to bring a new service into operation in January 2017 to help alleviate this situation.</p>
Quarter One	300									
Quarter Two	474									
Quarter Three	194									
Quarter Four	225									

U-Turn Service - Barnardo's	The U-Turn service is for young people under the age of 18 who are at risk of or being sexually exploited. It helps young people to keep safe and supports them to deal with relationships and issues affecting their lives.
Family Intervention Service - Barnardo's	The aim of the Family Intervention Service is to intervene effectively to meet the complex and diverse needs of children and families to improve outcomes and negate the need for statutory intervention. The target group is families where children are at risk of requiring statutory Tier 4 services - particularly Children's Social Care, Youth Offending services and Special Education.
Family Intervention Service - E C Roberts	This service delivers a Family Intervention Project for the Portsmouth area and Portsmouth City Council tenants living in Havant. They work with a maximum of 6 families at any given time. Referrals are made by the Housing Service but will reflect antisocial behaviour (ASB) and risk to tenancy as confirmed by the ASB Unit Housing Team.

Specialist Services

Service Description	Number Supported	Current Issues																		
<p><u>Extended CAMHS Team</u></p> <p>The aim of this team is to provide longer term individualised treatment interventions designed to address the needs of children and young people and their families/support networks who have serious to severe mental health disorders. They also provide an assertive outreach approach to assist young people who may otherwise find CAMHS services difficult to access.</p> <p>The Extended CAMHS team fulfils a variety of functions in meeting the needs of children and young people with mental health problems in the city. The main four functions are:</p>	<p><u>Total number of Partnership Appointments = 88</u></p> <p>(Partnership Appointments are the first line intervention offered by this service)</p> <p>Breakdown:</p> <table><tr><td>Anxiety</td><td>61</td></tr><tr><td>Low Mood</td><td>38</td></tr><tr><td>Self-Harm/Suicide</td><td>29</td></tr><tr><td>School Attendance</td><td>5</td></tr><tr><td>OCD</td><td>5</td></tr><tr><td>Eating Problems</td><td>4</td></tr><tr><td>Sleep</td><td>2</td></tr><tr><td>Gender</td><td>1</td></tr><tr><td>Psychotic Type</td><td>1</td></tr></table> <p><u>Please Note:</u> The above table indicates the different needs described for patients at referral to the Extended Team. Most referrals described more than one need.</p>	Anxiety	61	Low Mood	38	Self-Harm/Suicide	29	School Attendance	5	OCD	5	Eating Problems	4	Sleep	2	Gender	1	Psychotic Type	1	<p>A gap in the provision of care for young people in crisis has been identified. The need for a more robust crisis care package for young people is indicated which would reduce numbers of Tier 4 admissions as well as the length of stay of admissions.</p> <p>This has resulted in the development of a Crisis care post to co-ordinate, deliver and evaluate crisis care within CAMHS. The post will be able to assess, treat and risk manage young people. They will be able to prescribe medications where indicated and develop multi agency care plans. The role will also involve supporting the family and the network to plan for and manage crisis.</p> <p>Data and feedback will be collected in regards to the post and the service provision. An evaluation will be carried out at the end of the first year of operation.</p>
Anxiety	61																			
Low Mood	38																			
Self-Harm/Suicide	29																			
School Attendance	5																			
OCD	5																			
Eating Problems	4																			
Sleep	2																			
Gender	1																			
Psychotic Type	1																			

Service Description	Number Supported	Current Issues																										
<ul style="list-style-type: none">Intervention for children and young people in mental health crisisIntervention for Targeted and Specialist level mental health difficultiesAssessment for neurodevelopmental disorders <p>Specialist treatments where indicated by type/level of impairment</p>	<p><u>Total number of Neuro-developmental Assessment (January-March 2016) = 13</u></p> <p>Breakdown:</p> <table><tr><td>Diagnosed ASD</td><td>4</td></tr><tr><td>Diagnosed other MH Disorder/Further MH Disorder Assessment</td><td>3</td></tr><tr><td>Diagnosed other ND or LD</td><td>2</td></tr><tr><td>Further Assessment (i.e. ADOS/Sensory)</td><td>2</td></tr><tr><td>Not ND (No other intervention indicated)</td><td>2</td></tr></table> <p><u>Total number of Specialist Treatments = 63</u></p> <p>Breakdown:</p> <table><tr><td>Emotional Coping Skills</td><td>14</td></tr><tr><td>Controlling Worries</td><td>7</td></tr><tr><td>Art Psychotherapy</td><td>5</td></tr><tr><td>Psychotherapy</td><td>15</td></tr><tr><td>Cognitive Assessments</td><td>5</td></tr><tr><td>Occupational Therapy - Sensory Input</td><td>4</td></tr><tr><td>Family Therapy</td><td>9</td></tr><tr><td>Specialist CBT</td><td>4</td></tr></table>	Diagnosed ASD	4	Diagnosed other MH Disorder/Further MH Disorder Assessment	3	Diagnosed other ND or LD	2	Further Assessment (i.e. ADOS/Sensory)	2	Not ND (No other intervention indicated)	2	Emotional Coping Skills	14	Controlling Worries	7	Art Psychotherapy	5	Psychotherapy	15	Cognitive Assessments	5	Occupational Therapy - Sensory Input	4	Family Therapy	9	Specialist CBT	4	
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Family Therapy	9																											
Specialist CBT	4																											
<p><u>Workforce:</u></p> <p>Band 7: 0.69WTE (Clinical Team Lead)</p> <p>Band 7: 1WTE x 1 + 0.69WTE x 1 + 0.5WTE x 1</p> <p>Band 6: 1WTE x 3</p> <p>Band 5: 1WTE x 2</p> <p>Band 4: 1WTE</p>																												

