

Future in Mind

Portsmouth

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



Local Transformation Plan Refresh - October 2017

FOREWORD

Mental health is something that affects us all - how we think and feel about ourselves and others, how we cope with difficult situations and how we manage our lives. Mental health problems are widespread - and improving outcomes for our children and young people is a priority for us as we shape future services across Portsmouth. It's essential that young people and their families remain at the heart of our planning as the design and delivery of mental health provision continues to evolve.

The National Future in Mind report describes an integrated whole system approach to driving future improvements in mental health outcomes with the NHS, Public Health, Voluntary and Community, Local Authority Children's Services, Education and Youth Justice sectors working together.

Future in Mind offers us an important opportunity to build on existing strategies and plans to strengthen the emotional resilience and mental wellbeing of children, young people and their families to improve future health outcomes.

We have now developed a joint delivery plan (as part of the Hampshire and Isle of Wight Sustainability Transformation Plan) for the next two years which aligns with our local Future in Mind Transformation Plan in respect of the following priorities:

- Improving resilience and positive emotional wellbeing in children and 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 the voluntary sector agencies possess enhanced knowledge of common emotional/mental health problems and neurodevelopmental disorders and are able to signpost 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 and young people and services aimed at adults.
- For children and 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.

In Portsmouth, we are keen to make sure that we both take advantage of the opportunities of alignment with the HIOW STP and target our local resources effectively to best meet the needs of the city. We will be reviewing carefully our recently refreshed local needs assessment information to make sure that we address key local needs and priorities within our developing strategy.

It is important to ensure that mental health becomes a part of everyday conversation and is something that everybody is aware of and cares about. It also means making sure we remain focused on quality and safety, sharing decisions between young people, families and clinicians so that children and young people receive the responsive care that they need, in the right place, at the right time.

Dr Annie Eggins

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

VIEW OF THE DIRECTOR OF CHILDRENS SERVICES

Promoting the emotional health and wellbeing of children and young people is central to improving their life chances. It makes a critical difference to their engagement and success in education; it affects all aspects of their wider health; and it is vital in supporting families and in making a success of alternative care arrangements. For this reason all members of the Portsmouth Children's Trust Partnership are committed to playing their part in an effective "Future in Mind" strategy for the city. That commitment can be seen in all the strategies underpinning our local Children's Trust Plan. In Education, the new strategy developed by partners across the education landscape has the promotion of emotional wellbeing as a key strategic objective and the City Council has invested, jointly with the CCG, in central coordination for the implementation of the "Future in Mind" strategy for emotional resilience and wellbeing in education. The new Prevention and Early Help Service for the city, designed to improve family resilience and reduce demand for expensive statutory social care intervention, has the promotion of emotional wellbeing at its heart. And effective response to children with social, emotional and mental health needs is a key priority in the Portsmouth strategy for supporting children with Special Educational Needs and Disability.

Responding proportionately to the differing needs of children and young people in the city is crucial and I welcome the refreshed needs assessment compiled by the Future in Mind team with support from colleagues in Public Health. I know that partners across the city will be keen to work together to review our services and strategy so that the needs identified in that assessment can be addressed as effectively as possible, through continuing creative joint working.

Alison Jeffery

Director, Children, Families and Education, Portsmouth City Council

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1. INTRODUCTION

As part of the governments challenge that every local area needs to improve how children and young people's mental health services are organised, commissioned and provided we are required to update our Future in Mind transformation plans on a yearly basis.

This document describes how as a local system we plan to improve the emotional wellbeing and mental health of all Children and Young People across Portsmouth in line with the national ambition and principles set out in Future in Mind – Promoting, protecting and improving our children and young people's mental health and wellbeing.

This plan describes the local/regional context; outlines the service offer; demand on services and describes our achievements and challenges alongside an action plan that sets out how we are going to develop and transform the support offer across Portsmouth.

This plan has been developed by the Social Emotional and Mental Health multi-agency group and has been informed by a whole range of other stakeholders including parents and young people.

The Portsmouth Vision

We want all children and young people in Portsmouth to enjoy good emotional wellbeing and mental health.

The way in which we will achieve this vision is by:

- Establishing a clearly understood needs-led model of support for children and young people with Social Emotional Mental Health difficulties which will provide access to the right help at the right time through all stages of their emotional and mental health development.
- Ensuring that every child and young person has access to early help in supporting their emotional wellbeing and mental health needs which will prevent difficulties escalating and requiring specialist mental health services.
- Supporting professionals working with children and young people to have a shared understanding of Social Emotional Mental Health and to promote resilience and emotional wellbeing in their work.

There is a clear shared ambition in Portsmouth to adopt a whole system approach to developing and transforming the support for children and young people's mental health and wellbeing. Fundamental to this approach is the importance of partnership working alongside our colleagues in the local authority, health, education, youth justice system and the voluntary sector.

To support this approach we have agreed that we will work alongside all partners across the system in a healthy constructive way by adopting the following principles, behaviours and values.

We will ensure our behaviours support these principles through:

- Openness, transparency and trust
- Honest and mature conversations
- Openness to constructive challenge
- Making realistic assessments of delivery and risk
- Collaborative working
- Respecting each other's challenges and views

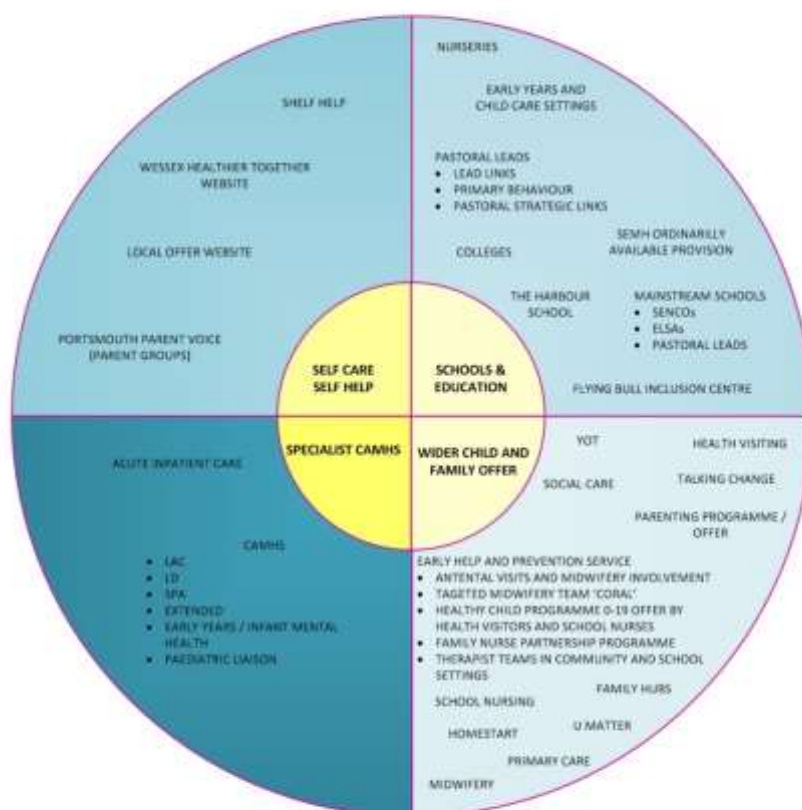
We will also ensure that we involve children, young people and parents throughout the review and redesign process using the principles of co-production. We will make sure co production occurs during the co-design, co-decision making, co-delivery and the co-evaluation of services.

Social Emotional and Mental Health Transformation

As a result of a stakeholder event in the summer of 2017 we chose to no longer use the term Future in Mind to describe our ambition as it was felt this term was narrowing our view and what we want to achieve. It's important to note that we still fully agree with the principles, ambition and spirit set out nationally it's just that we feel a better term for us to adopt locally would be Social Emotional and Mental Health transformation. We feel this change in language will support us to mainstream our plans across the whole children and families system with the ambition that social and emotional mental health becomes 'everyone's business' in the same way as safeguarding has become 'everyone's business' across Portsmouth.

At this stakeholder event we mapped out what the local Social Emotional and Mental Health offer was in the city using the diagram below. This will help us to further understand where the key areas of support are and also understand what support those areas need from specialised CAMHS services using the Team around the Worker model that is described further in this document.

PORTSMOUTH SOCIAL, EMOTIONAL AND MENTAL HEALTH OFFER
CHILDREN, YOUNG PEOPLE AND FAMILIES



Summary of Achievements

It has been a very busy year this year in delivering our transformation plans and we are proud with what we have been able to achieve alongside young people, parents and our strategic partners from the local authority, health, education and the voluntary sector. What follows is a summary of our achievements this year with more detail towards the end of this document.

Strategy for Improving Wellbeing and Resilience in Education

The strategy is complete; a working group is in place alongside a robust delivery plan.

Children and Young People's Improving Access to Psychological Therapies (CYP IAPT)

CAMHS staffs have been accepted on the courses and the service is now part of the Reading/Oxford collaborative.

Co-Production

We have established both a young persons and parent's user led groups that have helped to support local development and transformation plans.

Restorative Practice

We have trained over 200 professionals in RP and a third of our schools have signed up to becoming restorative schools.

CYP Mental Health Guides for professionals, parents & young people

The guides are now complete and are being widely used to access support.

Early Help - U Matter service

The service is fully operational, in demand and working with young people in a timely responsive way.

Early Years Team

The enhanced offer is supporting the Multi Agency Teams to recognise and intervene to support families with attachment issues.

Crisis Post

The Crisis worker has delivered packages for young people that have resulted in reduced numbers of Tier 4 admissions as well as length of stay of admissions.

Early Intervention and Specialist Perinatal Support services

The new services are both fully operational and supporting women in the community in a timely responsive way.

Key Priorities for 2017/18

Priorities	What will success look like?	Next steps
Complete the Social Emotional And Mental Health Needs Assessment	System leaders will gain a better understanding of needs and capacity in the system	Review the current needs assessment with Public Health and partners; identify gaps and review what the needs assessment is telling us and whether our current service offer sufficiently addresses key needs.

