

Summary of Southampton's Transformation Plan for Children and Young People's Mental Health and Emotional Wellbeing

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This summary document should be read in conjunction with the original transformation plan which contains much more depth and detailed plans, it should also be read in conjunction with the mental health matters consultation feedback. Links below to both documents

[Southampton CAMHS Transformation Plan](#)

[Mental Health Matters Consultation report](#)

Katy Bartolomeo

Senior Commissioner – mental health and substance misuse

Southampton Integrated Commissioning Unit

1. Introduction

- 1.1 Southampton City Clinical Commissioning Group, Southampton City Council and their partners from both the health and voluntary sector are committed to “promoting, protecting and improving our children and young people’s (CYP) mental health and wellbeing”. Whilst there are already areas of very high quality provision within the city we recognise that dramatic and significant changes and improvements are needed in order to ensure that all children and young people in Southampton, including those with particular vulnerabilities, can easily access high quality, outcome focussed, and evidence-based services appropriate to their need, when required.
- 1.2 This document is an updated summary of the full Transformation Plan and sets out how we will as a city, follow the national guidance set out in Future in Mind to develop services and an over-arching service model which responds to Southampton’s specific needs and vulnerabilities and makes best use of its strengths as well as detailing some of the progress that has been made so far.
- 1.3 Southampton City CCG was successful in a bid to NHS England (made in 2014) to lead and accelerate collaborative commissioning arrangements for CYP’s mental health. This included work to build on the joint commissioning arrangements between Southampton City Council and Southampton City Clinical Commissioning Group further developing the work started by the formation of the Integrated Commissioning Unit (ICU). Key aims of the work were to improve joint commissioning across health, social care and education at Tier 2/3 and to also look at collaborative commissioning across the transition age span to 25. Following this piece of work and the release of Future in Mind, the CCG and City Council have completed ‘Mental Health Matters’ a review of mental health services across the City.

2. Mental Health Matters Southampton

- 2.1 In 2014 Southampton’s Health and Wellbeing Board decided to instigate a full review of mental health services for all age groups, due to concerns being raised about current services and a wish to focus on early intervention and prevention services. As part of the review a mental health matters workshop event took place in December 2014. This event was attended by individuals from NHS, private and voluntary providers, service users, carers and public health. The main feedback from this event was that people wanted the opportunity to be part of the review and have a ‘blank page’ approach.
- 2.2 In August 2015 engagement officially started with the publishing of Mental Health Matters which set out proposals (offered as a first draft) for mental health services in the city and requested the views of all stakeholders to help us to shape it further. Great effort has been taken to ensure we have engaged with all stakeholders including CYP, parent/carers, schools and GP’s and with hard to reach groups.
- 2.3 This review has helped strengthen our transformation plan and provide a strategy that has been shaped by CYP and their families.
- 2.4 The engagement process ended on 16th October, the information and views collected have helped to design and inform new models across mental health for all ages. Formal consultation took place between December 2015 and April 2016. Final analysis of the consultation has now been undertaken and the final document published. This will enable implementation of new models.

3. Hampshire and Isle of Wight Sustainability and Transformation Plan

- 3.1 During 2016 health and care organisations across Hampshire and the Isle of Wight worked together to agree on how best to meet the many opportunities and challenges facing the local health and care system. The work focused on both the need to empower people to stay well and also on how best to provide safe, high quality,

consistent and affordable health and care to everyone. The [HIOW STP delivery plan](#) was created as an accumulation of this work and one of the six priority actions for the plan is to improve the quality, capacity and access to mental health services in Hampshire and the Isle of Wight (HIOW).

3.2 There is a commitment to work at scale to review and transform:

acute and community mental health care pathways

rehabilitation and out of area placements

mental health crisis care pathways

3.2 There is also a commitment that the wider transformation of mental health services for children and young people including access to tier four beds for young people will be aligned to the Mental Health Alliance and the STP delivery plan. The transformation programme will be underpinned by integrated approaches to commissioning mental health services on an Alliance wide basis.

3.3 Furthermore a commitment has been made to reviewing how money from physical health services can be transferred into mental health services.

3.4 It has also been agreed that the workforce will be developed on an STP footprint to deliver holistic and integrated services for people with an STP role created to specifically work on the Mental Health workforce within the area.

4. Transformation Plan Investment

4.1 Due to the timelines for the Mental Health Review most of the initial year's Transformation Fund money was dedicated to 'system enabler' schemes that were designed to allow providers to be best placed to undertake the large scale change that is required to deliver on the vision of Better Care Southampton, the Mental Health Matters review and Future in Mind. Ongoing recurrent use of the Transformation Fund is being used to focus on crisis care, one stop shops/community based treatment/early intervention and treatment, and the development of a 0-25 CAMHS team.

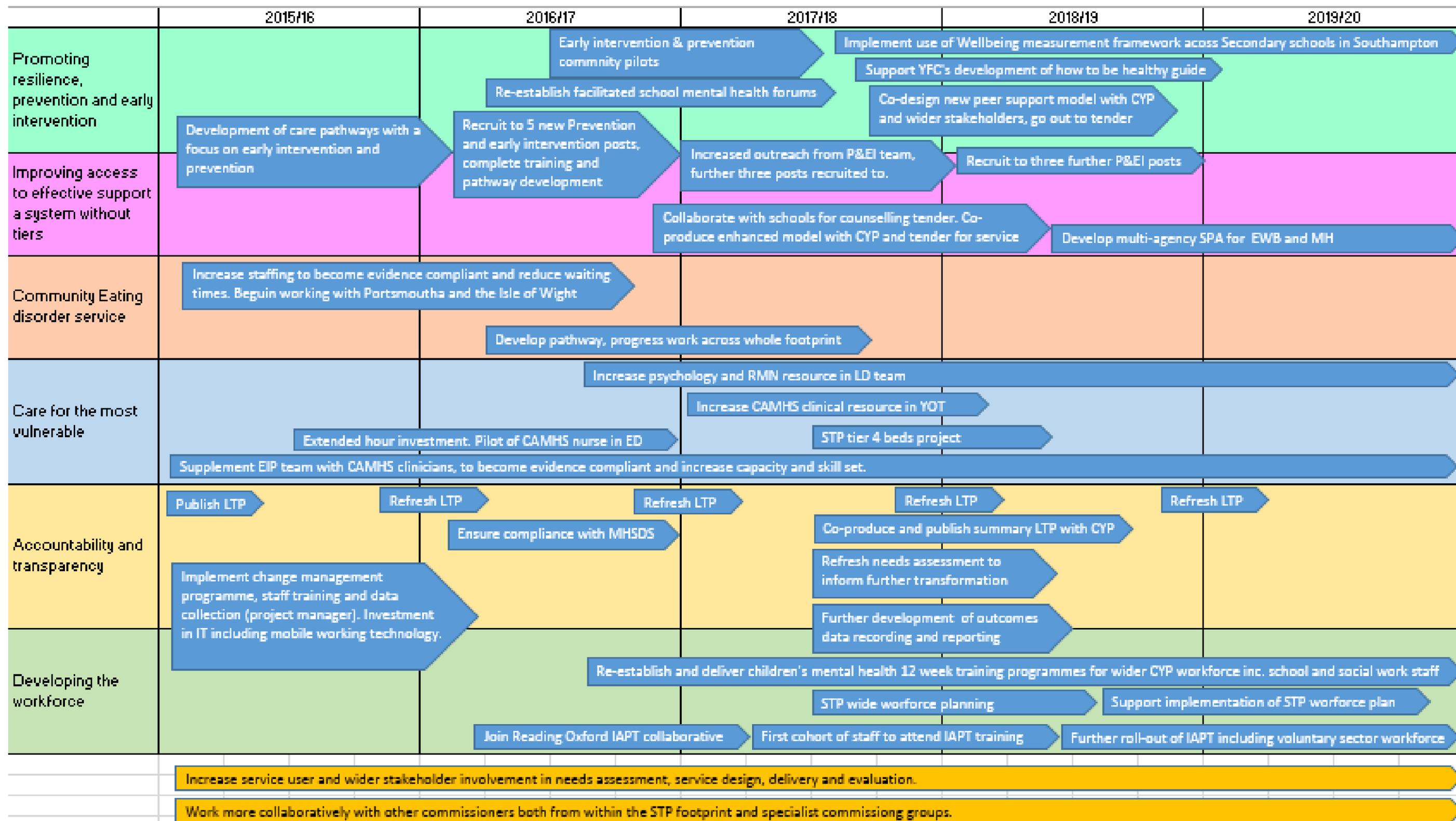
4.2 How funding was apportioned and invested in 2015/16 and 2016/17 can be found in Appendix 1, local priority work streams identified for this year (2017/18) are shown below:

Work stream	Budget Allocation	Recurrent Investment	Details
1	£50,000.00	£50,000.00	Navigators - to support children, young People and their families to access the services most appropriate to their needs. This navigation function will also support professionals and 'hold' clients through periodic check-ins.
2	£65,000.00	£65,000.00	Community solutions - including a worker, peers support and grants/training
3	£50,000.00	£50,000.00	EIP – Continuation of CAMHS clinicians within the EIP team to become evidence compliant and to ensure that CYP are being seen within EIP teams and not remaining in CAMHS. MDT sessional input and pathway development to include CAMHS consultant psychiatrist sessions, mental health nurse and Systemic Family Therapy sessions. Existing members of staff being used and an increase in consultant psychiatrist time (3 sessions) has been recruited to.
4	£140,000.00	£147,156.00	CYP ED Service –Dedicated Eating Disorder funding has been used to recruit additional staff to form a multi-disciplinary CYP ED pathway. Additional staff have been recruited, this includes the dietician and NMP roles as well as the CBT therapist and occupational therapist roles. Clinicians have attended specialist ED training at the Maudesley Hospital in

			London and have worked closely with colleagues from Portsmouth to ensure a linked ED pathway across the two Local Authorities. Further work needs to be completed on this, particularly with regard to ensuring that IOW is able to access specialist ED services as appropriate. Commissioners are working jointly to achieve this outcome and are also closely linked to the NHS England representatives and leads for this area.
5	£202,678.00	£202,678.00	Early Intervention – Three early intervention workers recruited (two Band 5 & one Band 6). Extend primary care mental health worker role to all schools in the city and develop a Schools Forum for primary schools, 3 primary support workers recruited for 17/18 and option to extend by a further 3 in 18/19 with further increase in CAMHS Transformation Funding.
6	£59,034.00	£59,034.00	Crisis Care Services – Crisis care lead recruited and overseeing changes within crisis services as part of the wider STP crisis care concordat.
7	£40,000.00	£40,000.00	Counselling Provision – Extension of counselling provision including development of digital streams and collaborative work with schools
8	£36,800.00	£36,800.00	Learning Disabilities – Increased psychology and nurse input into learning disabilities team
9	£60,000.00	£60,000.00	Commissioning - supplement to commissioning resources to enable smooth implementation of transformation plans and continued commissioning capacity – service development officer recruited 2017.
10	£17,500.00	£17,500.00	Southampton Mental Health Alliance – Contribution to ageless alliance to bring together service users, carers and providers
11	£20,000.00	£20,000.00	Peer Support – Group work with embedded peer support development
12	£51,969.00		Community Group Work – Continuation of pilots to test market needs and inform future needs.
	£792,981.00	£748,168.00	Total
	£792,981.00		Transformation budget

5. Transformation Priorities

- 5.1 To achieve the transformation that is needed in Southampton we cannot rely purely on investing new money into specific workstreams and services it is also essential that we continue to look critically at existing provision and pathways and identify both areas of excellence and areas where we need to improve and do things differently.
- 5.2 We have begun work across the whole agenda from work with schools and the Youth Forum Champions on the prevention and early intervention through to work with specialist commissioners around inpatient beds. We are starting to see the tangible results of this transformation but there is still much more that needs to be done to ensure we are providing the best possible services to children, young people and their families and carers.
- 5.3 To achieve the change necessary a complex and multifaceted approach is required. The following page identifies some of the key tasks and priorities within that complex programme and the timeframes within which we hope to progress them.



6. Promoting resilience, prevention and early intervention

- 6.1 Southampton is a city committed to prevention and early intervention, our Primary Prevention and Early Help Joint Commissioning Strategy states that Southampton’s vision is “An Early Intervention City with multiagency service provision that works to ensure children’s needs are met at the earliest stage. Where possible, and children’s welfare is assured, these needs will be met within their family and community resources.”
- 6.2 During 2015/16 and 2016/17 investment from the transformation money has enabled an early intervention team to be created within Southampton’s CAMHS service. The team of eight will be working with children and young people who may not have previously met the CAMHS criteria, through brief interventions largely through group work but also on a one to one basis. The team will increasingly offer outreach to GP surgeries, schools and other community locations. There is the potential for this team to be further expanded with future investment if it proves to be an effective model for intervening sooner and reducing the number of children whose needs escalate.
- 6.3 The Southampton Healthy Ambition service replaced Southampton’s school nursing service in April 2015. It delivers public health nursing, and leads delivery of the 5-19 year old elements of the Healthy Child Programme. One of the key priorities for the service is emotional wellbeing and mental health and there are Emotional Wellbeing Assistants making up part of the team and working within schools to support this aspect of the service.
- 6.4 Better Care Southampton have developed a pilot to test out the role of Community/Family Navigators. The role of this navigation is to receive and make referrals from/to primary care and cluster teams and provide information about how to access and where necessary directly link people community resources. They will also provide the point of contact to access other universal services, provide active follow up to discover if the identified solution is working or if the person needs additional support to take action or other solutions. Furthermore to map community resources and local organisations, encourage people to up load information on to either the Southampton Information Directory (SID) or Placebook and identify through a process of coproduction gaps in community resources to improve health and wellbeing. The intention is that this will then be rolled out more extensively across Southampton and will cover mental health more fully.
- 6.5 In 2016 Southampton Youth Forum Champions identified mental health as one of their three priorities to work on and have since supported several workstreams within the CAMHS transformation plan. In April 2017 they supported a mental health anti-stigma event organised by Saints Foundation and held in Southampton Guild Hall Square where they spoke to over 60 young people about mental health and consulted with them around mental health service provision in the city. There are several plans for how they will continue to support CAMHS transformation including producing (with the support of commissioners and mental health service providers) a self help guide for young people about how to look after your mental health and wellbeing.
- 6.6 Southampton will be submitting an expression of interest for the health services and schools link programme which if successful will further strengthen the work we are doing to improve joint working and pathways between schools and CAMHS. Re-establishing the schools mental health forums has been positive and both the Secondary and Primary schools forums are now meeting regularly, setting up a special schools mental health forum will be a priority in the coming year.

Key Priorities

Current

1. Continue to develop whole school approaches to promoting mental health and well-being.	
1.1. On-going evaluation and development of Southampton’s new Healthy Ambition service to ensure school nurses are leading and delivering the Healthy Child Programme 5-19 and working effectively at community, family and individual level and that the Emotional Health & Wellbeing workers are fully embedded in the service and linking to the CAMHS team.	G
1.2. Work with schools to ensure a more consistent use of counsellors and the Department for	A