Service Description	Number Supported	Current Issues										
<p><u>Looked After Children Team</u></p> <p>The aim of this team is to promote the mental health and psychological wellbeing of all Portsmouth's Looked After Children and Young People and to provide a range of high quality and accessible services that are responsive to needs as they arise and to promote and support placement stability.</p> <p><u>Unaccompanied Asylum Seekers</u></p> <p>This year there has been an increase in unaccompanied asylum seeking children arriving in the Portsmouth area. Due to the needs of these young people a new pathway has been devised which takes into account the overall presentation of the young person in relation to the experience they have been through, placement stability and how/if the young person is integrated into the placement and community.</p> <p><u>Foster Carers</u></p> <p>All approved foster carers will have an allocated, suitably qualified supervising social worker. The allocated supervising social worker is responsible for supervising and supporting carers, ensuring that they have the necessary guidance, support and direction to maintain a quality service, including safe caring practices. This will include an understanding that they must work within the National Minimum Standards for Fostering and the agency's policies, procedures and guidance.</p>	<p><u>Total number of episodes of care offered = 70</u></p> <p>Breakdown:</p> <table><tr><td>Direct and Individual Work</td><td>35</td></tr><tr><td>Intervention</td><td>35</td></tr></table> <p>Direct work includes mental health assessment, meeting with the young person, psycho education to carers and network, attending network and strategy meetings and advice to schools.</p> <p>An Intervention is provided through regular network meetings, meetings with carers and professionals and the team decide on which intervention is most appropriate based on the presentation of the young person.</p> <p><u>Total number of Unaccompanied Asylum Seeker referrals received = 10</u></p> <p>Breakdown:</p> <table><tr><td>Referral accepted</td><td>4</td></tr><tr><td>Referral not accepted</td><td>4</td></tr><tr><td>Referrals waiting</td><td>2</td></tr></table>	Direct and Individual Work	35	Intervention	35	Referral accepted	4	Referral not accepted	4	Referrals waiting	2	
Direct and Individual Work	35											
Intervention	35											
Referral accepted	4											
Referral not accepted	4											
Referrals waiting	2											
<p><u>Workforce:</u></p> <p>Band 7: 0.8WTE (Clinical Team Lead)</p> <p>Band 7: 0.4WTE x 1</p> <p>Band 6: 1WTE x 2 + 0.8WTE x 2</p> <p>Please Note: The members of the workforce above work across the Looked After Children and Youth Offending Teams</p>												

Service Description	Number Supported	Current Issues														
CAMHS Learning Disability Service The aim of this service is to improve the quality of life for young people with learning disabilities and their families through helping them participate fully in education, social activities and family life and manage the difficulties associated with having or being part of a family where a child has a learning disability. To minimise the intensity, frequency, duration and impact of challenging behaviour and mental health difficulties in children and young people with learning disabilities.	Total number of referrals received = 72 Breakdown: <table><tr><td>Community Paediatricians/CDC</td><td>27</td></tr><tr><td>Education</td><td>13</td></tr><tr><td>GPs</td><td>11</td></tr><tr><td>Families themselves</td><td>6</td></tr><tr><td>Other CAMHS Teams</td><td>4</td></tr><tr><td>Social Care</td><td>4</td></tr><tr><td>Other</td><td>7</td></tr></table>	Community Paediatricians/CDC	27	Education	13	GPs	11	Families themselves	6	Other CAMHS Teams	4	Social Care	4	Other	7	
Community Paediatricians/CDC	27															
Education	13															
GPs	11															
Families themselves	6															
Other CAMHS Teams	4															
Social Care	4															
Other	7															
Workforce: Band 7: 0.69WTE (Clinical Team Lead) Band 7: 1WTE x 1 + 0.6WTE (Medical) Band 6: 0.8WTE x 3 Band 5: 1WTE x 2																
Youth Offending Team The Youth Offending Team is a multi-disciplinary Community Youth Justice Team. It provides an assessment and intervention service for children and young people (10-18 years) who have committed a criminal offence. The team has a specialist CAMHS nurse attached, who provides mental health consultation, training and direct work.	Total number of young people offered an intervention = 41 Breakdown: <table><tr><td>Worked with and Closed</td><td>20</td></tr><tr><td>Completed an Intervention Programme</td><td>17</td></tr><tr><td>Moved out of area into Secure Estate</td><td>3</td></tr><tr><td>Referred onto Specialist Support</td><td>1</td></tr></table>	Worked with and Closed	20	Completed an Intervention Programme	17	Moved out of area into Secure Estate	3	Referred onto Specialist Support	1							
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Workforce: Band 7: 0.8WTE x 1 (Clinical Team Lead) Band 7: 0.4WTE x 1 Band 6: 1WTE x 2 + 0.8WTE x 2 Please Note: The members of the workforce above work across the Looked After Children and Youth Offending Teams																