Priorities	What will success look like?	Next steps
Review the Eating Disorder offer	Commissioners and NHS England will be assured that the service model they choose to adopt will meet the standards as set in the national guidance.	Update the regional Eating Disorder gap analysis to understand how the local offer meets the standards as set out in the national guidance and potentially undertake a peer review that will help commissioners and providers to compare and contrast models.
Commission an all age psychiatric liaison service	Young people who attend/admitted to hospital will receive rapid access to specialist mental health assessment and timely appropriate follow up support in their community.	Work with the CAMHS providers of the paediatric liaison offer to understand how we shift the financial resource associated with the current contracts and to understand the future funding to commission an all age psychiatric liaison service.
Strategy for Improving Wellbeing and Resilience in Education	Children and young people feel that their school and other local services are helping them to be resilient and to cope with life situations.	Review the current CAMHS offer to schools and colleges and develop an offer of additional support to schools and colleges through a traded services arrangement.
Early Intervention in Psychosis	Young people with a first episode of psychosis are treated as early as possible with appropriate support and treatment.	The EiP virtual team and CAMHS to produce a clear joint working framework that describes the pathways and working arrangements between the two services.
Managing demand into the Early Help - U Matter service	Increased capacity of the service to cope with demand meaning young people are supported at an earlier stage therefore reducing their need for specialist mental health services.	A proposal to be taken to the Clinical Strategy Committee for further funding and consideration to be given as to whether we reduce the age criteria for the service to up to 18 rather than up to 25.
Embed the Team around the Worker model	Professionals across the young people's workforce will be more confident in being able to support young people's wellbeing and resilience.	Understand the needs of the SEMH workforce to enable them to better support children and young people's mental health, wellbeing and resilience. The initial focus will include Health Visitors, School Nurses and Early Help & Prevention practitioners.

Priorities	What will success look like?	Next steps
Behaviour Management Guide	Families know how to access the behaviour management support across the community if they need it.	Map out the support offer available for parents across Portsmouth and promote this widely through a support guide.
Embedding Children and Young People's Improving Access to Psychological Therapies (CYP IAPT)	Improved access to evidence based interventions and reduced waiting times for treatment.	CAMHS staff to complete the CYP IAPT courses and embed the principles in the CAMHS service. System Leaders to consider how we could potentially adopt CYP IAPT principles across the SEMH network.
Performance Measures	System leaders will gain a better understanding of how well the system is performing which will help to continually improve how it responds.	Work will continue to agree a set of individual and local CAMHS service performance measures as well as agreeing the national data reporting requirements and process.
Wessex Healthier Together website	Young people and their families will have access to a range of online information advice and guidance relating to mental health and wellbeing.	Agree what information, advice and guidance should be included on the Wessex Healthier Together website and promote this resource across the community.

Further challenges identified

- Increased demand for services - Early Help, Specialist & Neurodevelopmental Assessments
- Recruitment challenges in CAMHS
- Bereavement and Loss
- Mental Health Support for Children and Young People who are victims of abuse & neglect
- Sleep Difficulties
- High Risk Adolescents
- Lack of Self Help/Self-Management
- Self-Harm
- Conduct Disorder
- Behavioural Issues
- Autism
- Primary Age i.e. 5 - 11
- Transition
- Anxiety

2. LOCAL STRATEGIC CONTEXT

2.1 Hampshire and the Isle of Wight Sustainability Transformation Plan (STP)

The Hampshire and Isle of Wight Health and Care System recognises the importance of good emotional wellbeing and mental health in children and young people (CYP), not only during childhood and adolescence, but also as predictors for positive mental health outcomes in adulthood.

As such there are a number of strategic commitments/work streams across the STP which directly affect CYP mental health:

Core Programme 6 - Mental Health Alliance

The STP is committed to working towards parity of esteem for mental health services, reviewing and aligning mental health care pathways, out of area placements, and crisis care. Each LTP gives more local-level detail for these priorities and how they affect CYP.

Enabling Programme 9 - Workforce

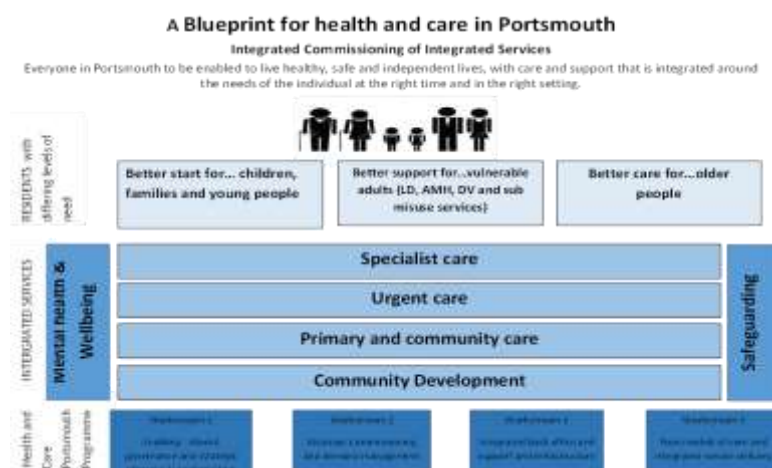
A comprehensive review of mental health workforce requirements is currently under way across the STP footprint, with a commitment to moving towards a flexible workforce shared across geographical and organisational boundaries, enabling care to be more responsive to CYP needs.

The Children's Programme undertakes to:

- implement New Models of Care, ensuring repatriation of CYP in Tier 4 beds back into locally-based provision (thus releasing money into the local CYP mental health care system); and
- strategically review ASC/ADHD provision across Hampshire to ensure consistency in pathways and information and support available to parents/carers of CYP undergoing assessment or diagnosed with these conditions.

2.2 Health and Care Portsmouth

The Health and Care Portsmouth project was launched in 2015 to help change the way health and social care is provided in the city. The co-location of health and care staff has been successfully completed and in Children's Services, integrated management has also been established across community children's public health services (health visiting, the Family Nurse Partnership programme and school nursing) and City Council early help services for families.



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.

The programme builds on the implementation of the Multi-Agency Teams in 2015 -16. Key parts of the programme include - developing a new Early Help and Prevention Service to deliver targeted family-based support, developing clear early help pathways to improve early help assessment, planning and support, increasing the use of volunteering in the city, enabling family self-help where possible and developing Family Hubs.

In Children's Services, the new Head of Prevention and Early Help is bringing together the full range of preventative and early help services in the Multi-Agency Teams (MATs), across NHS Solent Trust and Portsmouth City Council. Contracted family support services are also integrated within the new service.

A critical part of the Stronger Futures transformation programme is the roll-out of a shared way of working with children, young people and families across the public service system. We have selected Restorative Practice as the key approach. 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 works on a model of 'high support - high challenge', seeking to foster strong relationships to prevent and reduce harm. The model has applicability in a wide range of contexts including safeguarding, schools, health services and community services.

3. 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.

3.1 Integrated Commissioning Service

The Integrated Commissioning Service (ICS) was established to deliver these arrangements and over the last seven 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 delivers commissioning and contracting functions across a range of areas.

4. HEALTH NEEDS ASSESSMENT

An Emotional Health and Wellbeing Health Needs Assessment has been produced which is currently being reviewed. It 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.

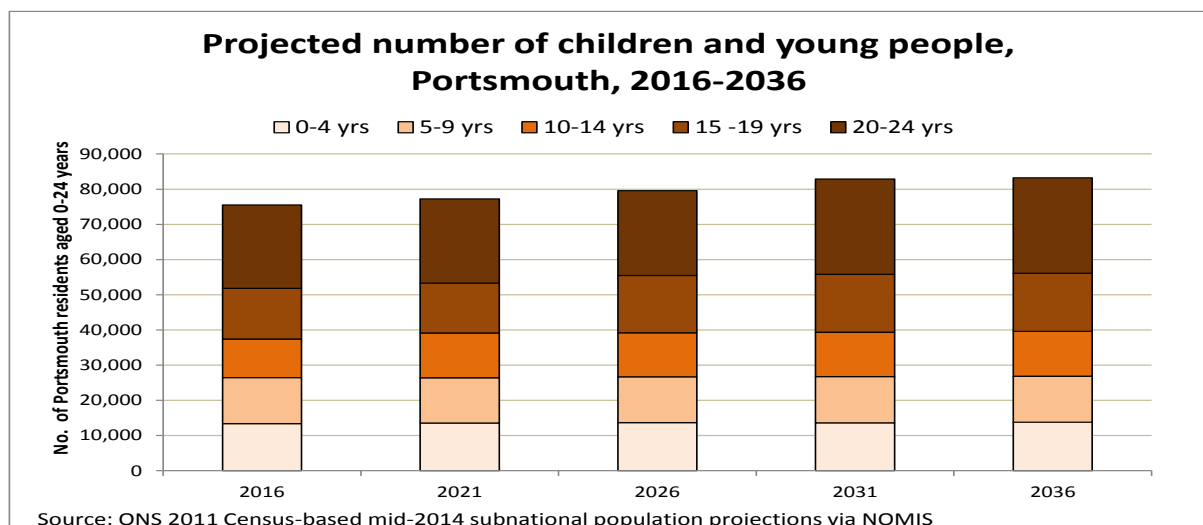
The needs assessment covers the mental health and wellbeing of children and young people in Portsmouth aged 0 to 24 years, highlighting where possible, groups at increased risk of experiencing mental health problems and links directly to the strategic plans of several boards.

4.1 Prevalence Rates

Population Growth and Projections

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%. Looking further in the future, the graph below indicates projected increases in the number of children/young people in Portsmouth between 2016-2036.



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.

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.

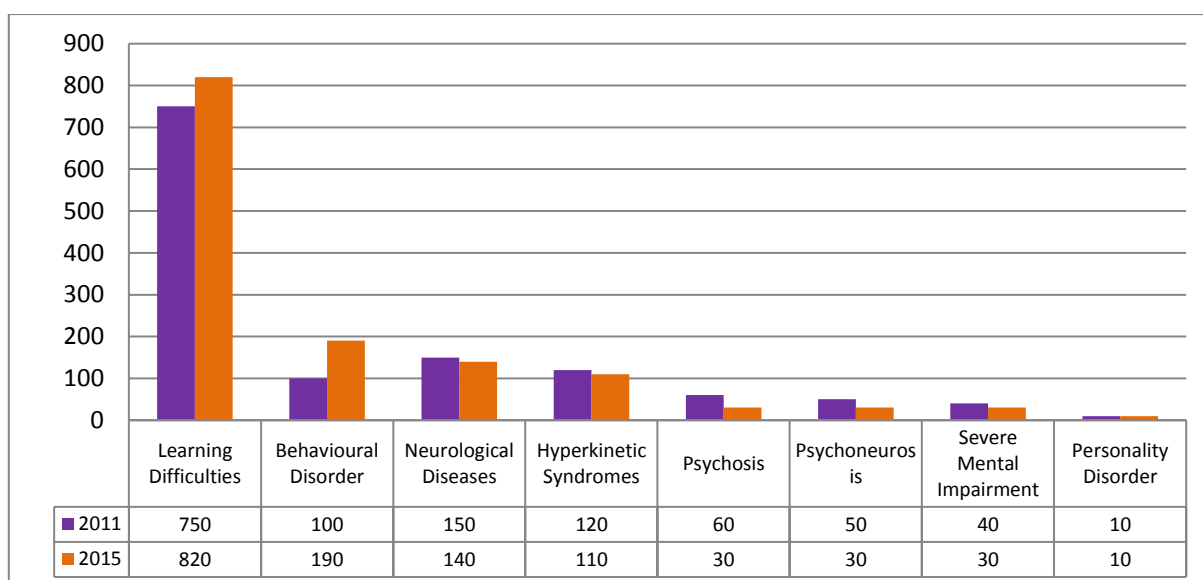
Estimated Level of Need by Service Tier for Portsmouth (2016)

	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

4.2 Groups at Higher Risk of Mental Ill Health

Children with Disabilities or Physical Ill Health

One estimate of the number of young people with a disabling condition can be obtained through claimants of Disability Living Allowance (DLA). The SEND Needs Assessment gives more information about this dataset. Learning disabilities accounts for the greatest proportion of claimants at all age groups, (44% of all claimants aged 0-24 years) but the number of claimants for this disability is fewer than the 1,400 predicted by researched prevalence levels. The graph below shows the changing number of DLA claimants aged 0-24 years (2011-2015).



