

**Minutes of the
Health and Public Protection Scrutiny
Panel**

(to be confirmed at the next meeting)

Date: Thursday, 16 January 2020

Venue: Collingwood Room - Civic Offices

PRESENT:

Councillor G Fazackarley (Chairman)

Councillor Ms S Pankhurst (Vice-Chairman)

Councillors: Mrs P M Bryant, Mrs T L Ellis, Miss T G Harper and J G Kelly

Also Present: Councillor T M Cartwright, MBE, Executive Member for Health and Public Protection (for item 8)



1. APOLOGIES FOR ABSENCE

An apology for absence was received from Councillor K A Barton.

2. MINUTES

RESOLVED that the minutes of the Health and Public Protection Scrutiny Panel held on 31 October 2019 be confirmed and signed as a correct record.

3. CHAIRMAN'S ANNOUNCEMENTS

There were no Chairman's announcements.

4. DECLARATIONS OF INTEREST AND DISCLOSURES OR ADVICE OR DIRECTIONS

Councillor Ms S Pankhurst declared a non-pecuniary interest in respect of item 6 on the agenda as she is employed by the NHS 111 service.

5. DEPUTATIONS

There were no deputations made at this meeting.

6. SCRUTINY OF MENTAL HEALTH SERVICE PROVISION

Councillor Ms S Pankhurst declared a non-pecuniary interest in respect of this item as she is employed by the NHS 111 service.

A report by the Fareham and Gosport Clinical Commissioning Group was tabled at the meeting for consideration. The report was received in response to the Panel's invitation to the Clinical Commissioning Group to attend the meeting to provide Members with information regarding the provision of mental health services in Fareham. A copy of the report is attached to these minutes as Appendix A.

Councillor Mrs P M Bryant left the meeting during this item.

Members discussed and raised questions on the content of the report for clarification.

RESOLVED that the Fareham and Gosport Clinical Commissioning Group be thanked for attending the meeting to present a very interesting and informative report.

7. EXECUTIVE BUSINESS

(1) Public Spaces Protection Order

There were no comments received for this item.

8. EXECUTIVE MEMBER UPDATE

The Panel received a verbal update from Councillor T M Cartwright, MBE, Executive Member for Health and Public Protection on Local Strategic Health issues and Police and Public Protection matters.

Local Strategic Health Issues

The £58m redevelopment of Queen Alexandra Hospital (QAH) to improve Accident & Emergency provision is progressing well and has progressed into the final planning stage. Options being considered for the redevelopment include an extension to the existing hospital, building on the North car park or building on the West car park. Assurances have been given that none of these options will result in a reduction in the current level of car parking provision at the hospital.

Progress is being made with plans to utilise Fareham Community Hospital to provide kidney dialysis and it is hoped that patients will soon be able to start using this service.

Councillor Cartwright attended a recent meeting of the Fareham and Gosport Clinical Commissioning Group's Community Engagement Panel. Discussion at this meeting included the future direction of the committee, which is not clear at this time, and details of an ongoing survey being undertaken in connection with GP services.

Councillor Cartwright also attended a local Patient Group where various practices across the Borough provided reports. The Managing Director for the Fareham and Gosport Clinical Commissioning Group also gave a presentation at the meeting which covered spending levels on a number of key service areas and outlined plans for dealing with the £15m overspend on the current financial year.

Police and Public Protection

The two new town centre security officers will be taking up their new roles on the 27 January. They will work in partnership with other agencies in tackling the town centre issues.

The next Police and Crime Panel will take place on 07 February. The main topic for consideration will be the pre-cept and it is likely that the Police & Crime Commissioner will want to take up the maximum increase available.

Hampshire County Council will be taking back responsibility for the delivery of the Supporting Families Programme. This is very disappointing as Fareham has run the programme very successfully for a number of years.

RESOLVED that the Executive Member be thanked for providing the update on local strategic health issues and Police and Public Protection matters.

9. HEALTH AND PUBLIC PROTECTION SCRUTINY PANEL PRIORITIES

Members were invited to consider the Scrutiny priorities for the Health and Public Protection Panel.

Following discussion in respect of the items proposed for the agenda of the next meeting, it was agreed that the update on the changes to on street parking arrangements following the transfer of responsibility to Hampshire County Council would be postponed to a meeting later in the year. This is so that the Panel can pre-scrutinise proposals that will be put forward in a report to the Executive in June that outline measures to be put in place to deal with the impact that the changes have had. As the existing meeting date schedule for the Panel did not provide an opportunity for the pre-scrutiny of this report to take place within the required timescale, it was agreed that the meeting scheduled for 23 June 2020 would be brought forward to 19 May 2020.