Service Description	Current Issues
<p><u>Current Eating Disorder Offer</u></p> <p>There is no distinct Eating Disorder service in Portsmouth and as such all referrals are seen through the CAMHS SPA/Extended team. There is a distinct Adult Eating Disorder Service across Hampshire that includes Portsmouth which is delivered by NHS Southern Health Foundation Trust; their aim is to see 17+ year old first onset eating disorder clients. There is currently no intensive community treatment available.</p>	<p>Gaps in the existing Eating Disorder pathway have been identified. An enhanced Eating Disorder programme is being development during 2016 as follows:</p> <p>To establish</p> <ul style="list-style-type: none"> • An Integrated Pathway Lead Role • An Eating Disorders Support Group • A ED Co-ordinator Role • Daily contact with Hospital upon admission • Daily contact (at risk of going into hospital) • Daily contact upon discharge from hospital • Dedicated family therapy time • Staff training (IAPT model/Maudsley model)
<p>Hampshire Liaison & Diversion Service</p>	<p>This service covers South East and South West Hampshire court areas with two teams based in Portsmouth and Southampton. Working in partnership with Solent NHS Trust, the Southampton and Portsmouth teams assess and engage with vulnerable people who find themselves within the criminal justice system. Practitioners take a proactive role in ensuring that individuals receive the right care and interventions.</p> <p>The service also offers advice and support to police officers, magistrates and other colleagues working within the criminal justice system to help them determine the most appropriate outcome for each person, whose vulnerabilities may include mental illness, learning disabilities and autism.</p> <p>The Portsmouth team covers custody suites in Portsmouth, Fareham and Waterlooville and Havant. They also cover the Portsmouth Crown Court and Portsmouth and Fareham Magistrates Courts. The team has a duty worker available from 8.00am to 8.00pm each day of the week.</p>

Highly Specialist Services

Service Description	Number Supported	Current Issues												
<p>Paediatric Liaison</p> <p>Paediatric Liaison is a multi-disciplinary specialist CAMHS team. It provides a dedicated psychiatric and psychological service for children and young people (0-16 years) in acute inpatient and outpatient paediatrics and the Special Care baby Unit at Queen Alexandra Hospital.</p>	<p>Total number of Inpatient Admissions = 10</p> <p>Breakdown:</p> <table><tr><td>Eating Disorder</td><td>4</td></tr><tr><td>Suicidal Intentions</td><td>4</td></tr><tr><td>Psychosis</td><td>1</td></tr><tr><td>OCD</td><td>1</td></tr></table> <p>Please note: There have been a number of admissions avoided during the year, in particular 5 cases that were assessed for admission but were held in the community through CAMHS intervention.</p>	Eating Disorder	4	Suicidal Intentions	4	Psychosis	1	OCD	1	<p>Portsmouth's national outcome measure for those aged 10-24 years admitted as a result of self-harm shows an increasing trend and has been significantly higher than England for the past three financial years. In 2014/15 the local rate was the highest of 150 county/unitary authorities.</p> <p>One of the reasons for this might be the way in which activity is counted and coded in Portsmouth Hospitals Trust. In order to improve the clinical assessment pathway for people who self-harm, Portsmouth and Hampshire commissioners are working together to review the self-harm pathway from Queen Alexandra Hospital (QAH) (CAU/ED) and into the acute and community services with the aim being to develop an integrated paediatric mental health liaison service working from QAH using a triage approach. This will ensure that a young person is only admitted if they have been clinically assessed to do so. It may be that a young person may be able to go home with appropriate community appointments put in place or supplied with information about local advice and counselling support services.</p>				
Eating Disorder	4													
Suicidal Intentions	4													
Psychosis	1													
OCD	1													
<p>Workforce:</p> <p>Band 8b: 0.2WTE x 1 + 0.1WTE x 1</p> <p>Band 7: 0.8WTE</p>														
<p>Admissions to Acute Settings - Out of Area</p> <p>This service is currently commissioned by NHS England on behalf of Portsmouth CCG.</p>	<p>Total number of placements = 12</p> <p>Breakdown:</p> <table><tr><td>Severe Self-Harm/Suicidal Thoughts/Suicide Attempts/Suicidal Ideation/Psychotic Phenomenon</td><td>5</td></tr><tr><td>Eating Disorder</td><td>3</td></tr><tr><td>Autism LD and Schizoaffective disorder</td><td>1</td></tr><tr><td>Psychosis</td><td>1</td></tr><tr><td>Severe OCD</td><td>1</td></tr><tr><td>Diagnosis not on system</td><td>1</td></tr></table>		Severe Self-Harm/Suicidal Thoughts/Suicide Attempts/Suicidal Ideation/Psychotic Phenomenon	5	Eating Disorder	3	Autism LD and Schizoaffective disorder	1	Psychosis	1	Severe OCD	1	Diagnosis not on system	1
Severe Self-Harm/Suicidal Thoughts/Suicide Attempts/Suicidal Ideation/Psychotic Phenomenon	5													
Eating Disorder	3													
Autism LD and Schizoaffective disorder	1													
Psychosis	1													
Severe OCD	1													
Diagnosis not on system	1													