Looked after Children

The mental health of looked-after children is significantly poorer than that of their peers, with almost half (45%) of children and young people in care meeting the criteria for a psychiatric disorder. March 2016, there were 322 looked after children in Portsmouth (including 34 unaccompanied minors) - applying a prevalence of 45% yields an estimated 145 looked after children meeting the criteria for having a psychiatric disorder.

Children in Need

Section 17 of the Children Act defines 'Children in need' as someone aged under 18 years who is unlikely to achieve or maintain or develop a reasonable standard of health or development without provision or services from the local authority, and/or if they have a disability. 'Development' can refer to physical, intellectual, emotional, social or behavioural development. 'Health' can refer to mental or physical health. Of all children in need, the primary need was due to factors with direct implications for mental health as indicated in the table below.

Factor	Number	Percentage
Abuse or Neglect	868	60%
Dysfunctional Family	276	19%
Disability or Illness	116	8%
Family in Acute Stress	59	4%
Socially Unacceptable Behaviour	44	3%

Risk Mapping Project

A new initiative will be rolled-out City-wide over the coming months. The Risk Mapping Project aims to be proactive in disrupting the exploitation of young people in Portsmouth. It works by receiving information from professionals working in the City with young people and this information being recorded safely, securely and confidentially on a database. On-going work with Hampshire Police allows the provided information to link relationships, places where young people may congregate and will list young people who are at risk from:

- Child sexual exploitation
- Criminal and drug exploitation
- Drug / alcohol use
- Radicalisation
- Domestic Violence
- Neglect

This is an innovative and ground-breaking piece of work that will contribute to safeguarding children in the City and reduce opportunities for exploitation.

Children with Special Education Needs

The SEND Needs Assessment found that Portsmouth has seven areas of primary need for young people with SEN in all state-funded schools within Portsmouth that are **above** both national and statistical neighbour averages. The categories for speech, language needs – social, emotional and severe learning difficulties (includes autism spectrum disorders (ASD)) are related to mental health.

The table below indicates these areas:

Areas of Need above National and Statistical Neighbour Averages	Portsmouth (%)	National (%)
Speech, language and communication needs	21.7	18.8
Social, emotional and mental health difficulties	19.3	16.7
Other difficulty/disability	7.8	5
Severe learning difficulty	3.6	3.2
Visual Impairment	1.2	1.1
Multi-Sensory Impairment	0.3	0.2
SEN support but no specialist assessment of type of need	3.4	2.8

Homelessness

Nationally, young people aged 16-25 years account for over 30% of all homeless people. One London study found that an estimated 67% of rough sleeping young people aged 16-24 years have mental health problems.

Portsmouth's Housing Options service moved 156 young people (under 18 years) into services over two years before 2015, with the majority of referrals following parental evictions. It also moved 230 single homeless people into services, the majority of whom had substance misuse issues, mental health problems, or behavioural disorders.

The Foyer - Portsmouth

A mental health needs assessment of young, homeless people in The Foyer, was conducted in 2016. The report confirmed that the young people at The Foyer have a far higher rate of mental health symptoms than the general population, particularly in areas of self-harm, suicidal thoughts, anxiety and drug use. Alongside these mental health issues, are varying levels of drug and alcohol use, with a wide range of illicit substances being used by young people, this is particularly concerning within a group reporting high levels of suicidal ideation and anxiety.

Children with Learning Disabilities

Children and young people with learning disabilities are more likely to experience mental health problems with prevalence rates of up to 40% compared to 10% of children and young people without a learning disability. The table below indicates the prevalence rates for learning disability applied to the relevant Portsmouth population

Age Category	Rate	Numbers
Children aged 5-9 years with a learning disability	0.97%	121
Children aged 10-14 years with a learning disability	2.26%	240
Children aged 15-19 years with a learning disability	2.67%	361

Young Offenders

The prevalence of mental health problems for young people in contact with the criminal justice system ranges from 25% to 81%. The prevalence of a diagnosed disorder is highest for those in custody (ranges from 46% to 81%, compared to 25% to 77% for those in the community). Applying the prevalence's of 25% to 81% to the 224 Portsmouth young people who committed offences (with substantive outcomes) in 2015/16, suggests that there may be between 56 and 181 young offenders with a mental health problem.

Lesbian, Gay, Bisexual, Transgender and Questioning Young People

The experience of poorer mental health in LGBTQ people compared with the general population is in part explained by the stress associated with minority status and related discrimination. The rates of self-harm and suicidal ideation in the groups of respondents are higher than those previously reported in the 2007 APMS and may be indicative of an increased prevalence of poor mental health amongst all young people. The table below indicates the prevalence of mental health problems in young LGBTQ people aged 16 to 25 years.

	2014 LGBTQ Respondents	2014 Heterosexual Non-Transgender respondents	2007 APMS Study ¹
Going for medical help for depression or anxiety	42%	29%	
Self-harming, either now or in the past	52%	35%	12%
Ever thought about suicide	44%	26%	21%

Source: Youth Chances (2014) Summary of First Findings: the Experience of LGBTQ Young People in England

4.3 Self-Harm

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 the England average for the past three financial years. In 2014/15 the local rate was the highest of 150 county/unitary authorities. Detailed data relating to the Emergency Department attendances and hospital admissions for self-harm (2013/14-2015/16) is set out below.

Emergency Department Attendances for Intentional Self-Harm

Between April 2013 and March 2016, attendances at Emergency Departments by 0-18 year olds for deliberate self-harm increased from an average of 7 per month to 18 per month. The table below indicates the Emergency Department admissions for deliberate self-harm.

Age Band	2013/14	2014/15	2015/16	2016/17 Apr-May	Total April 2013 to May 2016
0-4 years	2				2
10-14 years	34	44	38	5	121
15-18 years	94	105	95	22	316
Total	130	149	133	27	439
Average per month	10.8	12.4	11.1	13.5	11.6

¹ The NHS Information Centre for Health and Social Care. 2009. Adult Psychiatric Morbidity in England 2007: results of a household survey, p. 82. London: NHS Information Centre.

Hospital Admissions for Intentional Self-Harm

In 2015/16, there were 280 hospital admissions by 0-24 year olds with a secondary diagnosis of 'Intentional self-harm'. Of the 280 local admissions for Intentional self-harm, 13% (n36) were for 0-14 year olds - accounting for 25% of all mental health related admissions by this age group. The 244 Intentional self-harm admissions by 15-24 year olds accounted for 32% of all mental health-related admissions by this age group.

Local analysis of Intentional self-harm (X60-X84) hospital admissions for 0-18 year olds where the diagnosis was recorded in any diagnostic position found that the average number of admissions per month increased between 2014/15 and 2016/17 (part year) from 10.8 admissions to 13.5 admissions as indicated in the table below.

Age Band	2013/14	2014/15	2015/16	2016/17 Apr-May	Total April 2013 to May 2016
0-4 years	2				2
10-14 years	34	44	38	5	121
15-18 years	94	105	95	22	316
Total	130	149	133	27	439
Average per month	10.8	12.4	11.1	13.5	11.6

4.4 Transition

A review of the number of transitions out of CAMHS at 17.5+

A snapshot of CAMHS East caseloads undertaken in 2017 showed that there were 30 people approaching 17.5 years and above in a 6 month period (across Learning Disability (4), Looked after Children (4), Extended Team (22). However, due to new referrals of those 17.5 and above in that time it is likely that there would be 35-40 young people approaching their 18th birthday in a 6 month period. Of these young people the majority are referred back into primary care (GP) with a discharge summary.

Around 15% of these young people start the transition process to Adult Mental Health with young people starting the transition process to Adult Learning Disability Services between 20-25 years of age. Some of these young people do not complete a transition into either the Adult Mental Health or Adult Learning Disability Services and are transitioned to primary care or other agencies.

National Transition CQUIN Scheme

Currently there is a national CQUIN scheme which includes a CQUIN which aims to incentivise improvements to the experience and outcomes for young people as they transition out of Children and Young People's Mental Health Services (CYPMHS).

There are three components of this CQUIN:

- a case note audit in order to assess the extent of Joint-Agency Transition Planning;
- a survey of young people's transition experiences ahead of the point of transition (Pre-Transition / Discharge Readiness);
- a survey of young people's transition experiences after the point of transition (Post-Transition Experience).

Solent NHS Trust have drawn up an implementation plan to ensure that all young people in Portsmouth have a transition plan which has been produced with the young person, their parents/carers and dedicated key worker.