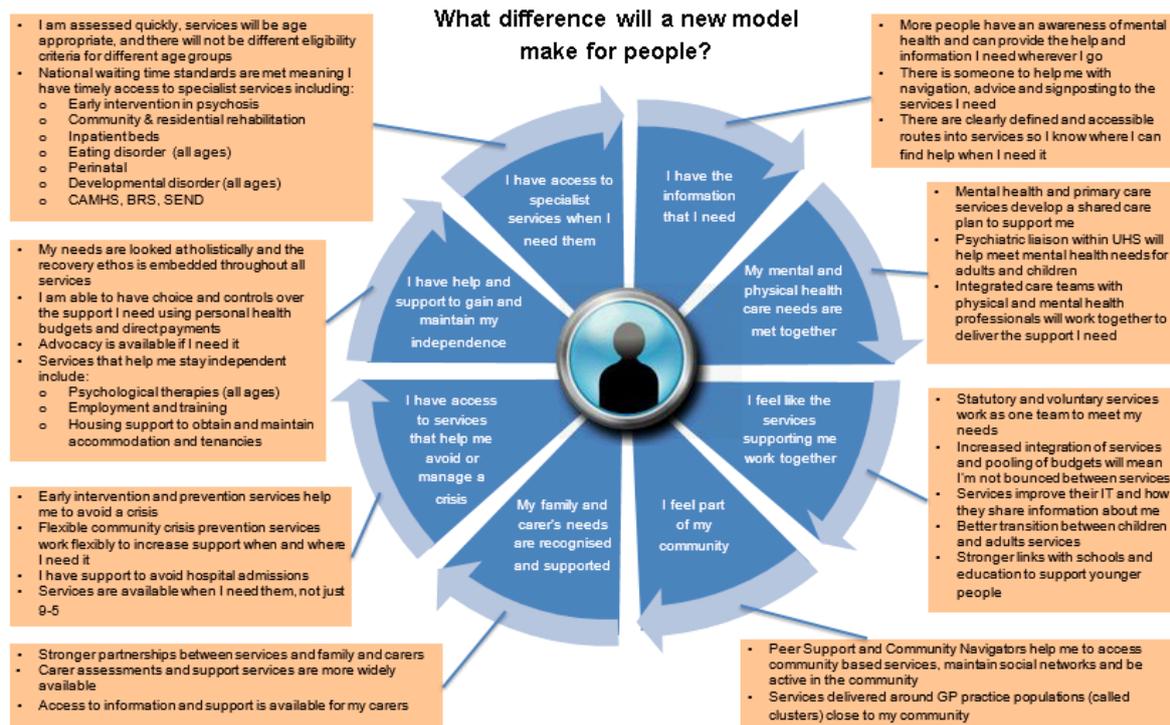
Education's guidance on evidenced-based school counselling across the city.	
2. Develop prevention and early intervention services, including harnessing learning from the new 0-2 year old early intervention pilots.	A
3. Complete planning and execute a citywide anti-stigma event with Time to Change for the autumn to coincide with World Mental health day.	G
4. Develop whole family approach and whole family service offer available within the city.	A
5. Continue to explore opportunities to reduce incidence and impact of post-natal depression including monitoring and potential service development of, midwifery, health visiting and FNP services and the NHS commissioned specialist perinatal service.	A
6. Explore opportunities to better utilise links with PSHE networks to develop whole school approach the prevention and early intervention agenda.	A

Future

1. Enhancing existing maternal, perinatal and early years health services and parenting programmes
 - 1.1. Prepare for potential waiting times standards in relation to pregnant and post-natal women accessing Mental Health services, including mental health supervision and training for health visitors, IAPT drop-in at children's centres and outreach from P8T groups
 - 1.2. 0-2 year old early intervention pilots
2. Incentivise development of new apps to support self-care
 - 2.1. Continued development of CAMHS app BASE
3. Evaluate Community Navigation role with specific regard to CYP and families and to further extend this model throughout the City.
4. Develop a 'Southampton' PSHE curriculum

7. Improving access to effective support – a system without tiers

- 7.1 Mental Health Matters, the review of all mental health services within Southampton which has already begun, along with national and local policy and strategy has been guiding the redesign of our current model. We have already begun moving away from the tiered model in several areas and our future model will create new and develop existing pathways of care which work across the continuum of need from universal support through to the most intensive and targeted interventions including specialist inpatient.
- 7.2 The diagram below shows how our cluster model will work in practice for our population ensuring that there is easy access to the most effective support for each individual's needs.



- 7.3 Many mental health services including many of those for children and young people will join with other health and social care services to form integrated teams based around GP practice populations (called 'clusters') as part of Better Care Southampton, putting patients at the center of their own care planning and taking a more whole person approach to care. There is a focus on prevention and early intervention and building on the role of individuals in managing their own health and wellbeing.
- 7.4 No limits (Southampton's youth information advice and counselling provider) already has a 'one stop shop' service for under 26 year olds and from November 2015 Solent (Southampton's CAMHS provider) began a pilot of a single point of access (SPA) which incorporated the functions of initial telephone triage with families, choose and book system for appointments and telephone advice line.
- 7.5 During 2017 children's mental health commissioners have begun working more collaboratively with schools within the city and working with young people to co-produce services particularly in relation to the re-procurement of counselling provision, this work will continue throughout 2017 and be built upon moving forward. We plan to work with young people to produce a co-production pledge or policy during the Autumn of 2017 to ensure this work is fully embedded.
- 7.6 A common theme that has been identified in Southampton is the need for all services to be identifying children that are living with parents with mental health problems and ensuring that all services work better to develop a whole family approach.
- 7.7 By undertaking a workforce review and developing a workforce strategy including training and development needs on an STP footprint basis we will ensure that our future service model delivers a wide range of NICE compliant therapies including CBT and systematic Family therapy to meet our populations needs.
- 7.8 There is much on-going work engaging with hard to reach CYP in Southampton. We plan to re-evaluate learning and replicate some of the work done in 2013 by No Limits consulting with disadvantaged young children for the GP Champions Youth Health pilot which consulted with 43 young people who had multiple and complex issues.
- 7.9 Southampton has a significantly higher rate of mental health admissions than all of our statistical neighbours, this may at least in part be attributed to variations in admission policies between acute trusts but will need to be investigated further during our re-modelling. We have been piloting basing a CAMHS burse within ED.

- 7.10 Southampton also sees significant numbers of CYP self-harming and has recently analysed the numbers being seen by the DSH team in the emergency department but also those seen within the 'one stop shop' service provided by the voluntary organisation 'No Limits'. We plan to extend the DSH service within the city.
- 7.11 We have been piloting funding a CAMHS nurse based within the accident and emergency department at Southampton General hospital during 2016/17, further evaluation of this pilot is needed to inform future provision.
- 7.12 Developing stronger links between services for CYP with Learning Disabilities (LD) and mental health problems is also a priority for Southampton. The CYP disability service JIGSAW has recently been integrated within the 0-25 SEND service, there has been investment in this team and funds have been diverted to enhance both the CAMHS and SEND team. The addition of 3 sessions of CAMHS consultant time to support clinical supervision for the wider SEND team and also to deliver assessments, interventions and acting as a bridge for specialist/complex pathways such as autism and CYP with LD and complex mental health problems. There is also an LD nurse that works half their time in the SEND team and half within the CAMHS team. Developing a much clearer pathway between specialist SEND services and the new locality based Integrated Universal and Targeted services is a priority to ensure that these teams are much better supported to meet the needs of children with SEND in their local communities.

7.13 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.

Key Priorities

Current

1. Expansion of deliberate self-harm service, increasing hours initially to six days a week but with an end goal of 7 day a week service.	A
2. Complete Southampton's comprehensive review of all mental health services and develop/re-model in-line with its conclusions and national and local strategy	G
2.1. Move away from tiered system to a more flexible needs based model based around seamless pathways of care and support.	A
2.2. Explore the expansion of one-stop shops from bases such as No Limits 3 centres within Southampton	A
2.3. Explore where and how CAMHS will fit within Better Care model in Southampton, multi-disciplinary teams, single points of access	A

2.4. Self-referrals in to all teams	R
2.5. Development and introduction of extended 0-25 CAMHS service.	A
3. Explore options to utilise work around school link pilot project – named points of contact within CAMHS, schools and GPs	A
4. Explore development of Joint training programme	G
5. Further develop and strengthen links between CAMHS and LD and SEND services including work around Care Treatment Review's.	A
6. Finish evaluating current peer support programmes and be led by service user engagement as to how this needs to be developed to more fully meet needs	G
7. Crisis Care Concordat local plans	G
8. Development of a Community Eating Disorder service	G
9. Evidenced based pathways for community based care	
9.1. Expansion of intensive home treatment teams	A
9.2. Develop clearer pathways including for step-down provision and discharge from inpatient care	A
10. Mental health and behavioural assessments in admission gateway for YP with LD/challenging behaviour	R

Future

1. Universal Local Offer
2. Waiting time standards for eating disorder service and early intervention in psychosis team
3. On-line information and support
4. Develop improved data around crisis/home treatment for under 18's and the use of section 136
5. Development of primary care mental health teams

8. Community Eating Disorder Service – Southampton, Portsmouth and the Isle of Wight

- 8.1 The children and young people's eating disorder access and waiting time standard was released in July 2015 and set the direction for improve access and waiting times and the evidenced based treatments offered. An Eating Disorder pathway has been devised and is in the process of being presented to CAMHS staff after which it will be disseminated to primary care and other professionals who may wish to refer into the service. The model of care prescribed in the 'Access and waiting time's standard for children and young people with an eating disorder -Commissioning Guide, July 2015' is making recommendation for a viable evidence based eating disorder service which will engage with children young people their families and carers, delineating clear referral pathways, but also providing localised care, in a timely manner.
- 8.2 The recommended model requires a population footprint of at least 500,000. It is not currently possible to co-commission a Hampshire wide ageless eating disorder service as the Hampshire CCG's have recently commissioned an Eating Disorder service they are currently unable to commit to joining with Southampton, Portsmouth and IOW.
- 8.3 Portsmouth, Southampton and the Isle of Wight are therefore working together on a joint initiative that meets the criteria of minimum recommended population. 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.