6. SERVICE TRANSFORMATION PLANS

6.1 Promoting Resilience, Prevention and Early Intervention

With system enabling monies and investment in 2016 and beyond we said we would:

- Commission a lower threshold open access service that supports CYP and Families which includes a CYP peer support model.
- Commission an Infant Mental Health Service based on national ambition and local need.
- Enhance current perinatal and post-natal depression pathways to provide early intervention and support.
- Create an awareness campaign focusing on Self Harm which will support us in developing a self-harm pathway for the city.

Progress Update

Emotional Health and Wellbeing Service

A service specification has been developed which sets out the service requirements for a citywide Emotional Health and Wellbeing service for children, young people and their families. The service will support children, young people and their families by building resilience, improving emotional wellbeing and supporting good mental health by providing the following:

- Informal support for young people and their families.
- A citywide targeted therapeutic counselling service for young people and potentially their families.
- To develop a model of peer support for young people and their families.

The new service will offer flexible opportunities for self-referral at a range of different locations that are child and young person friendly. The service will operate at times which are convenient for young people and families which will therefore mean that some evening and weekend work will be required.

The expected outcomes of the service will be as follows:

- The emotional wellbeing and resilience of vulnerable children and young people is improved.
- More support is available earlier for children; young people and families where problems arise that prevent more serious problems developing.
- More support is available for young people in transition who are at risk of poor mental health.

The Key performance indicators associated with this service are as follows:

KPI 1	A minimum of 1350 counselling sessions delivered per annum	100%	6 Monthly
KPI 2	A minimum of 240 young people and parents/carers supported per annum	100%	6 Monthly
KPI 3	All children, young people and family members should be initially contacted within 24 working hours of being referred to the service	100%	6 Monthly
KPI 4	If targeted counselling support is required the initial comprehensive assessment is to be delivered within 10 working days	100%	6 Monthly
KPI 5	Demonstrate an improvement in outcomes for children/young people and/or family members. To be evidenced through 2 case studies per quarter	85% of all cases	6 Monthly
KPI 6	Service User feedback - to be collected continually collected and summarised and presented annually	80% of all feedback to be positive	6 Monthly
KPI 7	Demonstrate compliance with relevant British Association of Counselling and Psychotherapy (BACP) standards		Annually
KPI 8	Portsmouth safeguarding children compact - self assessment (included at the end of the contract)		to be completed once every two years and returned to the authorised officer

It's important to highlight that Children's Social Care commission a number of organisations to deliver services to children and families and as part of the Stronger Futures programme they are exploring the options for integrating these services with the new, locality-based Multi-Agency Teams (MATs). Establishing a cohesive, integrated Early Help offer will ensure the right families receive the right support at the right time by increasing their ability to adapt service provision to meet changing demand.

The intention in the future is that the Emotional Health and Wellbeing service will be integrated/aligned with the Early Help offer that is described above.

The Emotional Health and Wellbeing service is due to commence January 2017.

Infant Mental Health

The CAMHS Early Years Team provide an in reach consultation service to the Portsmouth city health visiting team with both practitioners working within the health visiting team who provide:

- Accessibility to wider CAMHS knowledge and skills.
- Triage CAMHS possible referrals to avoid delay or inappropriate referrals.
- Consultation on complex cases in a timelier and prompt way which is assessable to the health visiting team.
- To offer bespoke training and teaching to the team if and when necessary.
- To offer home visits to role model interventions, provide observations and encourage good practice to staff.
- To encourage the use of the Australian Attachment Questionnaire to enhance and outcome the interventions during health visiting listening visits.
- Nursery observations.
- Observational reports and consultation for CP.

As a result of Future in Mind funding the CAMHS Early Year Team will enhance the current provision to:

- Increase current provision to offer consultation, home visit observation and attachment training to the full MATS teams' including social care and Barbados.
- Training for health professionals to be sourced and developed to enhance their skills in Infant Mental Health (IMH).
- Specialist Infant Observation supervision provided by CAMHS experts in IMH will be used to enhance and support any training given to health professional for IMH.
- A needs analysis re future provision and costing for this based on data from previous provision of IMH to the city and demand from this expansion of provision.
- Re-branding of the 'early years provision' to reflect the IMH agenda.
- To promote the IMH provision to the three MATS teams.

As a result of this enhancement the expected outcomes will include;

- To up skill the health workforce in IMH to be able to recognise and intervene to support families with attachment issues.
- To reduce numbers of individuals that go on to require Tier 4 interventions.
- Reduction in referral to CP plans.
- Promotion of a positive attachment between mother and infant.
- To target consultation for vulnerable and high risk families.