4.5 Service Offer with Staffing Numbers and Activity Data

Universal Services

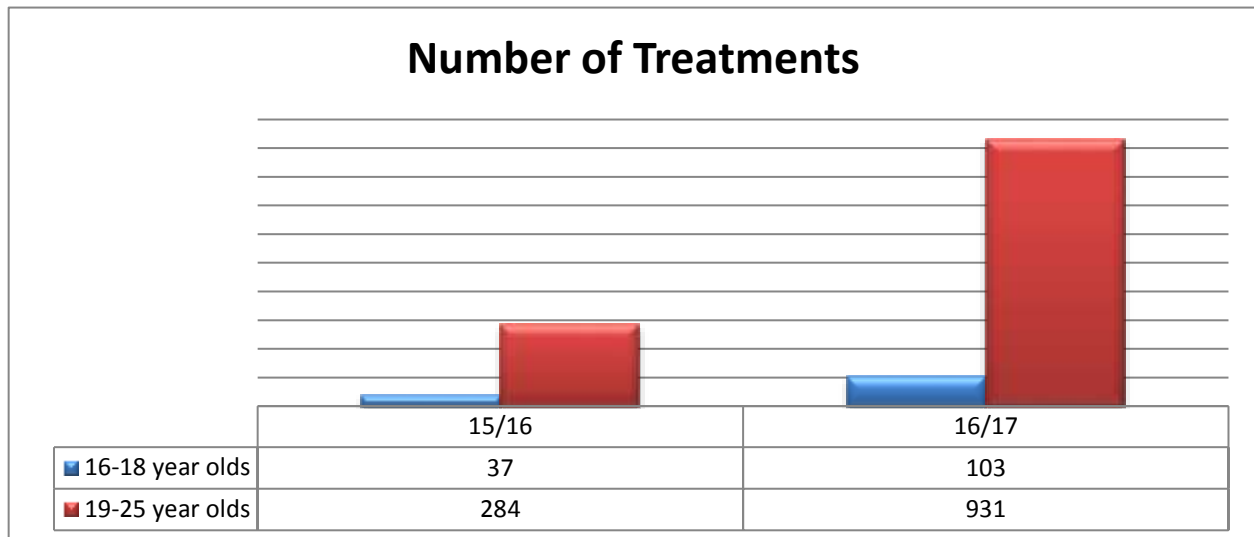
You and Your Baby	Pre and Post-natal depression group that support mother and baby bonding and reduce isolation, including relaxation, breathing and mindfulness; general group discussion, sharing of experiences; support and advice on healthy eating and living; advice about baby and mother's sleep; Cognitive 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	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. The Shelf Help collection is comprised of 125 books.
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 (including targeted early help for families)	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 workforce includes health visiting and school nursing (commissioned by Children Services) and also the wider community child health services, city council targeted early help 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.
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

Talking Change

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.

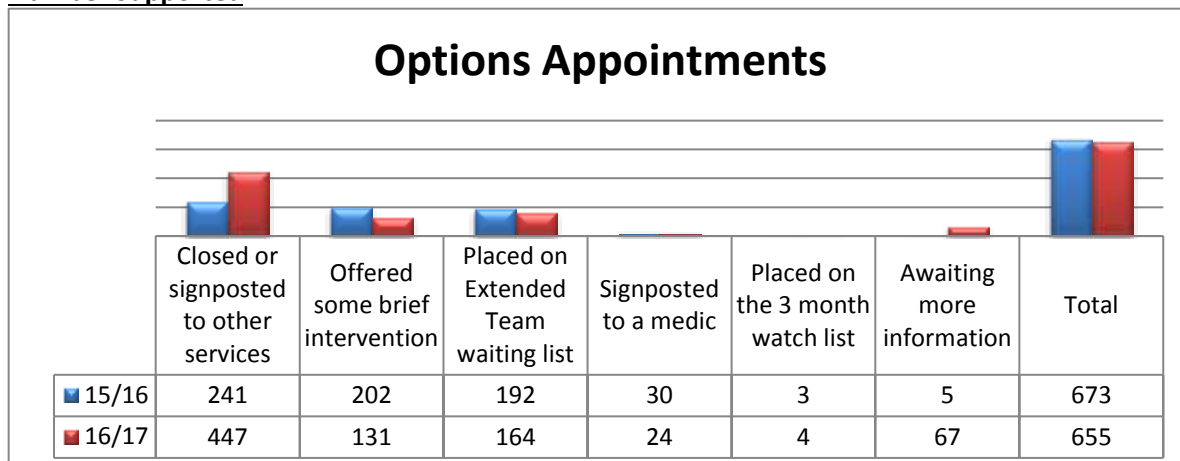
Number Supported



CAMHS Single Point of Access

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).

Number Supported



Workforce

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

CAMHS Waiting Times

Our CAMHS service has worked very hard over the last year to ensure children, young people and their families are seen in a timely responsive way. Their waiting times compare very well to other CAMHS services both regionally and nationally despite continued rise in demand. The CAMHS service has also been successfully accredited by the Quality Network for Community CAMHS (QNCC) whose standards are set by the college of psychiatrists and they have recently been inspected by CQC who gave an overall rating of good and outstanding in the area of care.

Target for Assessment	Longest current wait for initial assessment	Target for treatment	Longest wait for treatment
4 weeks	2 weeks	18 weeks	16 weeks

The average wait time in January 2017 from referral into extended CAMHS to being offered a partnership/ clinic assessment for Neurodevelopmental is currently at 6 months.

Specialist Services

Extended CAMHS Team

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.

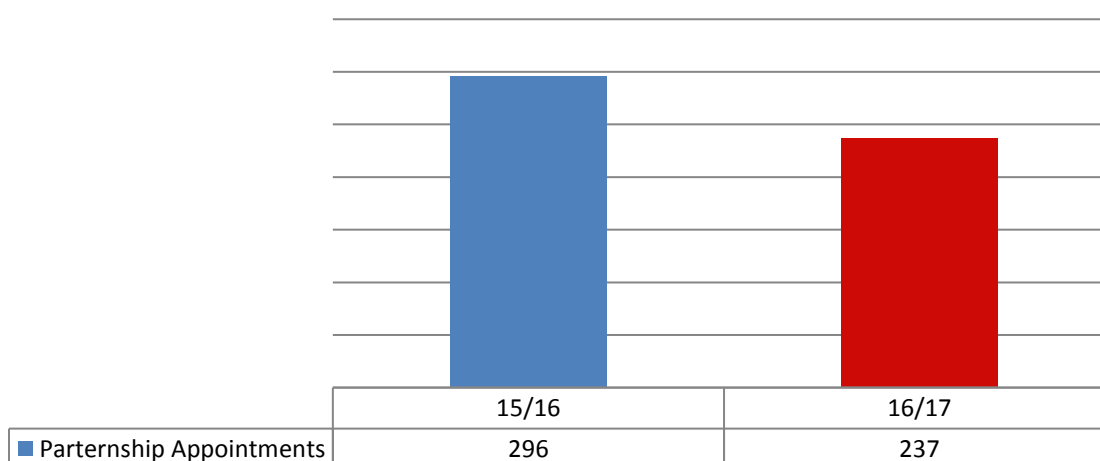
The Extended CAMHS team fulfils a variety of functions in meeting the needs of children and young people with mental health problems in the city. The main four functions are:

- Intervention for children and young people in mental health crisis
- Intervention for Targeted and Specialist level mental health difficulties
- Assessment for neurodevelopmental disorders

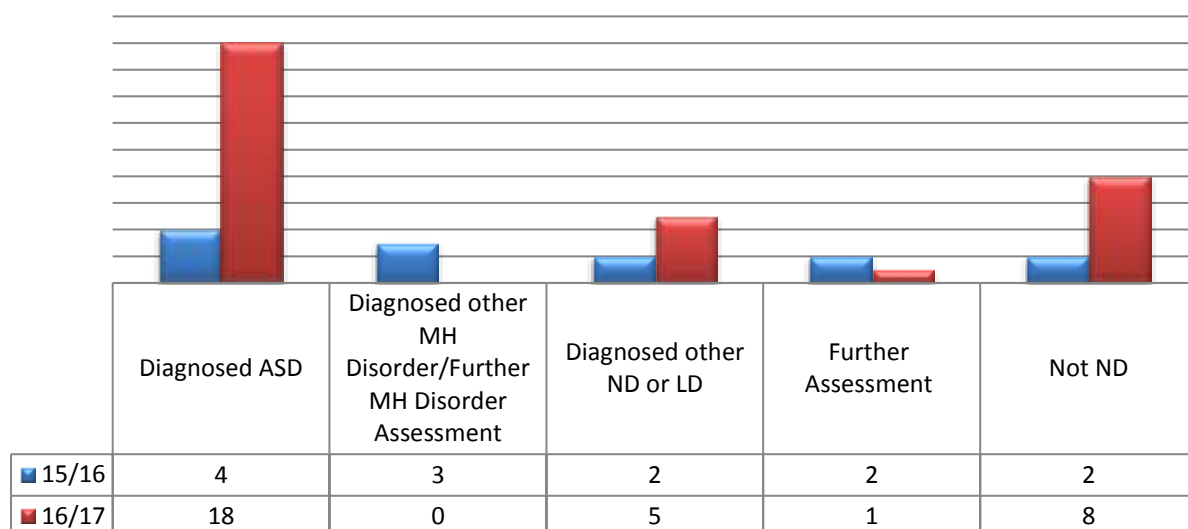
Specialist treatments where indicated by type/level of impairment.

Number Supported

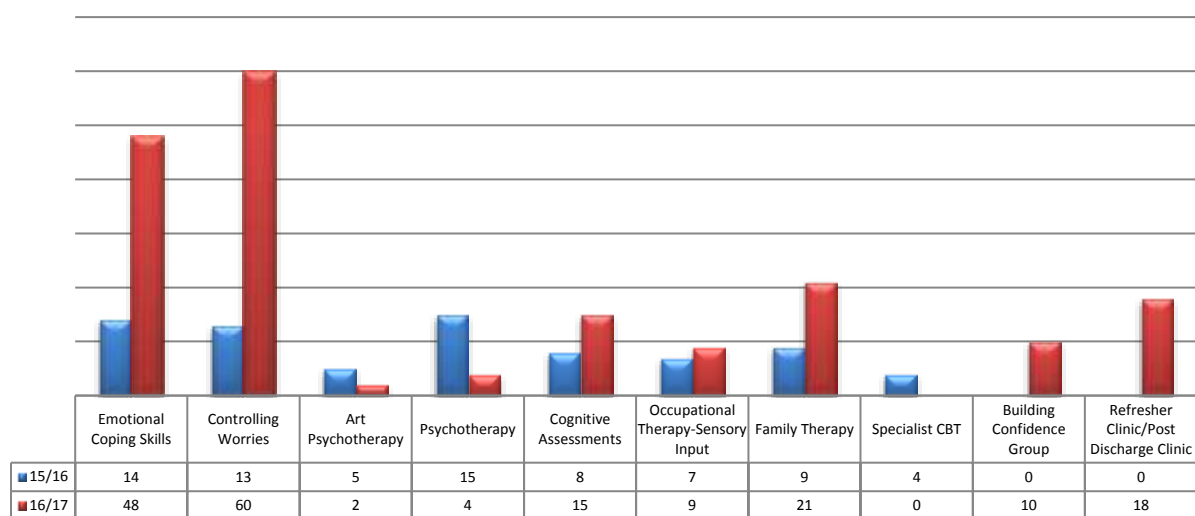
Partnership Appointments



Neuro-developmental Assessments



Specialist Treatments



Workforce

Band 8b: 1WTE

Band 8a: 1WTE + 0.8WTE x 1

Band 7: 1WTE (Clinical Team Lead) + 0.91WTE x 2 (1 x Vacant) + 0.49WTE x 1 + 0.09 WTE x 1 + 0.2WTE x 1

Band 6: 1WTE x 3 + 0.6WTE x 1

Band 5: 1WTE + 1WTE (Vacant)

Looked After Children Team

Looked After Children Team

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.