8.4 We are aware alongside our commissioning colleagues across Portsmouth 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.

8.5 Population Footprint of collaboration

CCG	Weighted population
NHS Southampton CCG	245,755
NHS Portsmouth CCG	221,654
NHS Isle of Wight CCG	145,854
Total	613,263

8.6 The Eating Disorder money allocated to each CCG for 2016/17 is as follows:

- Portsmouth £110,000
- Southampton £140,000
- Isle of Wight £77,000

8.7 Current Service model in Southampton

8.6.1 Currently specialised CAMHS in Southampton provides assessment and treatment for children and young people and their families or carers, with eating disorders, drawing on the best available evidence. A comprehensive package as recommended by NICE is available and includes Cognitive Behavioural Therapy (brief CBT and CBT – enhanced), Cognitive Analytical Therapy (CAT), Family/Couple Therapy, Carer and family Support Group. There is a nursing team who can offer more intensive community support, extended hours and input to parents via the parent group. There are also close links to specialist inpatient teams both at the general hospital and the local inpatient adolescent unit.

8.6.2 There is a multi-disciplinary team working closely and flexibly with children and their families and others that are important to them. Links with primary care (GPs, to ensure safe management of the physical risks that often accompany an eating disorder) and secondary mental health services are in place, in order to provide a comprehensive package of care. The out-patient service is open Monday to Friday from 8.30am to 5.00pm excluding bank holidays. The intensive community support services are more flexible working more extended hours and currently offering a parent group in the evenings 6-8pm.

8.6.3 A typical outpatient treatment package for anorexia nervosa might last between 20 and 40 sessions. For bulimia nervosa, the typical treatment packages range from 10-20 sessions, although these can be extended depending on individual need. Programmes are available for those stepping down from in-patient care or for those wanting more intensive support than that provided in out-patient treatment alone. The intensive community programmes offer nursing nutritional input, supported mealtimes and a range of therapeutic groups, aimed at supporting individuals to address the psychological issues underlying their eating difficulties. The nutritional dietary recommendations are based on the (weight gaining) plan delivered at Leigh House Hospital, (Tier 4 inpatient provision). Moderations are made to the plan when children and young people reach a position of their optimal maintenance weight. This is also undertaken in negotiation with the primary care services. These programmes are currently run in Southampton five days a week. The structure of the treatment allows time practised and integrated into everyday life. The process of admission and discharge is also supported, for those needing an episode of in-patient care.

8.6.4 There is a confidence that the package offered matches recommendations in the NHS England paper 'Access and waiting time's standard for children and young people with an eating disorder -Commissioning Guide, July

2015'. Waiting time compliance is already within the recommended timeframes, however more work is needed to accurately collect this information and capture it. Working with children and young people with eating disorders is integral to specialist CAMHS, which results in a comprehensive assessment, management of risk and governance, keeping skills updated for all staff.

8.7 Outcome measures

8.7.1 The service currently uses objective outcome measures: CGAS, EAT Questionnaire, RCADS, (for common co-morbidities). They also use height/weight checks and CT scans for delayed menstrual status in girls. The teams offer a variety of ways for users and carers to give feedback about the service development.

8.7.2 The parent support group in Southampton is actively involved in giving carer feedback and have been involved in writing a care package brochure given to newly diagnosed families. As part of the on-going service evaluation feedback is asked for at discharge.

8.8 Number of Eating Disorder cases seen in Southampton – Please note data for 2016/17 currently being collated and 2015/16 investigated due to migration of computer system

2012/2013	2013/2014	2014/2015	2015/2016	2016/2017
49 cases	46 cases	35 cases	31 cases	29 cases

8.9 Current

Professional group	Whole time equivalents	Work undertaken
Consultant psychiatrist	2 sessions	offering case management + mental health assessment + consultation/ liaison with professionals
Community nurses	2 full time band 6 0.2 wte band 7	offering community working in the homes, meal supervision in homes and schools, liaison with GP, + nutritional advice to families and professionals
Family therapist	5 sessions	offering family therapy + couple work + parent group
Psychologists	4 sessions	offering CBT –E individual therapy, + Supervision
Occupational Therapist	6 sessions	Offering assessment, meal supervision, OT work
Dietician	2 sessions	Offering consultation around the dietary impact for children and young people presenting with an eating disorder
Paediatrics in local general hospital	As required	offering physical assessment and short term admission

8.10 Waiting Times in Southampton

An initial review of waiting times for eating disorder referrals into our CAMHS service for 14-18 year olds in 2014 highlighted that 68.9% of CYP were seen within 4 weeks but as yet we are not able to link this to classification of need at time of referral (see table below). As discussed above current data subject to more investigation due to migration issues.

2014/15		
Time till assessment	Number	%
Within 24 hrs	0	0.00%
1 week	7	20.59%
4 weeks	13	38.24%
Over 4 weeks	9	26.47%
DNAs	5	14.71%
Referrals	34	

longest wait 14.3 weeks

If we compare this to data from 2016/17 , there has been a reduction in the number of children and young people having to wait over 4 weeks and those who do not attend as well as a reduction in the longest wait.

2016/17		
Time till assessment	Number	%
Within 24 hrs	0	0.00%
1 week	6	20.69%
4 weeks	18	62.07%
Over 4 weeks	3	10.34%
DNAs	2	6.90%
Referrals	29	

longest wait 12.2 weeks

8.11 On-going work

8.11.1A dietician has been appointed, which is recognised in the model of care NHS England have recommended.

8.11.2The teams are developing closer links to our primary care services and schools as part of the roll out of a new Eating disorders pathway which it is envisaged will enable streamlined and earlier presentation to clinics leading to better outcomes for the children and young people their families and carers.

8.11.3The services will work towards extending the hours of working towards initially six days a week and then to seven day services.

8.12 Proposal for the funding available in Southampton:

8.12.1A Dietician has been appointed to be available to primary care services as well as provide advice the specialist team on nutritional care. This was not available in the model of service provision prior to FIM funding.

8.12.2A full time Nurse Practitioner has been appointed and is available to build on the 'out of hours' services, supervising evening meals and visiting families in their homes, extending the working hours of the whole nursing team (from 8-8pm).

8.12.3A liaison nurse who would work with the GPs, primary care workers and schools to increase education and knowledge, this would enable earlier presentation to clinics for children, young people, families and their carers.

8.12.4A CBT-E therapist who would be able to provide sessional work over 2 days for young people to gain additional twilight sessions of therapy when college commitments and family life patterns prevent attendance at sessions during usual working hours.

8.12.5 Additional Staff Costing

Profession	Band Grade
Dietician - 0.2 WTE (Recruited)	Band 7
Prescribing Nurse -Full time (Recruited)	Band 6
Occupational Therapist 0.6 WTE (Recruited)	Band 6
CBT-E Therapist – Full time (Recruited)	Band 7
Total Cost £147,156.00	

8.13 Service KPI's

To record % of cases that received NICE concordant treatment within the standard's timeframes	69% seen within 4 weeks	75% seen within 4 weeks	Mar-16
To record % of cases that have outcomes data entered electronically on to the IT system	Not measured as new scheme	25% of active cases	Mar-16
To accurately record patient status as either routine, urgent and emergency in % of cases	Not measured as new scheme	95% of referrals	Mar-16

8.14 Progress to date

The funding is allowing the service to employ a dietician and increased Occupational Therapy time to work alongside those young people with an eating disorder. The extra nursing time allows for further meal planning and supervision to take place (over which the dietician will have an oversight). The extra staffing also means that a teaching package has been developed which has been presented to the wider CAMHS team in order to underpin existing knowledge and skill bases around this specific field of CAMHS intervention.