Perinatal Mental Health

We are currently in the process of commissioning an early intervention service for perinatal mental health. The service will be an early intervention, low intensity service for those with low level (mild to moderate) mental health issues or who are at risk of developing mental health issues in the perinatal period. The primary purpose of the service is to provide support to enable individuals, partners and families to self-manage their mental wellbeing and prevent escalation in their condition.

The expected outcomes of the service will be as follows:

- To reduce the impact of mental health problems on women, fathers and their families
- To reduce the likelihood of mental health problems during pregnancy by proactively working with high risk population.
- Reduction in numbers of admissions to acute care
- Reduce the number of individuals accessing secondary specialist care.

The key performance measures will be agreed with the provider prior to contract award but may include:

- Individual's progress made towards individually set goals
- Individual's experience of the service
- Whole system approach to benefits realisation. Setting out the impact of early intervention service on the health and social care system.
- Reduction of the number of A&I and Crisis response for individuals with a primary/secondary diagnosis attributed to PND and/or infant below 12 months.
- Robust data set to be implemented which demonstrates Increase identification of individuals at risk or suffering from peri/postnatal depression - prevalence to diagnosis rate.

The Perinatal Mental Health service is due to commence January 2017.

6.2 Improving Access to Effective Support - a System without Tiers

With investment in 2016 and beyond we said we would:

- Develop and agree a service model to assess, treat and support CYP with Eating Disorders
- Develop a Recovery College for CYP and Families

Progress Update

Enhanced Eating Disorders Offer

CAMHS have enhanced their current service offer to deliver the following:

- Upskilling school nurses and school staff to identify and support CYP with Eating Disorders
- Extend the in reach support to school nurses
- Reintroduce the delivery of Family Systemic support to groups of parents
- Extend the in reach offer into inpatient wards at Queen Alexandra Hospital which would offer potential opportunities for early discharge and step down support in the community.
- Enhance intensive home treatment support to CYP and families
- Deliver a greater level of training and support to universal and universal plus services such as further education and health visiting settings through the city wide Healthy Weight pathway.

In addition to these local enhancements we are also working alongside regional commissioners and CAMHS providers to ensure there is a consistency and equity of service offer across the region for young people and their families who need support with Eating Disorders.

In our original transformation plan we planned to use an element of funding to enhance our local Recovery College which is a partnership arrangement between Solent NHS Trust, Highbury College, Solent Mind (peer workers). After further consideration in early 2016 we felt this wasn't going to be the best use of these monies as the Recovery College model in Portsmouth was in a slightly difficult place financially and there was a strong suggestion that it might not be able to deliver courses and so we made a decision to use these monies to further enhance the financial envelope for the new Emotional Health and Wellbeing service.

Further Plans

Review Transition Arrangements from CAMHS to Adulthood

As a result of our stakeholder consultation exercise in early 2016 a key issue that emerged was the transition between CAMHS and further support whether that is through primary care or adult mental health services. We are aware that only a very small number of young people who reach 18 meet the criteria and are transferred to AMH with the vast majority of young people discharged to primary care. The introduction of the Emotional Health & Wellbeing service will support this cohort of 18 + young people but we feel there will still be a gap for those young people with more complex issues and so we want to explore that further with stakeholders and understand where that model of service works elsewhere across the country.

6.3 Care for the most Vulnerable

With system enabling monies and investment in 2016 and beyond we said we would:

- Develop a model of care and support for CYP to manage and prevent mental health crisis

Progress Update

Crisis Care for CYP

There is an identified need for a robust crisis care package for young people, which may include out of hours provision where indicated, in order to reduce numbers of Tier 4 admissions as well as the length of stay of admissions.

This has resulted in the development of a Crisis care post to co-ordinate, deliver and evaluate crisis care within CAMHS. The post will be able to assess, treat and risk manage young people. They will be able to prescribe medications where indicated and develop multi agency care plans. The role will also involve supporting the family and the network to plan for and manage crisis.

The posts main roles will include:

- Assessing, treating, co-ordinating and managing crisis within young people.
- Liaising with the family and network around the child to develop a crisis care plan, these may include teams such as Crisis Resolution and Home treatment team (CRHT) and the Extended CAMHS team.
- To attend relevant multi agency meetings such as the local Crisis Care Concordat group/High Intensity User group to understand the community need around crisis care.
- To offer supervision and training to other teams and external agencies including CRHT, AMH and MATS (Multi Agency Teams).

There has been a real challenge with recruiting to this post with a number of recruitment attempts. This has now been resolved with the successful candidate due to commence in post at the end of October 16.

Further Plans

Enhance the Community Specialist Perinatal Mental Health Support

There is an absence of a Community based specialist perinatal and infant mental health team in Portsmouth. As a consequence, mothers and their families are supported through services which are not expertly trained. NICE Guidance 192 recommends women should be able to access specialist Perinatal Mental Health teams and inpatient units. In some circumstances this has meant mothers being admitted to AMH wards and separated from their infants.

NHS England has recently launched a new perinatal mental health community services development fund which we have bid for alongside a chosen health provider and we will find out whether we have been successful with that bid at the end of October 16.