RESOLVED that the meeting of the Panel scheduled to take place on 23 June 2020 be brought forward to 19 May 2020.

(The meeting started at 6.00 pm
and ended at 7.31 pm).

Tabled Item 6 – Scrutiny of Mental Health Service Provision

Adult Mental Health Update

The areas listed below are a combination of our current workstreams and mental health services commissioned for the Fareham & Gosport region. On the whole services are working well and we have a considerable number of projects working to deliver the Five Year Forward View and the NHS Long Term Plan objectives. We have identified priority areas to address in order to improve services, these largely relate to the Portsmouth and South East Hampshire area (SE Hants includes both Fareham & Gosport and South East Hants CCGs) this footprint is referred to as PSEH, however some of the improvements are being managed at scale across the Hampshire and isle of Wight STP footprint.

Mental Health Practitioners in NHS 111

Patients are able to self-refer to the crisis team, through 111. There are mental health practitioners located in the 111 service who are able to carry out the assessments and provide care and advice in a more skilled way because of their background. If they deem it clinically necessary, the patients will be referred to the crisis team or directed to the most appropriate service.

There has already been an 83% reduction in Emergency Department end points and a 78% reduction in 999 end points. Referrals have increased from 600 a month to 1,600 a month.

Improving Access to Psychological Therapies (IAPT)

The Improving Access to Psychological Therapies (IAPT) programme began in 2008 and has transformed treatment of adult anxiety disorders and depression in England. Over 900,000 people now access IAPT services each year, and the [Five Year Forward View for Mental Health](#) (FYFVMH) committed to expanding services further to reach 25% of the prevalent population by 2021, alongside improving quality. The standards have also been required to be maintained in the NHS long Term Plan to 2023/24.

The Hampshire IAPT service “ITalk” provided by Southern Health FT in conjunction with Solent Mind, has struggled to gain a consistent monthly foothold in Fareham & Gosport CCG area, which means that we are not consistently generating enough referrals in to the service (the current target is 19%). However the service has made some significant changes and the overall quality of service delivery has been consistently achieving above the Waiting Times and Recovery standards.

Eating Disorders (ED) Service

At present, data is showing that we are currently underutilising the service. The number of referrals is low and we will be discussing this with the Primary Care. GP practices have been informed that we have a psychological-led service at April House in Southampton. This is a Hampshire-wide service, so meetings are happening across a large area, and are led by West Hampshire CCG, with our input.

Day Hospital

Our local crisis team is expanding the day hospital currently based at Base Point (Gosport) to include older persons mental health. This runs Monday to Friday from 9am to 5pm. The service aims to prevent admissions to Hospital and offer a step down for patients nearing discharge. If possible, patients can be stabilised in day hospital rather than being admitted. The service provides a range of therapies. Patients can access through the crisis team who can refer them in to the Day hospital service.

Patients can attend the day hospital for up to two weeks although this is flexible. The hospital is able to attend to the needs of 8 to 10 patients at a time. In the first 6 months the day hospital had prevented 40 admissions.

Physical Health Care of Patients with Serious Mental Illness (SMI)

In HloW the prevalence of long term conditions has been increasing – especially in those related to ageing. The difference between the death rate in people under 75 years of age in contact with mental health services and the general population is:

- 84 more deaths per 100,000 population in adults with SMI for liver disease
- 147 more deaths per 100,000 population in adults with SMI for respiratory disease
- 198 more deaths per 100,000 population in adults with SMI for cardiovascular disease
- 142 more deaths per 100,000 population in adults with SMI for cancer

These patients die on average 20 years sooner than the general population: high CVS and diabetes risk. The new GP contract and QOF incentivises the monitoring and addressing of specific areas of care. However, Fareham and Gosport and SE Hants (FGSEH) CCGs have commissioned a local scheme to help practices deliver more thorough health checks and interventions to try redress this balance.

We have achieved the 60% National target set for Annual health checks for Mental Health patients for 2018/19, and are monitoring the current years performance

Dementia Prevalence

GP Practices are asked to case-find patients with dementia. This is because the recorded numbers in our area (FGSEH) are below what would be expected based on nationally provided information. Timely recognition and diagnosis of dementia is good clinical practice as it enables treatment to be started early, and enables high quality advanced care planning. These patients are also pro-actively reviewed in the practice to identify any health or social concerns early. A diagnosis of dementia also unlocks access to services such as the Dementia Advisory Service, which provides bespoke access and support to patients and their families/carers.