8.15 Next Steps

Update the regional Eating Disorder gap analysis to understand how the local offer meets the standards as set out in the national guidance	October 17
Explore where other areas have transformed their eating disorders services in line with the national standards with the possibility of a peer review with that will help commissioners compare and contrast models	November 17
Decision to be made as to what Eating Disorder model we want to adopt	February 18

9. Care for the most vulnerable

- 9.1 There are groups of children and young people that we know are more at risk of poor mental health. In Southampton, there are high number of Looked After Children, children with Special educational Needs and Disabilities (SEND), young offenders, children and young people living in families experiencing domestic violence, under 18's admitted to hospital for alcohol specific reasons, and numbers of children living in poverty. All of these factors make children and young people more vulnerable and this is why money has been invested to increase CAMHS support within our LD, YOT and LAC teams.
- 9.2 In 2017 we successfully bid for funding for a full time Band 5 mental health nurse to be based within the YOS team. The nurse is able to provide additional health navigation within the YOS but also be the link for step down programmes from secure placements. The role also involves providing mental health assessments for young people in the Youth Justice System freeing up time of the existing Band 6 nurse to deliver more therapeutic work with young people and their families.
- 9.3 Southampton's Multi-Agency Safeguarding Hub (MASH) and Early Help Teams are positive examples of creative integration designed to maximize the impact of diminishing public sector funding. They offer high quality evidence based support around which organizations from all sectors can align and develop additional services. There is a Solent NHS health navigator within the MASH team who can access any information on CYP held within the CAMHS service and also provide advice and on suitability of service referrals.

9.4 Hampshire Liaison and Diversion Service began operations on the 1st April 2015. There are two teams, one in Southampton and one in Portsmouth. The Southampton team operates Monday to Sunday 9am-9pm and includes all vulnerable adults and children, people with mental illness, substance misuse issues, learning disabilities, head injuries, autism or ADHD.

9.5 University Hospital of Southampton (UHS) provides a Paediatric psychiatric liaison service which is concerned with providing a bridge between acute paediatrics and psychiatric and psychosocial care for children and young people receiving treatment within the hospital where the presenting illness has a psychological component or where psychological distress is caused by the illness. While the hospital provides paediatric services for a larger population than Southampton city CCG and specialist services for the South West of England there referral data included within Appendix P is useful in understanding the most common presenting issues in this vulnerable group of CYP.

9.6 Crisis Care Concordat

The Hampshire & Isle of Wight Crisis Care Concordat is committed to improving service for people of all ages in, or at risk, of a mental health crisis. The actions listed on the plan therefore apply to children, adults and older person's mental health services. Headlines from the plan include:

9.6.1 Developing end to end pathways for people of all ages in crisis and shared across the multi-agency team

9.6.2 Improving responsiveness of services to people approaching or undergoing mental health crisis - ensuring people get the right care at the right time through agreed pathway encompassing community and acute hospital care.

9.6.3 Reduction in the use of s136 detention and increased appropriate use of s136

9.6.4 Improving the experience of young people when subject to s136/135(1); work is underway to ensure the project work streams for children are captured in the Crisis Pathway delivery plan. A number of prevention, education and awareness work streams are being developed. Improved responsiveness of CAMHs clinicians for EDs and S136 escalation being sought.

9.6.5 Reduction in use of inappropriate urgent care pathways for people who are known and unknown to mental health services by 20% in 2 years such as 999/111 and ED by people in Mental Health Crisis

9.6.6 Reduction in suicide by 10% over the next 5 years –Southampton City Council have developed their Suicide Action Plan which is being incorporated with the other locality authority action plan. This will help the Suicide Leads across the STP to understand each other's work streams and priorities. Zero tolerance on suicides for those individuals known to mental health services has been discussed and recognised as a target of achievement.

Key Priorities

Current

1. Develop policies and practices which ensure that children and their families who do not attend appointments are not just discharged from service.	R
2. Commissioners and providers across education, health, social care and youth justice sectors working together to develop appropriate bespoke care pathways	A
2.1. Continue work around links with Liaison and Diversion service. Further development of YOT multi-disciplinary team.	A
2.2. Explore the possibility of using some of the additional funding to progress unsuccessful school pilot extension bid which looked at developing specialist outreach teams to upskill school staff to be better equipped to support children dealing with trauma and to have mental health workers embedded within early help teams to work with families when children are on the edge of care.	A

2.3. On-going work with the BRS service which supports some of our most vulnerable children and families.	G
2.4. Further strengthening of mental health function within Families Matter and early help teams.	A
2.5. Continue work on pathways/referral processes and joint working between services including the City's CSE and Rape Crisis services	A
3. On-going development and expansion of multi-agency teams with flexible acceptance criteria for vulnerable children (need not diagnosis).	A
4. Working with lead officer for Childhood Sexual Exploitation within the city to ensure changing understanding and knowledge of need is met and clear and affective pathways are in place.	A
5. Work with SARC and NHS England specialist commissioner to ensure necessary links and pathways are working effectively.	A
6. On-going review of MASH and function of mental health staff within the team.	A
7. Development and expansion of Lead professional approach for the most vulnerable CYP with multiple and complex needs.	A

Future

1. Working with professional bodies to improve skills of professionals working with children & young people with mental health problems
2. Pilot – teams specialising in supporting vulnerable CYP
3. Development of tierless services with SPA and no referrals rejected but always signposted/aligned with an appropriate service.

10. Accountability and transparency

- 10.1 Southampton's Integrated Commissioning Unit went live in December 2013, and merged commissioning teams from Southampton City Clinical Commissioning Group, Southampton City Council Adult services and Southampton City Council Children's services. This integration has not only seen the introduction of lead commissioners for service areas across health and social care but has enabled much easier pooling of funds and co-ordinated strategic planning.
- 10.2 Southampton's Health and Wellbeing Board are responsible for driving forward improvements in mental health in the City and have strong links to all aspects of the Mental Health Matters review.
- 10.3 Southampton is committed to working with all partners to ensure that the most effective and integrated services are commissioned for the local populations specific needs. We will continue to work with colleagues from NHS England as well as neighbouring CCG's and local authorities, pooling resources where sensible to do so to ensure that services commissioned provide a seamless and holistic service provision which mitigates the risks of service users slipping through gaps, avoid duplication and offer the best outcomes for our residents.

The table below shows the spend for specialist commissioning for Southampton (original table 2014/15)

Hub Region	Provider Name	NHS Southampton CCG	Grand Total
London	East London NHS Foundation Trust	£40,592	£40,592
	Ellern Mede Centre for Eating Disorders	£157,668	£157,668
London Total		£198,260	£198,260
	Cygnnet Health care Limited	£39,762	£39,762
	Dorset Healthcare University Foundation Trust	£7,286	£7,286

	Priory Group Limited	£353,347	£353,347
	Southern Health NHS Foundation Trust	£246,223	£246,223
South Total		£646,618	£646,618
Grand Total		£844,877	£844,877

Contract Title	Total Investment (NHS England, City Councils, Police and Crime Commissioners)
Liaison and diversion scheme (SE and SW Hampshire)	£1,045,647

10.4 To enable us to monitor the impact of local transformation we have worked with specialist commissioning to gather benchmarking data on inpatient activity which we will be able to compare to in future years. The below table shows data for 2016/17.

2016/17 Inpatient data		
	All admission to Tier 4 CAMHS services	Eating disorder Admissions
Number of admissions	17	2
Number of individuals	13	2
Average length of stay	139	150
Longest stay	512	213

10.5 Current CAMHS activity and waiting times (please note that 15/16 waiting times has been excluded due to the migration of data to a new operating system and the poor data quality for that year).