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.

Foster Carers

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.

Workforce

Band 7: 0.8WTE (Clinical Team Lead)

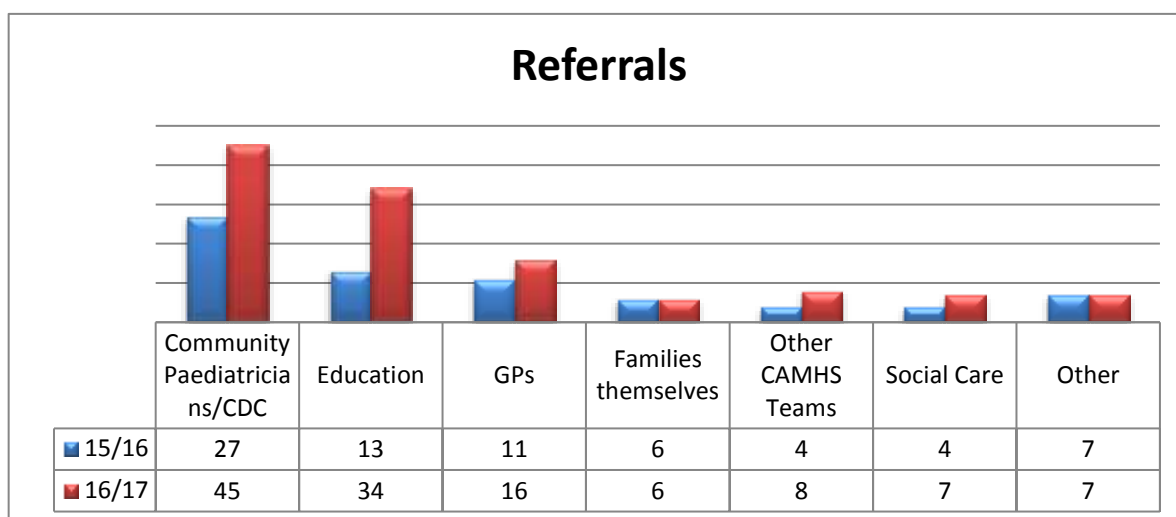
Band 7: 0.4WTE x 1

Band 6: 1WTE x 2 + 0.8WTE x 2

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.

Number Supported



Workforce

Band 7: 0.69WTE (Clinical Team Lead)

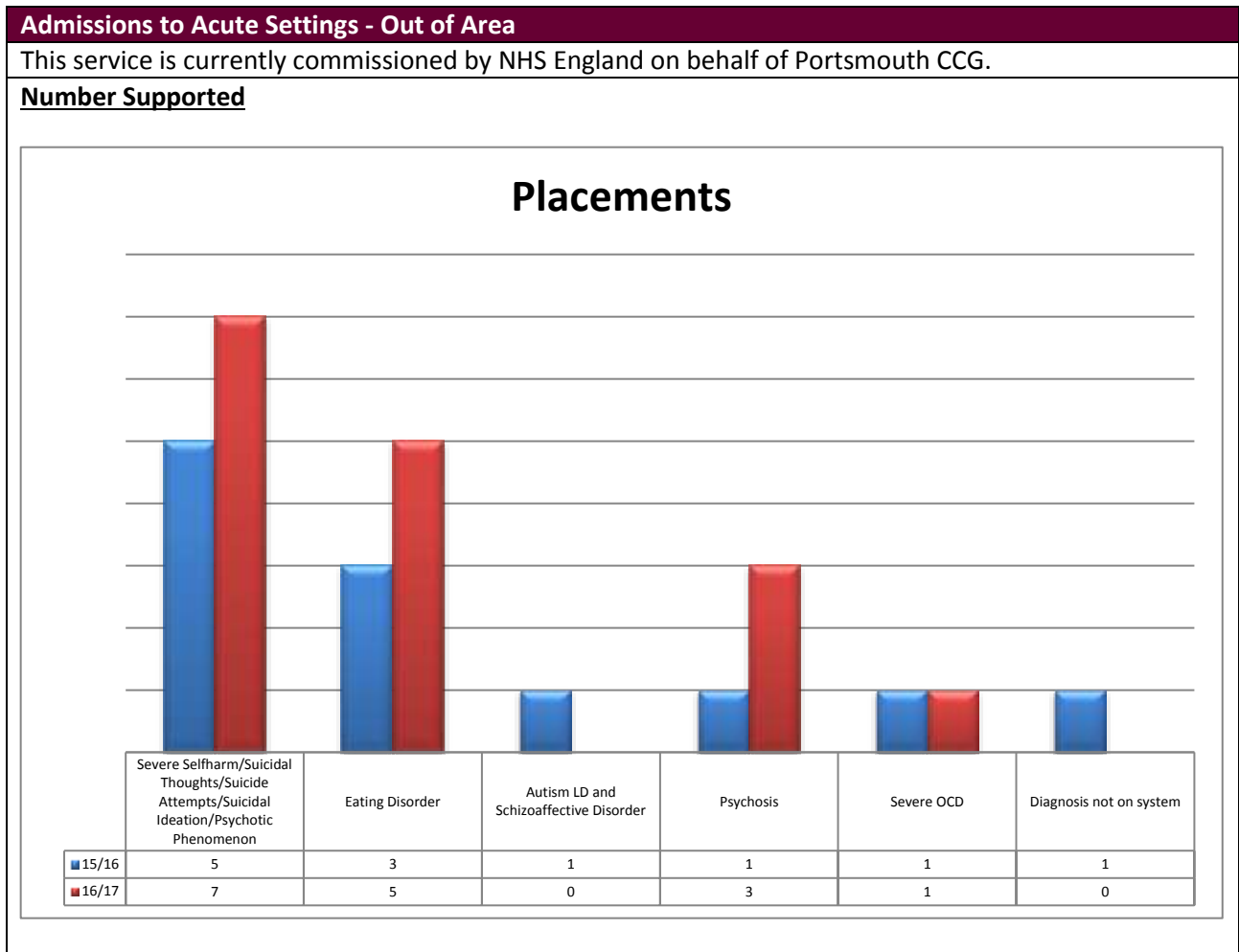
Band 7: 1WTE x 1 + 0.6WTE (Medical)

Band 6: 0.8WTE x 3

Band 5: 1WTE x 2

Hampshire Liaison & Diversion Service	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.
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Highly Specialist Services



5. SERVICE TRANSFORMATION PLANS UPDATE 2016/17

5.1 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.

Progress Update

U Matter (Emotional Health and Wellbeing Service)

This service commenced in January 2017 and is a citywide Emotional Health and Wellbeing service for children, young people and their families. The service supports 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.
- A model of peer support for young people and their families.

The new service offers flexible opportunities for self-referral at a range of different locations that are child and young person friendly. The service operates at times which are convenient for young people and families.

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.

Please see below some key points from the quarterly review for the U Matter Service (January to July 2017):

- YTD 200 Registrations – 186 seen LL AOM first support sessions.
- 109 Cases presenting for counselling and 123 first counselling consult appointments completed;
 - 89 Clients attended counselling consult.
 - 47 Clients accessing seen ongoing counselling (some may have gone on to access in Q2).
 - Including no shows and consult appointments 51 clients have accessed counselling at an average of 5.25 sessions per case, but some are still in progress.
- The primary referral routes have come from CAMHS 20%, and then joint second, both with 16% Parents/Carer and Self-Referral. GP & Schools Joint 3rd, both @ 11%

- 11-15 years olds have dropped from 85% to 77% referrals, more over 18s presenting.
- 62% are Female, remains consistent
- Highest seen clients from postcodes from PO2 - 22%, followed by joint 18% for 4/6/1.

Infant Mental Health

The list below is the current expectation of this provision:

- 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 visit.
- Nursery observations.
- Observational reports and consultation for CP.

As a result of Future in Mind funding the CAMHS Early Year Team have enhanced 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.

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

An early intervention service for perinatal mental wellbeing has been commissioned which commenced on the 3rd January 2017. The service provides, low intensity support 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 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.

5.2 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
- Review the Early Intervention in Psychosis Model
- Research the use of mental health apps
- Work towards creating a central point of information (Website)
- Create a Management Behaviour Guide

Progress Update

Eating Disorders

Current Eating Disorder Offer

During the year 2016/17, there have been a number of complex aspects and developments to Eating Disorders service provision. The extra revenue from Future in Mind money was used to increase staff resources and Eating Disorders intervention, resulting in:

- Dedicated early intervention around supporting mealtimes.
- Parents and Carers Support Group. The feedback from users of this group is that they find it consistently useful and helpful.
- Specific released hours of clinician time to support developing Eating Disorders pathway.
- Quarterly returns to NHS England, using 'Unify', recording the amount of 'Urgent and Routine' Eating Disorders cases. This first year of data collection has been an opportunity to see the effects of the extra resources and time to iron out any problem areas.
- Eating Disorders audit of the 'Unify' data. This shows that the cases that meet the National Eating Disorders criteria. Three areas were identified as to why breaches happened and have subsequently been resolved.

Additional and On-going Work

- Making clearer the referral and transition pathway between CAMHS Eating Disorders and Adult (Hampshire) Eating Disorders Services.
- Current and future liaising with QA Hospital to ensure an Eating Disorders pathway is agreed based on Marsipan Guidelines so there is a clear expectation of what families should expect if there is a need for QA referral and assessment/input. This will also ensure there is no discrepancy in care experienced by Solent East and Solent West families.

- Finalising a Eating Disorders flowchart (for School Nurses and other staff), that will enable better identification and referring of Eating Disorders cases in educational settings. This flowchart/information was based on feedback from workshops delivered at Portsmouth Inclusion Conference.

It is envisaged that this outstanding work will be completed by the end of 2017.

Regional Plans

In addition to the 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.

We are aware alongside our commissioning colleagues across Southampton and the Isle of Wight that our current eating disorders offer that sits within our community CAMHS services are not in line with the national ambition of having local dedicated community eating-disorder services. As a result of recent discussions with Anne O'Herlihy, the Children and Young People's Mental Health lead at the Department of Health we have agreed to explore where other areas have transformed their eating disorders services in line with the national standards.