The target was for 2/3 (66.7%) of patients to receive a dementia diagnosis. We are currently at 0.3% (11 patients) behind target in Fareham & Gosport so have promoted this to our GP practices along with some tips for case finding to improve detection.

Emotional Dysregulation Pathway

We are well on the way to launching an emotional dysregulation pathway in PSEH, with Solent and Southern NHS Trusts. This pathway aims to support people who suffer with emotional dysregulation as part of another mental illness and those who have a diagnosis of emotionally unstable personality disorder (previously known as borderline personality disorder). The aim is to care for people better in the community, equip people with skills that they can use now and in the future to self-manage their difficulties, avoid admission to hospital which is typically un-therapeutic, and ensure adequate ongoing support including peer support. By keeping this group out of hospital, their recovery is improved, and it also allows more patients who are in need of beds to be kept closer to home.

Psychiatric Liaison Service

This service in the Emergency Department (ED). There is a staff consultation upcoming which is required to officially expand the service to the 24/7 cover for ED, until this is completed agency staffing is being used to cover the midnight to 8am shifts. National funding has been awarded for 2020/21 to increase the staffing for the liaison service to deliver phase 1 of the project to deliver Core24 in line with the NHS long term plan, this funding a second consultant psychiatrist, nursing staff and an administrator. The target is for patients presenting in ED to be assessed within one hour of referral.

Same Day Access Service (SDAS)

We have committed to provide mental health practitioner support into the GP same day access services. They will have an assessment and signposting role, as those in the Mental Health Assessment Unit do, but at a lower level of severity. The aim is that they replace the GP as the first point of contact, because of their unique skills and support.

Currently the SDAS serves a population of approximately 40 000. Mental health is recognised as a significant need within the service, and until now the majority of cases have been put back into practice or triaged to see a GP. These appointments tend to happen at the end of the working day, which can be challenging when further intervention is required.

The aim of the SDAS mental health model is to assess and see people in a timelier and more appropriate way, and avoid clustering of mental health patients towards the end of the working day when additional support is harder to come by.

Through the employment of CPNs in the SDAS model, we will seek to achieve the following:

- Assessment of patients presenting with mental health problems in a time frame in line with clinical need
- Reduction of numbers of patients being returned to general practice acutely
- Reduction of numbers of patients being seen in the SDAS by GPs
- Patient appointments with GPs within the SDAS system earlier in the day, where needed, to avoid challenges to crisis input outside of normal working hours

Mental Health Investment

Fareham & Gosport CCG are meeting the Mental Health Investment Standard confirmed that funding has increased by 6.4% for 2019/20. With both Mental health providers (Solent and Southern Health) working across boundaries, this is helping to resolve some of the local workforce issues.

Acute Bed Model & Out of Area Placements

Southern Health are now running a locality based bed model for adult mental health beds, this means that only local patients will access the local beds in Elmleigh. The model launched in July and has seen a significant reduction in the use of out of area placements and a vast improvement in the length of stay for patients which has reduced from around 60 days to 32 days (the national average).

Safe Haven

The CCG Transformation Team has gained funding for a Safe Haven which will be located in Havant. This will fund Havant and East Hants Mind, Inclusion (for drug and alcohol related presentations) & Southern Health for nurses, to help support from 6 to 11pm during the evenings with additional opening hours during weekends. This is providing an alternative to ED for mental health patients.

The pilot will run for 12 months. Police are also able use as well as well as the ambulance service. The centre is for patients with no physical health conditions. If the pilot is successful then further Havens could possibly be rolled out in other areas.

The aim is to have this service running before the end of January.