	2014/15 CAMHs Waiting times		2016/17 CAMHs Waiting times	
<4 weeks	382	22.37%	651	56.25%
4-11 weeks	620	36.30%	278	20.45%
11-18 weeks	482	28.22%	49	3.41%
>18 weeks	224	13.11%	193	19.89%
Total	1708	100.00%	1171	100.00%

Referrals 2014/15

Accepted 1,351
Rejected 324 (24%)

Referrals 2015/16

Accepted 1,474
Rejected (data inaccuracies)

Referrals 2016/17

Accepted 1098
Rejected 429 (28.09%)

Referrals 2015/16			Referrals 2016/17		
Month of Referral	Referrals Received	Referrals Accepted	Month of Referral	Referrals Received	Referrals Accepted
Apr-15		133	Apr-16	113	83
May-15		136	May-16	149	117
Jun-15		138	Jun-16	143	110
Jul-15		154	Jul-16	146	104

Aug-15		97	Aug-16	71	44
Sep-15		119	Sep-16	118	76
Oct-15		138	Oct-16	152	110
Nov-15		148	Nov-16	151	122
Dec-15		101	Dec-16	120	96
Jan-16		101	Jan-17	114	81
Feb-16		130	Feb-17	122	77
Mar-16		79	Mar-17	128	78
2016 YTD		1474		1527	1098

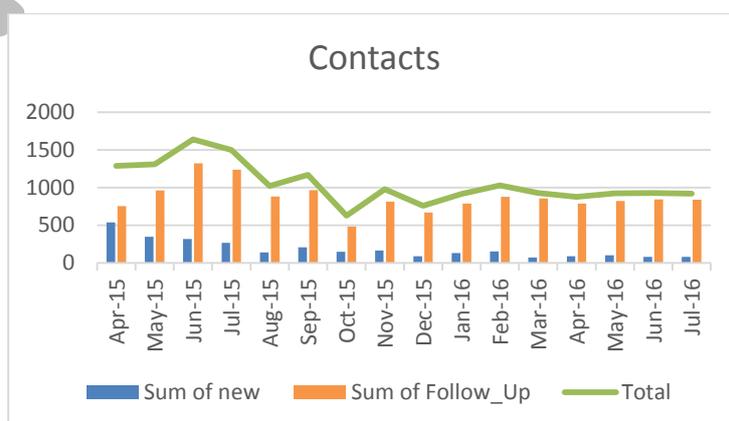
10.6 With the continued recruitment to the early intervention and prevention team it is anticipated that rejected referrals will reduce significantly over 2017/18 and the number of referrals accepted will increase.

10.7 Contacts

The tables below illustrates the new and follow up contacts throughout 2015/16 and 2016/17 to date. It should be noted that a significant amount of the CAMHS Transformation money in 2015/16 was spent on initiatives that were system enablers and schemes to reduce waiting times, alongside the migration to a new information system means that the data found in the table below should be viewed with caution.

Contacts 2015/16		
Row Labels	Sum of new	Sum of Follow-Up
Apr-15	536	754
May-15	347	963
Jun-15	317	1323
Jul-15	265	1236
Aug-15	141	882
Sep-15	207	964
Oct-15	148	481
Nov-15	164	814
Dec-15	87	671
Jan-16	130	787
Feb-16	154	876
Mar-16	72	856
2016 YTD	2568	10607

Contacts 2016/17		
Month	Sum of new	Sum of Follow-Up
Apr-16	90	786
May-16	102	822
Jun-16	82	845
Jul-16	78	840
Grand Total	352	3293



10.8 Number in treatment

Number of children in treatment as at 31/03/2016	1,634
Number of children in treatment as at 30/09/2016	1,670
Number of children in treatment as at 31/03/2017	1,555

Number of children in treatment as at 31/08/2017 1,616

10.9 2016/17 will provide the baseline for meeting the 2018/19 target to increase the number of children and young people in treatment by 32%. Southampton's focus on early intervention and prevention will play a significant role in achieving this ambition. Currently 32% of referrals were rejected as they were either inappropriate or did not meet the current CAMHS Tier 3 criteria. With the development of the early intervention and prevention team it is anticipated that many of those currently rejected would meet the criteria for our teams.

10.10 Work is continuing to address not only overall waiting times but also to tackle the secondary waiting times that occur after an initial assessment has occurred. In addition to the money announced by NHS England this year to help reduce waiting times the Integrated Commissioning Unit have invested in reducing the CBT, autism diagnosis and counselling waiting times.

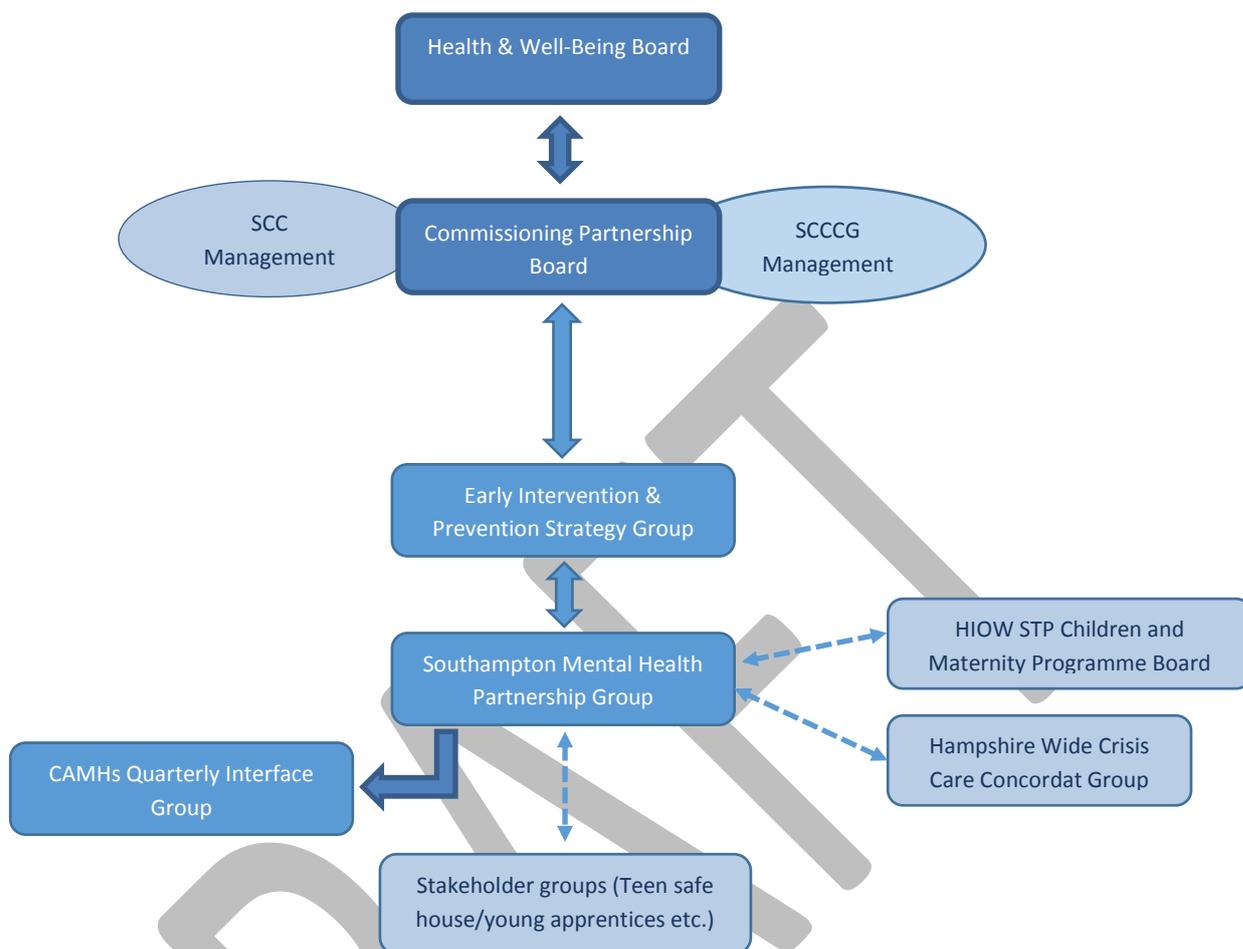
10.11 The table below shows the progress that has been made on the wait time between first and second



appointment within CAMHS.