The expected outcomes of the service will be as follows:

- Women can access appropriate, high-quality specialist mental health care, closer to home, when they need it during the perinatal period
- Women and their families have a positive experience of care, with services joined up around them
- There is earlier diagnosis and intervention, and women are supported to recover, and fewer women and their infants suffer avoidable harm
- There is more awareness, openness and transparency around perinatal mental health in order that partners, families, employers and the public can support women with perinatal mental health conditions.

Review Pathway for Vulnerable CYP within the Youth Justice Pathway

An opportunity has recently arisen for local areas to bid for additional monies as part of the Future in Mind programme. These monies are coming via Health and Justice Commissioning and they are seeking proposals on how best these monies could be used locally.

It has been stated that the funding should be used on those children and young people who are in receipt of services from some or all of the following:

- In the Youth Justice System, including in custody and detention.
- Presenting at Sexual Assault Referral Centres.
- Liaison and Diversion.
- Welfare placements in the Children and Young People's Secure Estate.

Commissioners are due to meet with CAMHS, YOT and Liaison & Diversion colleagues soon to review the current pathway for young people with mental health needs in the youth justice system. This will help us to initially understand how best we use the new funding from Health & Justice and it will be the start of a longer review into the effectiveness of the pathway and whether it fully meets the needs of vulnerable young people. A follow up meeting in mid-November is then planned between regional commissioning colleagues to develop our proposals further and agree how and what this funding will be used for in the future.

Additional Funding for 2016/17

There has been a recent announcement that the Department of Health have identified an additional £25 million which can be made available for CCGs in 2016/17. It is expected that these funds will support CCGs to accelerate their plans and undertake additional activities this year to drive down average waiting times for treatment, and reduce both backlogs of children and young people on waiting lists and length of stay for those in inpatient care.

We are working with our CAMHS provider with these plans and we intend to use these monies to reduce the internal wait for neuro-developmental diagnostic clinics appointments. The provider is working up the proposal for how they are going to achieve the reduction and by what scale for commissioners to agree and submit.

Review Acute and Community Self-harm Pathway and Service Offer

It's been widely known both locally and nationally that self-harm hospital admissions for young people have risen considerably over the last 5 years. In Portsmouth this issue is a particular concern as our national outcome measure for those aged 10-24 years admitted as a result of self-harm shows an increasing trend and has been significantly higher than England for the past three financial years. In 2014/15 the local rate is the highest of 150 county/unitary authorities.

We have drilled deeper into the data locally through our recent health needs assessment work and we are in the process of reviewing our acute and community pathways and service offer. In order to improve the clinical assessment pathway for people who self-harm, Portsmouth and Hampshire commissioners are working together to review the self-harm pathway from QAH (CAU/ED) and into the acute and community services with the aim being to develop an integrated paediatric mental health liaison service working from QAH using a triage approach. This will ensure that a young person is only admitted if they have been clinically assessed to do so. It may be that a young person may be able to go home with appropriate community appointments put in place or supplied with information about local advice and counselling support services.

6.4 Accountability and Transparency

With system enabling monies and investment in 2016 and beyond we said we would:

- Enhance Project Management and Contracts Support across the Integrated Commissioning Service
- Inform, engage & consult with Stakeholders on Future in Mind

Progress Update

Enhance Project Management and Contracts Support

In our transformation plan we said we would use some of the system enabling monies to enhance the Project Management and contracts support across the Integrated Commissioning Service. In early 2016 we recruited a full time Senior Commissioning Manager which enabled the current CAMHS/Future in Mind Programme Lead to fully focus on delivering the FiM programme alongside another member of the team who provides further project management support. This development has been very positive in raising the profile of Children and Young people's mental health across the CCG and local authority and ensures there is dedicated resource in taking this important programme of work forward.

Develop a Central Point of Information for Children and Young People's Mental Health & Wellbeing services

As a result of our stakeholder consultation exercise in early 2016 a key issue that emerged was the lack of communication on the services and support available across the city. This has led to a number of meetings with communications leads across Solent NHS Trust, Portsmouth CCG and the Local Authority to scope out how we improve the information that's available to young people, families and professionals. We are working alongside Solent NHS Trust communications team to create a Central Point of Information for all Children and Young People's Mental Health & Wellbeing services across the city. We are at an early stage of these plans at the moment but our vision is that there will be a micro site that comes off the main Solent website that will be this central point of information. Our shared ambition is for this micro site to be up and running at the start of 2017.

Future in Mind - 'One Year On' Event

It is our intention to hold a Future in Mind stakeholder event on the 11th January 2017 to reflect on our achievements, launch the new services and identify the key Future in Mind priorities.