Further Plans

Early Intervention in Psychosis

We recognised alongside our CAMHS and AMH colleagues that there was an urgent need to review the offer and pathways for young people up to 18 who are experiencing first episodes of psychosis. We identified that there were roughly 5 young people supported by the CAMHS service who have first episodes of psychosis but these young people wouldn't be supported by the dedicated EIP team as it's set up to work with over 18's. As a result of recent conversations there has been an agreement that a clear joint working framework will be developed by the end of 2017 which will include the need for the EIP Service to monitor whether the young person has received a NICE compliant service.

Mental Health Apps

We are currently researching the possibility of the use of mental health apps to support young people suffering with mental health difficulties. We recognise that the use of apps offers young people flexibility of access as well as discretion for those worried about stigma and privacy. Research has been undertaken to better understand how useful the apps could be and a research paper has been taken to the Improving Wellbeing in Education Group.

Wessex Healthier Together Website Plans

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 regional CAMHS colleagues to investigate the current advice and guidance available via the Wessex Healthier Together website with a view to scope out how we improve the information that's available to young people, families and professionals. It is envisaged that this will create a central point of information for all children and young people's mental health and wellbeing services across the city.

This also forms part of the Children's STP where there are plans to explore how we use the regional Wessex Healthier Together website to promote self-help materials and messaging/tools for schools and families. There has also been a suggestion that we use the same website to highlight local clinical pathways for emotional wellbeing and up to date information on local services.

The website will need to be beneficial to children, young people and their families by supporting their wellbeing and building their resilience. To make it easier for them to access the support that they need when and where they need it by providing information for individuals who have, or are at risk of developing, emotional and behavioural problems.

Behaviour Management Guide

We are currently working alongside our colleagues in the Early Help and Prevention Team to produce a 'Behaviour Management' guide, along the same lines as the 'Emotional Health and Wellbeing' guide recently produced (please see the Appendix 2 on page 40). This forms part of our efforts to bridge the gap regarding the lack of information which is available, highlighted by all stakeholders during the consultation held in 2016. Work is currently ongoing with a planned completion date of November 2017.

5.3 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
- Enhance the Community Specialist Perinatal Mental Health Support
- Review Pathway for Vulnerable CYP within the Youth Justice
- Review Acute and Community Self-harm Pathway and Service Offer

Progress Update

Crisis Care for CYP

There was an identified need for a robust crisis care package for young people, which could 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 is able to assess, treat/risk manage, prescribe medications and develop multi-agency care plans. The role would also involve supporting the family and the network to plan for and manage crisis.

This post has now been recruited to and the post holder has undertaken 86 cases between December 2016 and August 2017. All of the work undertaken during this period prevented admission and has been particularly helpful with Eating Disorder cases. Please see attached which outlines the outcomes.

The post holder has successfully completed the Nurse Prescribing course and will be able to add this to the range of interventions offered. In the short term the post holder will be offering a group to reduce the pressure on the priority appointments offered. This will be a 4 week distress tolerance group.

Enhance the Community Specialist Perinatal Mental Health Support

There was an absence of a Community based specialist perinatal and infant mental health team in Portsmouth. As a consequence, mothers and their families were supported through services which were 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.

Portsmouth successfully bid and subsequently awarded development funding by NHSE to provide a tier 3/4 Specialist Perinatal Community Service. The service extends the catchment area of the award winning Hampshire Perinatal Mental Health Community Service provided by Southern Hampshire. The service commenced in Portsmouth in March 2017 and delivers support to mothers experiencing severe mental illness. This is through a programme of treatment and support in the community which includes advice and support over the telephone; outpatient consultations in clinics, GP surgeries or at home; support and guidance for an individual's family; medication; and a range of therapy sessions. 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 arose for local areas to bid for additional monies as part of the Future in Mind programme and we were successful in the bid. These monies came via Health and Justice Commissioning who were seeking proposals on how best these monies could be used locally.

It was agreed that this additional funding would be used to commission a service for young people the details of the service offer is as follows:

- An additional .5 post would be able to provide further input for young people over the age of 10 who are at risk of coming under the Youth Justice System, by providing assessment to young people who are arrested by police for anti-social behaviour which causes them to spend time in police custody or become known to the Liaison and Diversion team. These young people are often 'Looked After' or living in a family that is not able to provide the boundaries and structure needed, which increases the risk of further offending.
- The assessment would include assessment of the young person's motivation to change, their mental health needs and need for referral to other agencies.
- The post holder would also have a remit to provide psycho education with a systemic approach to parents and carers of young people, either 1:1 or in groups, to promote stronger care and monitoring of young people, in order to prevent further offending.
- The post holder would provide an outreach service to young people to maximise engagement.

Intended outcomes:

- Improved mental health and well-being in this cohort.
- Reduction of risk of harm from self-harm, anti-social behaviour and other behaviours linked to offending and poor mental health.
- Reduction of episodes of being detained by the police.
- Support to access relevant referrals across local agencies.
- Promotion of social inclusion.

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 a recent all age self-harm needs assessment that our Public Health team led on and reviewed our acute and community pathways and service offer. It is clear that the paediatric liaison model that is currently in place at Queen Alexandra Hospital is very fragmented due to complicated commissioning between CAMHS providers and there are continued frustrations from our colleagues at Portsmouth Hospitals Trust that the current offer does not best meet the needs. In order to improve the clinical assessment pathway for people who self-harm, Portsmouth and Hampshire commissioners intend to commission an all age Psychiatric Liaison service across the system.

5.4 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
- Review Performance Measures
- Inform, engage, consult & co-produce 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.

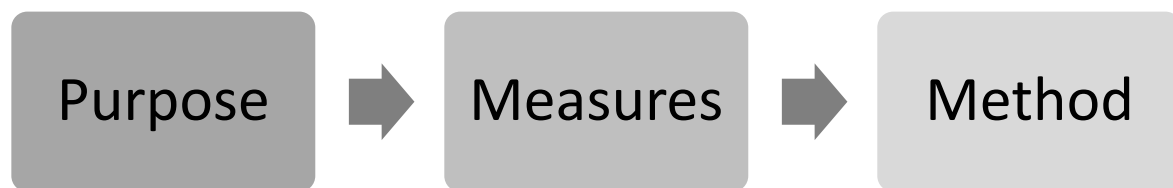
Performance Measures

We have identified alongside our CAMHS colleagues that there is a need to review and agree a better set of performance measures that will help us to understand how well the service is performing and identify what needs to change to better meet the needs of children, young people and their families.

We have agreed to use the following framework which will support us in understanding what data requirements are expected nationally through the mental health data set and what are the crucial measures we need to collect locally both service/system wide and individual measures.

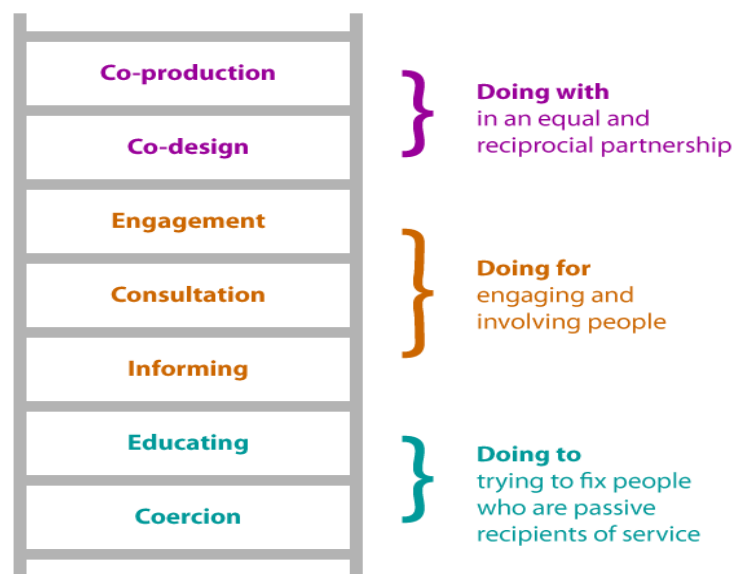
Individual Outcomes	Local System Performance Measures	National Performance Targets
i.e. Outcome Rating Scales Strengths & Difficulties questionnaires	i.e. Waiting time for internal referrals to the extended CAMHS Team	i.e. 95% of CYP in need of Eating Disorder services will receive treatment within one week for urgent cases and four weeks for routine

Our intention is to ensure that all performance measures are derived from purpose so in essence good measures will demonstrate achievement of purpose.



Co-Production

Co-Production Principles



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. During the 2016/2017 financial year the group undertook the following pieces of work:

Work Undertaken
The creation of an Activity Plan.
The creation of a Co-Production Pledge which was meaningful and clearly understood.
Involvement in the tender process for the U Matter Service (Young Peoples Emotional and Wellbeing Service).
Young people and parents created a service guide depicting the main services available across the city.

Two separate Co-Production Groups have now been set up under contract using Future in Mind funding, a young person's group and a parents group. The objectives set for 2017-2019 for these groups are listed below:

Young Person's Group

Objective	Outcome
Design, promote and publicise the Mental Health Guide for Children and Young People and monitor with young people as to whether it is useful.	Young people are aware of the main emotional health/mental health services across the city and how to access them.
Involve young people in the development of the mental health section of the Wessex Healthier Together website by identifying the relevant content and ensuring the website is widely promoted to all young people across the city.	The website is widely known by young people and they are easily able to access online information, advice and guidance relating to mental health, emotional health and wellbeing matters.
Support the involvement of young people in identifying how the system responds to children and young people seeking emotional support and seek ways in which the service/system can improve.	The services/system is more responsive and effective in responding to children and young people seeking emotional/mental health support.

Parents Group

Objective	Outcome
Promote and publicise the Mental Health Guide for Parents and monitor with parents/carers as to whether it is useful.	Families are aware of the relevant services and support available and they receive a range of information about services and support for families which is accessible to all and easy to use.
Involve parents in the development of the mental health sections of the Wessex Healthier Together website by identifying the relevant content and ensuring the website is widely promoted to all parents/carers across the city.	The website is widely known by parents and they are easily able to access online information, advice and guidance relating to mental health, emotional health and wellbeing matters.
Work with commissioners to understand whether the U Matter service is effective and meeting the needs of young people and families.	Commissioners have greater assurance that the U Matter service is delivering an effective service that responds to the needs of young people and parents/carers.
Support the involvement of parents/carers in identifying how the system responds to children and young people seeking emotional support and see ways in which the service/system can improve.	The services/system is more responsive and effective in responding to children and young people seeking emotional support.