10.12 in April 2016 less than half of second appointments were within 6 weeks of initial appointments but with almost month on month improvement by July 2017 all were, the average wait was just 2 weeks and the longest wait 5 weeks. Work will now focus on maintaining this.

10.13 The diagram below illustrates the governance structure which will be applicable for decisions made in relation to this transformation



10.14 Throughout the Mental Health Matters review CYP, families and key stakeholders formed a huge part of both the engagement process and then the formal consultation with 56% of feedback received from service users and carers.

Key Priorities

Current

1. Continuation of consultation and engagement with CYP (including hard to reach groups), family and other relevant stakeholders whilst developing the transformation plan and Mental Health Matters review	G
2. Explore new opportunities and build upon existing co-commissioning arrangements with NHS England	A
3. Ensure NICE quality standards continue to inform and shape commissioning decisions	G
4. Increase in level of local benchmarking/monitoring data collected and reported on.	A
5. Waiting time standards for early intervention in psychosis and Community eating disorder service.	A
6. Monitoring access and wait measurement against pathway standards	A
7. Financial investment transparency	G

Future

1. Data collection and analysis
 - 1.1. CAMHS minimum dataset
 - 1.2. Routine outcome data collection
2. Prevalence survey

11. Developing the workforce

- 11.1 Current CAMHS workforce and skills – CAMHS currently has a multi-disciplinary team that offer a variety of NICE recommended and evidence based interventions. The Mental Health Matters review aims to work with the CAMHS provider and CYP their families and other key stakeholders to re-design the way current services are configured.
- 11.2 Future in Mind investment has enabled an expansion of the CAMHS team, since 2015 an additional 15.86 WTE posts have been created ensuring the team has capacity to support more young people. Five of these new posts form the new prevention and early intervention team whilst others support the crisis care and eating disorder pathways.
- 11.3 Staff have also been recruited by the voluntary sector to work within the CAMHS team with three new mental health support workers working within the prevention and early intervention team who are not included within these figures.

Job Title	Sep-17	Mar 16	Oct 15	Change from Mar 16	Change from Oct 15
Admin & Clerical	10.82	7.9	8.69	2.92	2.13
Assistant Psychologist	7.14	1.4	0	5.74	7.14
Health Care Support Worker	0.31	1.4	0	-1.09	0.31
Consultant	4.45	4.1	3.35	0.35	1.1
Specialist Registrar	3	1.4	1	1.6	2
Specialty Registrar	5.4	4.9		0.5	5.4
GP Trainee	1.6		1	1.6	0.6
Nurse	14.09	12.4	13.9	1.69	0.19
Arts Therapist	0.61		0.61	0.61	0
Psychologist	3.41	4.3	1.81	-0.89	1.6
Psychotherapist	2.12	1.5	0.93	0.62	1.19
Therapist	2.2	2	5	0.2	-2.8
Occupational Therapist	1	1.6	1	-0.6	0
Social Worker	0	0	3	0	-3
TOTAL	56.15	42.9	40.29	13.25	15.86

Child Adolescent Mental Health Services (CAMHS) Southampton – staffing Oct 2016

In terms of Banding and wte

CAMHS Service Manager
Band 7
1 wte

Consultants
1 x 0.6 wte
1 x 0.5 wte
1 x 0.6 wte
1 x 0.6 wte
1 x 0.2 wte (0.8 wte medical student teaching)
1 x 0.2 wte (0.3 wte medical student teaching)

EFA
1 x Band 8a - 1 wte
1 x Band 6 - 1 wte

CAMHS/YOS
1 x Band 6 - 0.8 wte (maternity leave until June 2017)

CAMHS Practitioners

CAMHS Nurses
1 x Band 8b - 0.8 wte
1 x Band 7 - 1 wte
1 x Band 7 - 0.59 wte
1 x Band 6 - 1 wte
1 x Band 6 - 1 wte
1 x Band 6 - 0.8 wte (going on maternity leave from October 2016 returning October 2017)
1 x Band 6 - 1 wte
1 x Band 6 - 0.8 wte
1 x Band 6 - 0.3 wte (maternity leave returning September 2016)
1 Band 6 - 1 wte
1 x Band 6 - 0.6 wte
1 x Band 5 - 0.6 wte
1 x Band 6 - 1 wte

Seconded Social Workers
1 x 1 wte
1 x 0.6 wte

Psychologist
1 x Band 8b - 0.4 wte (commencing October 2016)
1 x Band 8a - 0.4 wte
1 x Band 7 - 0.37 wte (maternity leave returning September 2016)

CBT Therapist
1 x Band 7 - 0.4 wte (maternity leave returning January 2017)

Psychology Assistant
1 x Band 2 - 0.64 wte (maternity leave returning June 2017)

Therapists

Psychotherapist
1 x Band 7 - 0.8 wte
Trainee Psychotherapist
1 x Band 6 - 1 wte
CAT Therapist
1 x Band 8a - 0.6 wte
Occupational Therapist
1 x Band 7 - 1 wte
Art Therapist
1 x Band 7 - 0.61 wte
Play Therapist
1 x Band 6 - 0.4 wte (Bank contract until November 2016)
Drama Therapist
1 x Band 7 - 0.2 wte (Bank contract until December 2016)
Family Therapists
1 x Band 8a - 1 wte
1 x Band 8a - 0.6 wte
Counsellor
1 x Band 7 - 0.2 wte
1 x Band 5 - 0.2 wte (Bank contract)
Behaviour Therapist
1 x Band 4 - 1 wte

Recruited Future in Mind CAMHS posts

Crisis Care Lead
1 x Band 7 - 1 wte

Early Intervention Workers
1 x Band 5 - 1 wte
1 x Band 5 - 1 wte
1 x Band 5 - 1 wte

Early Intervention in Psychosis
1 x Band 6 - 2 days a month
1 x Band 8a - 1 day a month
1 x Consultant Psychiatrist - 1 session a week

Eating Disorders
1 x Band 7 - 0.2 wte
1 x Band 6 - 1 wte

CAMHS Vacancies
1 x Consultant Psychiatrist - 0.8 wte
1 x Band 7 - 1 wte (Early Intervention Lead)
2 x Band 6 - 2 wte (Core CAMHS)
1 x Band 4 - 1 wte
1 x Band 3 - 0.6 wte

Proposed Future in Mind posts

Early Intervention
1 x Band 6 - 1 wte
Eating Disorders
1 x Band 7 CBT therapist - 1 wte
1 x Band 6 Occupational Therapist - 0.6 wte
Learning Disability package
1 x Band 7 Psychologist - 0.5 wte (Solent will contribute 0.5 wte to make this a Full time post and this post will sit across CAMHS and SEND)
1 x Band 6 Nurse - 0.5 wte (Solent will contribute 0.5 wte to make this a Full time post and this post will sit across CAMHS and SEND)

Speciality Registrars
4 x Full time on a yearly rotation

Foundation Dr's
2 x Full time on a four month rotation

- 11.4 CY-IAPT transformation programme – Southampton has joined a CYP-IAPT collaborative and three staff have been identified to begin training later in 2017. Discussions have commenced with Solent NHS Trust and the Voluntary sector provider of our counselling services to look at future models and identify staff who will attend the training moving forwards. This is in response to the national guidance that by 2018 CAMHS develops a choice of evidence based interventions, adopting routine outcome monitoring and feedback to guide service design, working collaboratively with children and young people.
- 11.5 In 2017 a 12 week training course delivered by CAMHS clinicians to the wider children’s workforce ‘CAMHS Mental Health Awareness for those working with children’ was re-established. The first course was run during the spring and each school in Southampton was offered a free place on the training with the option to buy more. This course will be delivered at least annually (but hopefully more often) and delivered by the early intervention team.
- 11.6 We will continue to work with the workforce development team within Southampton City Council to ensure that mental health training remains prominent within the programme of training offered to all practitioners within the city and look to develop this with them further in conjunction with our CAMHs provider.
- 11.7 We will work with colleagues across the HIOW STP to ensure a robust and detailed workforce strategy is produced and will include identifying any risks around not securing sufficient clinical CAMHS and mental health experienced clinicians. Southampton University and our CAMHS provider are a training centre for medics and succession planning is a priority at both undergraduate and post graduate levels – with dedicated personnel funded for this agenda. Solent NHS Trust are working closely with colleagues in learning and development and the university to ensure the programmes are fit for practice and will deliver against service needs.