6.5 Developing the Workforce

With system enabling monies and investment in 2016 and beyond we said we would:

- Build the skills of a range of professionals across services that work with children and families

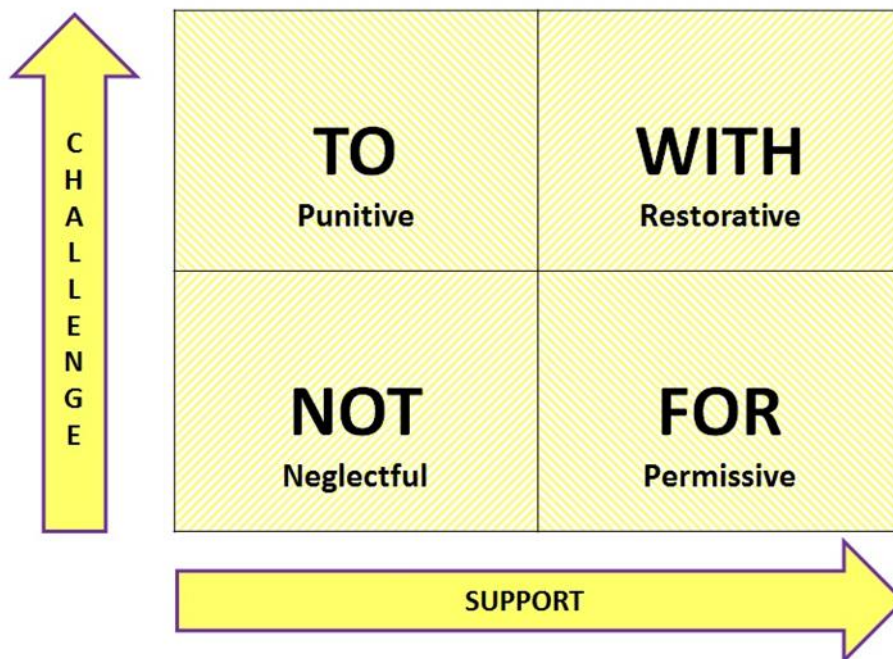
Progress Update

There are two major strands of work associated with developing the workforce that are connected to the overall Future in Mind programme which are embedding restorative approaches across the CYP workforce and the development of a whole school strategy that will support pupils' social, emotional and mental health wellbeing across Portsmouth's schools. These two strands of work are intrinsically linked.

Embedding Restorative Approaches

As part of the Stronger Futures/Future in Mind transformation programme Portsmouth have recently adopted a way of working with children, young people and families which is known as Restorative Practice. This approach is about moving away from 'doing to' or 'doing for' towards a way of 'doing with' children, young people and families. Restorative practice places responsibility on families to make positive changes using a 'high support - high challenge' approach and it is an intention that all services that work with children and young people will adopt this approach in the future.

Restorative Approach



Restorative Principles

- Giving families responsibility within a framework of empathy and empowerment
- High support with high challenge
- 'Doing with' not 'doing to'
- Places strong relationships at the heart of change and improvement
- Joint problem solving
- Solution-focussed
- Forward looking
- Respectful and honest
- Mutual accountability for outcomes

Portsmouth Children's Social Care has recently recruited a Children's Workforce Remodelling Manager which has been partly funded by Future in Mind monies. They will be responsible for managing the roll out of the Restorative Practice strategy for the city. The scope of the post will extend significantly beyond Social Care and includes both the locality Multi-Agency Teams and the wider workforce in nurseries, schools, colleges, the NHS, adult services and community services.

The key pieces of work identified for the forthcoming year include:

- Restorative Practice training strategy
- Restorative Child Protection Conferences
- Restorative Champions
- Restorative Schools – piloting schools identified
- Developing restorative practice 'offer' i.e. Family Group Conferences, family circles, parenting programmes etc.
- Embedding restorative language and practice in Single Assessment processes and paperwork

Schools Strategy

We are currently in the process of developing a strategy that will lead to effective whole school approaches in supporting pupils' social, emotional and mental health wellbeing across Portsmouth's schools. Sarah Christopher, a SENCO Lead at a local Secondary School Priory is seconded one day a week through Future in Mind to deliver the schools strategy.

The strategy will include a workforce development plan that ensures schools have the right mix of skills, competencies and experience to support pupils' wellbeing. It will also include establishing what good practice looks like both locally and nationally; identifying an effective framework of resources available to schools; a clear and concise guide for schools that describes the services on offer locally, when to refer and how.

The expected outcomes of the strategy will be as follows:

- Schools will recognise the value and impact of mental health in children and young people and how to provide an environment that supports and builds resilience.
- Schools will promote good mental health to children and young people and educate them about the possibilities for effective and appropriate intervention to improve wellbeing.
- Schools will identify mental health problems early in children and young people and offer support where appropriate.
- Refer appropriately to more targeted and specialist support.

We are on track to complete the Whole Schools Strategy by early January 2017 which has been informed by a whole range of school based staff consultation across the city which culminated in a stakeholder event that we held recently where we consulted and engaged with 50 school staff from across all schools in the City.