Next Steps

It is planned to merge the CAMHS Participation Group with the Young People's Future in Mind Group as funding for the CAMHS Participation Group will cease shortly. The Future in Mind group will then organise a Young Person Mental Health Event in January 2018 for other young people within the city.

Strong links have also been made with the Council of Portsmouth Schools who has mental health for children and young people as one of their priorities this year.

Future in Mind - Events

Launch Event - 11.1.17

A Future in Mind stakeholder event was held on the 11th January 2017 to reflect on our achievements, launch the new services and identify the key Future in Mind priorities.

'Follow Up' Event - 20.7.17

The above event was held to bring the main stakeholders together to review progress made and update on the current landscape and work in progress.

5.5 Developing the Workforce

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

- Adopt Restorative Practice/Approaches
- Create a School Strategy
- Adopt the 'Team Around the Worker' Model
- Embed CYP IAPT

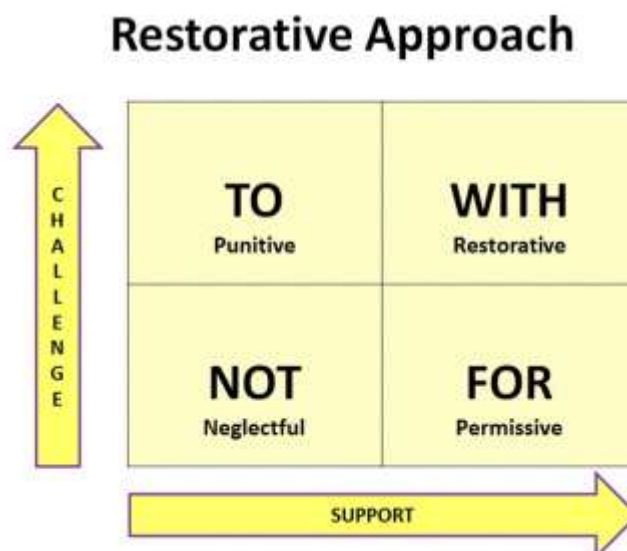
Progress Update

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.

Restorative Practice/Approaches

As part of the Stronger Futures/Future in Mind transformation programme Portsmouth has adopted a way of working with children, young people and families which is known as Restorative Practice. Restorative Practice or Restorative Approaches are essentially a way of affecting change in people's behaviours by focussing on their relationships; seeking to prevent relationship breakdown or restore it when it has. In Portsmouth, the Multi-Agency Teams (MATs) are committed to providing joined-up support for children and families in the city. The MATs and wider children and family services in the city are adopting a Restorative Practice model of working. Schools work in close collaboration with the MATs and will be key partners in delivering this strategy.

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.



Portsmouth Children's Social Care has recruited a Children's Workforce Remodelling Manager which has been partly funded by Future in Mind monies. The post-holder is 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.

Strategy for Improving Wellbeing and Resilience in Education

We have developed 'A Strategy for Improving Wellbeing and Resilience in Education' that will lead to effective whole school approaches in supporting pupils' social, emotional and mental health wellbeing across Portsmouth's schools. The strategy includes case studies of good practice from Portsmouth Schools. Sarah Christopher, a SENCO Lead at a local Secondary School Priory was seconded one day a week through Future in Mind to develop the schools strategy. Sarah is now in a substantive post with PCC (part funded through Future in Mind) which includes responsibility for leading the implementation of the strategy.

Head Teachers, staff in schools and partners in Health and Children's Services have welcomed the strategy, which has been widely distributed. Two thirds of our schools have already identified a named Wellbeing Lead as Recommended in Future in Mind and reinforced in our strategy.

The strategy is being implemented through our Inclusion Group. This group reports into both the SEND Strategic Board and the Portsmouth Education Partnership (PEP) Strategic Board. Through the PEP, school and education leaders have identified Emotional Health and Wellbeing as one of the key priorities for the partnership (SO6). This is reflected in our Education Strategy. This is currently being revised following consultation. The consultation confirmed the commitment of all stakeholders to this priority).

There is a multi-agency group working together to implement the recommendations in the strategy; this group also includes parents and young people. Schools have been surveyed during the Summer Term 2017 to get a detailed view of their needs, including training needs. The implementation plan has incorporated the results from the survey to inform the actions.

Team Around the Worker Model - 'Working with'....not just 'referring on'...

We are currently exploring how CAMHS services could more fully adopt the Team Around the Worker model that's been implemented across Children's Services. To a certain extent CAMHS services in Portsmouth already use this way of working in terms of providing consultation, supervision and training to the network especially with regards to the CAMHS LAC team and the Early Years team that support social workers, family hub workers and Health Visitors. Our shared ambition is to widen the Team Around the Worker model further through CAMHS where possible and our intention in the near future is to better understand the expectations of the network and its needs and how best CAMHS can support that.

What is Team Around the Worker?

- It's a concept that originally emerged out of the original MATs Change Team transformation programme in 2015.
- It's informed by feedback from parents, captured in the quote:
"I want one worker for my family not one for each of my problems"
- It's linked to the concept of a Family-based Lead Professional – for which there is a competency framework.
- It's a model that challenges the 'refer-on' culture to specialist services.

Why was the Team Around the Worker developed

What did families say:

"I want a worker for my family not a worker for each of my problems"

"There are too many people involved in my family"

"I keep getting different messages from different people working with me"

"Once one problem is sorted out, professionals just close down the case when there are still other issues to deal with"

What did practitioners say:

"Specialist services are asked to get involved when the severity of need isn't necessarily there"

"There is a 'refer-on' culture in the city"

"We don't always have the skills or knowledge to work with a family on some issues - with a bit of support we could"

"Ten minutes spent 'chewing over' a case with a colleague is far more efficient and affordable than referring a case to that professional unnecessarily"

Our hopes for adopting the model across CAMHS

- More confident professionals learning from one another across the localities/system
- Excellent practice being shared across the localities/system
- Reduction in referral on culture leading to reduced waiting times for some specialist services
- Make the system more affordable by releasing professional time

CYP IAPT

Meetings have been attended by Solent NHS Trust representative from February 2017. The meetings provide updates on how other services are progressing, relevant information is shared, national data reporting discussed and any issues those in the collaborative want to raise. Planning meetings have also been taking place to plan how to progress IAPT locally. These meetings will be replaced by a steering group which will be co-ordinated by the Transformational Lead.

Three members of staff have been identified to complete the training the compulsory elements that they will be required to attend are:

Transformational Leadership Course	November 2017
Supervisors Course	November 2017
CBT Course	January 2018

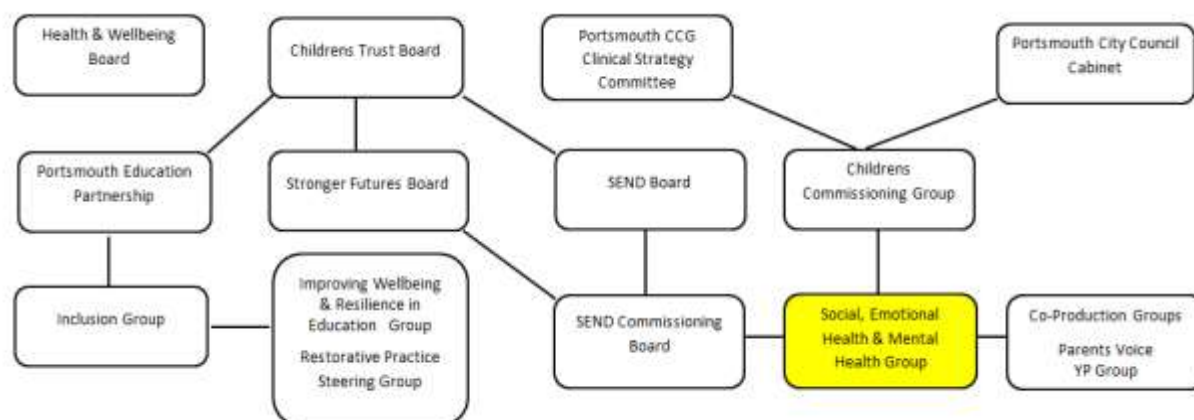
The Supervisor and CBT Therapist identified have both completed their application forms and due to be interviewed by Reading University in October 2017. A business case is due to be submitted to the Clinical Strategy Committee for backfill funding to enable CAMHS to release staff to be trained. The issue of the central funding coming to an end has also been highlighting as this presents a risk to the CYP IAPT programme continuing.

6. 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 are as follows:



6.1 SEMH Working Group

The SEMH Working Group is responsible for driving transformation, the membership (which is currently under review) of the group includes the following:

- Children's Services
- Integrated Commissioning Service
- Public Health
- Parent Rep
- Young Person Rep

6.2 Covalent

The Integrated Commissioning Service use Covalent as a reporting system used by Portsmouth CCG to monitor the progress of the various programmes/projects undertaken each year. 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.