Key Priorities

Current

1. Targeting training and continued professional development (CPD) of health and social care professionals to create workforce with appropriate skills, knowledge a values	A
2. National mental health commissioning capability development programme	A
3. CYP IAPT – joining programme, training	A
4. Develop comprehensive workforce strategy	G
5. Continue to develop this transformation plan in response to findings, outcome of mental health matters etc.	G

Future

- 1. CYP IAPT – joint programme, training
- 2. Develop comprehensive workforce strategy

Appendix 1

2015/16 Investment Plan

Local priority stream 1 £42,667	Supplement existing ED team to become evidence compliant achieving Improved waiting times and access, improved outcomes, reduced admissions to Tier 4 Pro-rata costing for full year effect – for staffing breakdown see Chapter 5
Local priority stream 2 £47,232	Implement change management programme including staff training and enhanced administration to collect and analyse data with a focus on outcomes data both used for YP-IAPT and CORC (CAMHS Outcomes Research Consortium) measures both to collect and use the outcomes for clinical and therapeutic improvements Project Manager £37,691 (Consultant) Staff training and data quality audit work £8,541 linked across workstreams
Local priority stream 3 £38,845	Non- recurrent investment in infrastructure, IT to ensure that systems are able to record all data and easily extract it by linking to the TPP System One programme and data warehouse development. This will also include investment in mobile systems to promote community working models. This will include IT development across transformation pathways for CAMHS to pump prime outcome measures collection and analysis. IT Consultant - £18,845 Database build and analyst time - £5,000 Software contingency for development and purchase £15,000
Local priority stream 4 £50,000	To extend the hours of intensive care packages and Deliberate Self Harm (DSH) support. To pilot extended hours offer for CAMHS and support University Hospital Southampton (UHS) to reduce admissions. Furthermore to offer a session on a Saturday and review the impact. This will support the on-call duty system for doctors and help inform future 7 day working. Band 7 nursing cover for extended hours - £16,100 Plus antisocial hours enhancement - £5,313 Band 8 supervision and liaison £15,017 Agency nursing shifts – £13,570
Local priority stream 5 £10,000	CYP and families engagement in the future development of the transformation plan and mental health review, including hard to reach groups, work on anti-stigma and suicide prevention awareness training in schools
Local priority stream 6 £53,465	Employment of a consultant to project manage the development of the care pathways – with a particular focus on early intervention and prevention agenda and the development of a robust and detailed workforce strategy. The development of CYP IAPT in Southampton will be enhanced by having a consultant IAPT practitioner to assist this work both in developing the model and beginning the change management needed. In addition employing an assistant psychologist to undertake some of the work required for baseline audits and measures... Developing a system for identifying those falling through the gaps in whole system by looking at rejected referrals, DNA and high use of other services such as A&E and voluntary sector organisations. Project management - £37,691 Assistant psychologist – £9,517 Consultant CYP IAPT practitioner - £6,257
Local priority stream 7 £58,000	Pump prime improvements in IT systems and infrastructure - to allow outcomes and minimum data set to be recorded in EIP (please note that that local priority 3 will be used to make changes to CAMHS IT system but EIP is a different provider), to develop the ACG tool so that it is able to not only analyse data from primary care and secondary care hospitals but also from mental health providers and ambulance providers. The ACG tool can be used to analyse patient identifiable data for providers and primary care and patient level (non-identifiable for commissioners). Further development of App technology to support different care pathways

	<p>to support children, young people and families and empower self-care; this will include further enhancement of the current BASE app which focusses on anxiety.</p> <p>EIP development – backfill to work with clinicians, development and test forms for data capture, training for clinicians to use forms, develop reporting, trial of tablet mobile platform - £28,000</p> <p>ACG tool development - £20,000</p> <p>BASE App development - £10,000</p>
Local priority stream 8 £67,000	<p>Supplement existing CAMHS teams to tackle those breaching current waiting time standard and allow for the reduction of the standard from April 15 onwards. Currently there are long delays for Autism assessments and CBT, however we have also set an ambitious target to reduce the waiting time standard from 18 weeks to 7 weeks. The funding will purchase additional sessional time with a particular focus on autism and CBT. This will also provide an opportunity to pilot Saturday clinics and some limited extension of working hours to evaluate patient feedback and take up of these services.</p> <p>Sessional work to address autism and CBT waiting list - £67,000</p> <p>Breakdown of this spend will be dependent on intervention completed from routine (i.e. CBT) to complex (i.e. autism) and therefore flexibility is required.</p> <p>Sessional use of consultant @ £114 per hour plus enhancement for antisocial hours - £37.62 per hour</p>
Local priority stream 9 £50,000	<p>Supplement existing EIP team with CAMHS clinicians to become evidence compliant and to ensure that CYP are being seen within EIP teams and not remaining in CAMHS teams – currently there are only 2 under 18's within or EIP team. Meeting booked with EIP leadership team to consider proposals but first draft is to fund MDT sessional input and pathway development to include CAMHS consultant psychiatrist sessions, mental health nurse and Systemic Family Therapy sessions.</p>
Local priority stream 10 £87,000	<p>AMH money and not CAMHS transformation money. Supplement existing EIP team to become evidence compliant and meet waiting time standards</p>
Local priority stream 11 £26,986	<p>Improve links between CAMHS, schools and primary care services with identified CAMHS link in all schools. To extend the primary care mental health worker role so that it extends to all schools in the city and the development of a Schools Forum for primary schools in line with the current secondary schools offer. Introduction of engagement worker role within CAMHS to assist with these priorities and engagement including with hard to reach groups in addition to some focussed work for training of public health nurses to ensure role out across the schools in the city.</p> <p>Senior nursing time - £14,557</p> <p>Engagement worker sessions - £12,429</p>

2016/17 Investment plan

Work stream	Budget Allocation	Recurrent Investment	Details
1	£50,000.00	£50,000.00	Navigators - to support children, young People and their families to access the services most appropriate to their needs. This navigation function will also support professionals and 'hold' clients through periodic check-ins.
2	£65,000.00	£65,000.00	Community solutions - including a worker, peers support and grants/training

3	£50,000.00	£50,000.00	EIP - Supplement existing EIP team with CAMHS clinicians to become evidence compliant and to ensure that CYP are being seen within EIP teams and not remaining in CAMHS. MDT sessional input and pathway development to include CAMHS consultant psychiatrist sessions, mental health nurse and Systemic Family Therapy sessions. Existing members of staff will be used and an increase in consultant psychiatrist time (3 sessions) has been recruited to.
4	£140,000.00	£147,156.00	CYP ED Service - Supplement of existing team to ensure compliant. Dietitian and prescribing nurse recruited to with CBT therapist and Occupational Therapist out to advert.
5	£202,678.00	£202,678.00	Early Intervention – Two early intervention workers recruited (Band 5) with a further one out to advert (Band 6). Extend primary care mental health worker role to all schools in the city and develop a Schools Forum for primary schools, recruitment of 3 primary support workers 17/18 and option to extend by a further 3 in 18/19 with further increase in CAMHS Transformation Funding.
6	£59,034.00	£59,034.00	Crisis Care Services – Crisis care lead recruited and will oversee further changes within crisis services
7	£40,000.00	£40,000.00	Counselling Provision – Extend existing counselling provision to include developing digital streams and collaborative work with schools
8	£36,800.00	£36,800.00	Learning Disabilities – Increase psychology and nurse input into learning disabilities team
9	£60,000.00	£60,000.00	Commissioning - supplement exiting commissioning resources to enable smooth implementation of transformation plans and continued commissioning capacity – service development officer recruited
10	£17,500.00	£17,500.00	Southampton Mental Health Alliance – Contribution to ageless alliance to bring together service users, carers and providers
11	£20,000.00	£20,000.00	Peer Support – Group work with embedded peer support development
12	£51,969.00		Community Group Work – Continuation of pilots to test market needs and inform future needs.
	£792,981.00	£748,168.00	Total
	£792,981.00		Transformation budget