CYP IAPT

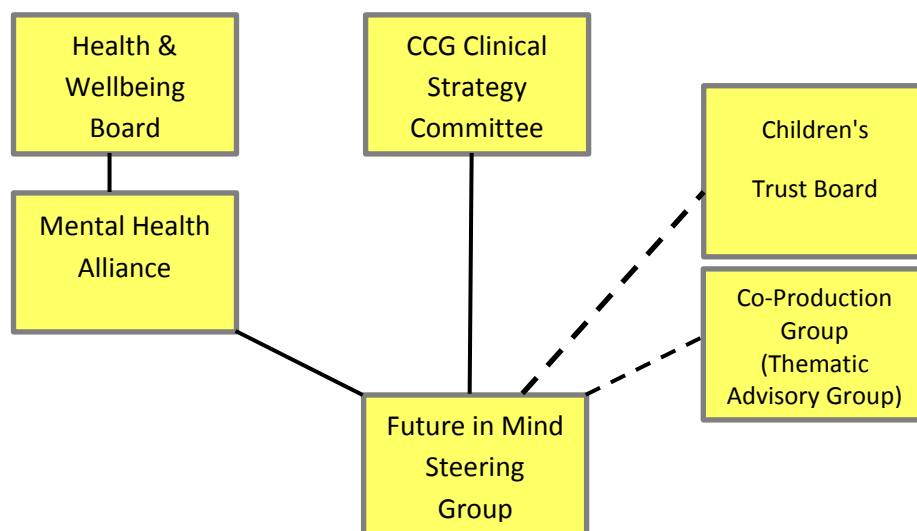
Portsmouth is still not currently part of a CYP IAPT collaborative but discussions have been taking place between Solent NHS Trust, the Reading/Oxford collaborative and commissioners and there is now a commitment from Solent to fully join the collaborative in late 2017. To support this change process Solent's Better Care Manager will be taking part in the IAPT Leadership programme in late 2016.

It will be expected that the new provider of the new Emotional Health and Wellbeing service will also join the collaborative in 2017.

7. GOVERNANCE ARRANGEMENTS

We have robust governance structures in place that provides the appropriate level of scrutiny, support and guidance needed to deliver our plans.

The programme of work is led by the Integrated Commissioning Service on behalf of Portsmouth CCG and the accountability for the finance and commissioning of this will rest with Portsmouth CCG. The governance arrangements for Future in Mind are as follows:



7.1 The 'Future in Mind' Steering Group

The Future in Mind Steering Group is a sub group of the Mental Health Alliance who hold the responsibility for driving the Mental Health and Wellbeing Strategy for the City. The membership of the steering group includes the following representatives:

- Children's Community Services including CAMHS.
- Integrated Commissioning Unit.
- Public Health.
- Education.
- Youth Offending Team.
- Dynamite (Young Persons Representative Group).
- Parent Voice.
- Homestart - Voluntary Sector.

7.2 The Co-Production Group

The Co-Production Group for Future in Mind was set up in the spring of 2016 with the aim of attracting young people and parents to get involved in the design and delivery of plans associated within the Future in Mind programme. The Co-Production Group consider different elements of the Future in Mind programme including:

- Identifying ways young people/parents and carers can become involved in Co-Production.
- How/when do we advertise Co-Production opportunities?
- How can we keep young people/parents and carers up-to-date with the latest information regarding service provision?
- Creating a Co-Production activity plan.
- Creating information sheets.
- Involvement in the Tender Process (i.e. Young Peoples Emotional and Wellbeing Service).
- Creation of 'Parent' question as part of the ITT questions set for the above service bid on Intend.
- Parents' involvement in the scoring and attending Moderation Panel.
- Involvement in the development of a draft Wellbeing and Resilience Strategy (attending stakeholder event)

It has been difficult to gain commitment from young people in attending the Co-Production Group with young people attending the first couple of meetings but then attendance ceased. We are investigating other ways in which we can involve young people in co-production and are currently obtaining young peoples' inclusion by going out to various venues across the city where we know young people live. We are also involving the young people via the Youth Parliament and the Children in Care Council.

7.3 Covalent

Covalent is a reporting system used by Portsmouth CCG to monitor the progress of the various programmes/projects undertaken each year, Future in Mind being one of them. The system records milestones and financial data which is regularly updated (on a monthly basis) by Project Manager Leads. The system is used by the Planning Team in the CCG to ensure that projects remain on course and financial activity is recorded.

The Planning Team uses the reports produced by Covalent to update the Clinical Strategy Committee whose function is to oversee the planning and prioritisation process and the development of solutions to needs and delivery in order to drive service transformation and design making recommendations, consider options for future service delivery and commissioning strategies taking into account clinical quality, safety and effectiveness.

7.4 The Mental Health Wellbeing Strategy

The Mental Health Wellbeing Strategy itself is led by Public Health and there are 11 pledges that make up the strategy which provides a framework for the city's ambition to improve mental health and wellbeing for its residents over the next 5 years. The final strategy has been published and the expectation is that each pledge will have an associated action plan that will capture intentions and monitor progress. The Future in Mind Transformation Plan will explicitly relate to the Young People & Families pledge below. It is important to note that there will be a range of other intentions and actions within the other pledges that relate to young people and families so for example crisis care, self-harm, stigma & discrimination. The 11 pledges that make up the overall strategy are as follows:

Recovery and Individualised Care	Crisis Care
Young People and Families	Self-Harm
Dementia	Stigma & Discrimination
Complex Needs/Dual Diagnosis	Co-Production
Suicide	Promoting Wellbeing and Prevention
Parity of Esteem	