Local Transformation Plan Refresh - October 2017 Project Plan

WORKSTREAM	MILESTONES	LEAD	TIMESCALE
Eating Disorders	Update the referral and transition pathway between CAMHS Eating Disorders and Ault (Hampshire) Eating Disorders Services.	CAMHS	December 2017
	Update the Eating Disorders pathway in line with Marsipan Guidelines so there is a clear expectation of what families should expect if there is a need for QA referral and assessment/input.	CAMHS	December 2017
	Finalise the Eating Disorders flowchart (for School Nurses and other staff), that will enable better identification and referring of Eating Disorders cases in educational settings.	CAMHS	December 2017
Review the Eating Disorder Model	Update the regional Eating Disorder gap analysis to understand how the local offer meets the standards as set out in the national guidance.	Commissioners	October 2017
	Explore where other areas have transformed their eating disorders services in line with the national standards with the possibility of a peer review that will help commissioners compare and contrast models.	Commissioners	November 2017
	Decision to be made as to what Eating Disorder model we want to adopt.	Commissioners Solent NHS Trust	February 2018
Implement CYP IAPT	Family Therapist in CAMHS to take part in the Transformational Leadership course.	CAMHS	November 2017
	Practitioner to take part in the Supervisors course.	CAMHS	November 2017
	Practitioner to take part in the Supervisors course.	CAMHS	January 2018
EIP Offer/Pathway for Young People	A clear joint working framework to be in place that describes the pathways and working arrangements between the EIP virtual team and CAMHS.	EIP Service CAMHS	December 2017

WORKSTREAM	MILESTONES	LEAD	TIMESCALE
Commission an all age Psychiatric Liaison Service	Understand alongside Hampshire Commissioners how we shift the financial resource associated with the current contracts and the future funding needed to commission an all age psychiatric liaison service.	Portsmouth & Hampshire Commissioners	December 2017
	Implementation of the new all age Psychiatric Liaison Service.	Portsmouth & Hampshire Commissioners	April 2018
Health Needs Assessment	Review the draft Health Needs Assessment with Public Health and other system leaders.	System Leaders	October 2017
	Final Health Needs Assessment complete.	System Leaders	March 2018
Performance Measures	Understand what the data requirements are nationally through the National Mental Health Data Set and the 5 Year Forward View and identify a set of performance measures covering national, local service/system and individual outcomes measures.	Commissioners CAMHS	December 2017
	Formally agree the overall CAMHS service performance measures and the mechanisms for collecting and reporting.	Commissioners CAMHS	February 2018
	Develop and agree a further set of performance measures and indicators with partners that will evidence system wide transformation.	System Leaders	February 2018
	Solent NHS Trust to begin reporting on the agreed performance measures through the formal contractual monitoring arrangements.	CAMHS	April 2018
Wessex Healthier Together Website	Agree what information, advice and guidance should be included on the Wessex Healthier Together website for professionals that relates to children and young people's mental health.	Commissioners Regional CAMHS Leads	November 2017
	Agree what information, advice and guidance should be included on the Wessex Healthier Together website for parents and young people that relates to children and young people's mental health.	Commissioners Parent/YP Co-Production Groups	February 2018
	Wessex Healthier Together website to be up to date with all stakeholder information, advice and guidance on CYP mental health matters.	Wessex Healthier Together website Co-ordinator	March 2018

WORKSTREAM	MILESTONES	LEAD	TIMESCALE
Behaviour Management Guide	Map out the support offer available for Parents and families across Portsmouth in relation to behaviour support.	Early Help & Prevention Service	October 2017
	Promote the offer to all the relevant stakeholders through a guide that captures all the support available across the community for different needs.	Early Help & Prevention Service	November 2017
Embedding Team around the Worker	Understand the needs of the SEMH workforce to enable them to better support children and young people's mental health, wellbeing and resilience. The initial focus will include Health Visitors, School Nurses and Early Help & Prevention practitioners.	CAMHS	December 2017
	CAMHS to support those staff through a mixture of training, supervision and consultation.	CAMHS	February 2018
Review the current Mental Health support for Children and Young People who are victims of abuse & neglect	Further understand the scale of the issues through the Social Emotional Mental Health Needs Assessment work that's underway with Public Health and partners.	Commissioner	November 2017
	Undertake a review of the mental health support available locally for Children and Young People who are victims of abuse and neglect.	Commissioner	December 2017
Strategy for Improving Wellbeing and Resilience in Education	Review the current CAMHS offer to schools and colleges.	Commissioner	December 2017
	Develop an offer of additional support to schools and colleges including traded services.	Working Group	February 2018
	To map the existing training offer to schools from different providers and provide a collaborative approach to planning ongoing training.	Working Group	March 2018
Restorative Practice	CAMHS managers and Restorative Champions to explore the place of restorative practice in their support and treatment pathways.	CAMHS	November 2018
	CAMHS managers and Restorative Champions to embed restorative practice in their support and treatment pathways and ensure CAMHS adhere to the Restorative Practice standards.	CAMHS	March 2018

Please Note: The work streams highlighted in bold above have more detailed delivery plans alongside associate strategies

Main services available in Portsmouth for children and young people with emotional or mental health needs (Up to 25 years of age)

LEVEL OF NEED	PRESENTATIONS/SYMPTOMS	SERVICE AND CONTACTS	SERVICE OFFER
CRISIS An extreme event that could mean a risk to life of self or others	<ul style="list-style-type: none"> Acute Emotional Distress with high risk to self and others e.g. – young person is verbalising a plan to harm self or others and the family or network around the young person is not able to contain or manage the issue without urgent intervention from a mental health professional Usually lasting no longer than 2-3 days 	<ul style="list-style-type: none"> In a Medical Emergency call 999. <u>In Hours (09.00-17.00)</u> Up to 18 years old call GP if they are not known to CAMHS or CAMHS Single Point of Access if they are known to CAMHS. 0300 1236632 18 years plus call CRHT(Adult CRISIS TEAM) 02392 683400 <u>Out of Hours (After 17.00)</u> Up to 16 year olds contact '111' out of hours GP 16-18 year olds that are known to CAMHS can contact CRHT 02392 683400. Those not known to CAMHS, a health professional can liaise with CRHT e.g. GP, MHLT, QA Hospital. 	<ul style="list-style-type: none"> CAMHS Crisis Intensive crisis care package for short term support (in hours) Crisis Resolution Home Treatment Intensive crisis care package for short term support (out of hours) GP- brief assessment and facilitation of mental health advice/ access (An on call Psychiatrist or SPA Clinician is available for advice for making a care plan)
SEVERE Severe and complex mental health symptoms that are chronic, ongoing, and significantly impacting daily life	<ul style="list-style-type: none"> Post-Traumatic Stress Disorder Obsessive Compulsive Disorders Eating disorders Psychosis Suicidal thoughts WITH intentions Self-harm (deep cuts requiring immediate medical attention, burning, attempted suicide) Anxiety (high anxiety affecting daily functioning, i.e. unable to leave house or attend school) Neurodevelopmental differences (ND) such as autism spectrum disorder or attention deficit disorder (CAMHS ONLY) 	<ul style="list-style-type: none"> Up to 18 years old call/refer to CAMHS Single Point of Access. Please note referrals for neurodevelopmental assessments are preferred via schools 16 years plus can self-refer to Talking Change(minimal risk i.e. those young people who are able to keep themselves safe for up to two weeks whilst waiting for treatment) 02392 892920 Mon-Thurs: 08.00-20.00/Fri:08.00-17.00/ Sat:09.00-13.00) (Not Neurodevelopmental Differences) 18 plus access Adult Mental Health Team through a health professional e.g. GP, Midwife, Substance Misuse Practitioner (Not Neurodevelopmental Differences) 02392 680200 	<ul style="list-style-type: none"> CAMHS Information resource and evidenced based treatment for mental health disorders. This can include medication and talking therapies on a 1-2-1, group or family basis. Talking Change A range of therapies and treatments for those dealing with common mental health difficulties in a 1-2-1 or group setting (only Young People at minimal risk i.e. those young people who are able to keep themselves safe for up to two weeks whilst waiting for treatment)
MODERATE Moderate mental health symptoms that are ongoing and impacting daily life	<ul style="list-style-type: none"> Self-harm (regular surface cuts) and suicidal thoughts without intent to seriously harm. Anxiety (frequent and increased impact on some areas of life - e.g. occasionally struggles to leave house or attend school) 	<ul style="list-style-type: none"> Up to 18 years old call CAMHS Single Point of Access. Please note referrals for neurodevelopmental assessments are preferred via schools 16 years plus can self-refer to Talking Change (minimal risk i.e. those young people who are able to keep themselves safe for up to two weeks whilst waiting for treatment) 02392 892920 Mon-Thurs: 08.00-20.00/Fri:08.00-17.00/ Sat: 09.00-13.00(Not Neurodevelopmental Differences) 	<ul style="list-style-type: none"> Adult Mental Health – Information resource and Treatment provided to adults of working age with severe and enduring mental health problems in the community and in hospital if required.
MILD Behavioural and emotional responses to relationships and life events	<ul style="list-style-type: none"> Self-esteem issues Difficult family relationships Bullying and difficult relationships at school Life transitions (divorce, moving home, moving school) School work issues and poor behaviour Anger management and self-regulation issues Self-harm (surface cuts, head banging, occasional, without intention to seriously harm oneself) Anxiety (low level, relating to a recent event, i.e. response to bereavement, divorce, changing schools) 	<ul style="list-style-type: none"> Young people/parent referrals can call - 02392 827026 Mon–Thurs: 0800–2200/Fri:0800-1800/Sat:0900-1700 Drop In: 58d High St Cosham Mon–Thurs: 0930–2100/Fri:0930-1430/Sat:0900-1330 Referrals from Health Professionals must use web-form: https://www.relate.org.uk/portsmouth-district/agency-referral Referrals from parents/young people must use web-form: https://www.relate.org.uk/portsmouth-district/self-or-parent-referral Email address: relate@relateportsmouth.org.uk 	<ul style="list-style-type: none"> U Matter - The Early Intervention Emotional Health and Wellbeing Service for 11-25 year olds Informal early support, counselling and peer mentoring.
	<ul style="list-style-type: none"> Substance misuse including alcohol use and risky behaviours Whole Family Based work Healthy weight Parenting and behaviour help School Attendance 	<ul style="list-style-type: none"> Early Help and Prevention Service via (MASH) pcc.raduty@portsmouthcc.gov.uk 02392688793 or 0845 6710271 	<ul style="list-style-type: none"> Early Help and Prevention Service via the Multi Agency Safeguarding Hub (MASH) for 5-19 year olds Family help following Early Help Assessment with allocation by the (MASH). School Nurse may get involved following this assessment as part of Early Help Service.

Please note this document is only intended as a guide as it does not include all support available

DOCUMENT REFERENCE INDEX

Page No:	Section No:	Section Title	Document
11	4	Health Needs Assessment	Emotional Health and Wellbeing Health Needs Assessment All Age Self-Harm Needs Assessment
16	4.2	Transition	Transition Implementation Plan
17	4.5	Service Offer with Staffing Numbers and Activity Data	CAMHS Service Specification
23	5.1	Promoting Resilience, Prevention and Early Intervention	U Matter Quarterly Review (Jan17-Jul17)
25	5.2	Improving Access to Effective Support - A System Without Tiers	Mental Health Apps Research Paper (Jul17)
27	5.3	Care for the Most Vulnerable	Feedback on Crisis Post (Dec16-Aug17) Transformation Bid (Jan17)
29	5.4	Accountability and Transparency	National Performance Measures Local Performance Measures Co-Production Activity Plan Co-Production Pledge Parents Evaluation Question Children and Young People Service Guide Parents Service Guide and Poster Future in Mind Launch Event Programme 11.1.17 Future in Mind Follow-Up Event Programme 20.1.17
33	5.5	Developing the Workforce	A Strategy for Improving Wellbeing and Resilience in Education Portsmouth Education Strategy 2017-2020 Wellbeing and Resilience Implementation Plan 2017-2018 Restorative Strategy Restorative Update
35	6	Governance Arrangements	Governance Table