Child and Adolescent Mental Health Update

The services described below set out the main areas for focus and key service initiatives in place to support the mental health and emotional wellbeing of children and young people in the Fareham & Gosport area. As the core CAMHS services for this area are provided as part of a service covering all of mainland Hampshire, the performance of the service in terms of neighbouring areas are also covered. Overall, core CAMHS services for children and young people with mental health difficulties in Fareham and Gosport are effective, but whilst overall access to service is improving in line with the planned expansion and transformation of CAMHS services, both waiting lists and waiting times for assessment and treatment following assessment remain too long. Whilst there is a wider range of service options available to support children and young people with their emotional wellbeing and mental health than were previously available, this delay in access for children and young people with mental health problems is the main area of focus for CAMHS commissioners who are working closely with CCGs across the County to secure additional investment for CAMHS services, and working with services to ensure the effective utilisation of investment as it becomes available to them. These strands of transformation are in line with the CAMHS Local Transformation Plan refresh for the county, which sets out our evolving plans for the delivery of the NHS Five Year Forward View and the NHS Long Term Plan objectives around mental health transformation. Most of the priority areas for the ongoing transformation of mental health services in Fareham and Gosport are also aligned to neighbouring areas: principally Portsmouth and South East Hampshire area (SE Hants includes both Fareham & Gosport and South East Hants CCGs) in relation to improved support for psychiatric liaison when children and young people present in Hospital Emergency Departments and at a mainland Hampshire level in relation to wider CAMHS transformation.

Link Programme for Schools

The Link programme is a nationally supported initiative being led by the Anna Freud centre. Its aim is to help equip all schools in supporting their pupils in their understanding of mental health and emotional wellbeing. It also works to improve schools understanding of, and relationships with local mental health and emotional wellbeing support services for children and young people. In Hampshire and the Isle of Wight the Maternity and Child Health collaborative is working to develop an area wide early adoption of this programme. Whilst the programme is scheduled nationally for roll-out to all schools by 2024 the Hampshire and Isle of Wight wide programme will start widescale recruitment of schools to the programme this year. Whilst local implementation of the programme is co-ordinated at a CCG commissioning level, it does require the active participation of schools, and commissioners will be working both with the County Council's education services and with schools to encourage the widest early take-up of the programme possible to improve support for all schools around children and young people's mental health and emotional wellbeing.

Mental Health Support Teams in Schools

The Mental Health Support Teams in Schools initiative is a nationally commissioned initiative intended to provide improved access to early intervention on some mental health and emotional wellbeing issues, such as mild to moderate anxiety, as well as helping staff within a school or college setting to provide a 'whole school approach' to mental health and wellbeing. The professionals employed within the Mental Health Support teams in schools will act as a link with local children and young people's mental health services and be supervised by NHS staff. The Mental Health Support Teams in schools initiative involves a significant investment in expansion of the early mental health support workforce. Investment decisions on where the Mental Health Support Teams in schools will be supported are made by NHS England and NHS Improvement through a competitive process. The Maternity and Child Health Collaborative has already been successful in attracting investment for the initiative into two Hampshire areas to date, and will be leading bids to secure further teams into more areas as the initiative is rolled out nationally and the training programmes associated with the initiative are expanded to support the recruitment, training and supervision of the workforces needed to deliver the programme to try to ensure children and young people across Hampshire and the Isle of Wight benefit as fully from this programme as is possible.

Healthier Together

Healthier Together is a digital resource that provides a single point of up to date, joined up information relating to health services supporting healthy pregnancy, infancy, childhood and adolescence across Hampshire, the Isle of Wight and Dorset. It can be downloaded and accessed by professionals, parents and children and young people to

access information, support, resources and services in those areas, as well as a range of self help resources, many of which relate to mental health and emotional wellbeing in children and young people. The main digital resource can be found at www.what0-18.nhs.uk . Information about a range of useful mental health resources can be found at the following pages: <https://what0-18.nhs.uk/popular-topics/mental-health>

ThinkNinja online App

ThinkNinja® is a relatively new digital app that has been designed by a company called Healios which specialises in improving access to mental health and emotional wellbeing services via online and digital utilising artificial intelligence. It was developed by clinical experts, working with and guided by feedback from young people. It is intended to be of particular benefit to 11-17 year olds. A large number of licenses have been commissioned for children and young people in Hampshire and the Isle of Wight. It is centred around a learning algorithm that develops a deeper understanding of the individual using it, through asking a series of clinically related questions. Whilst it is not intended to be a substitute for face to face clinical CAMHS services, the app is designed as an early intervention to help children and young people with strategies and advice for responding positively to the stresses, challenges and setbacks that life can throw at all young people, from exams to relationships and dealing with social interactions. The algorithm is designed to be sensitive to the behaviours that fuel anxiety and low mood and then help the user develop new behaviours and coping strategies to face their concerns and worries about these situations. If the mental health of the young person using the system worsens, the app will also detect risky behaviours such as suicidal thinking and support the young person in reaching out for the urgent help they need. ThinkNinja was not designed to replace human clinicians but to help young people manage and cope better by being available to them earlier, and 24/7. There is a solid evidence base suggesting that appropriate early intervention in problems has positive impacts in later life.

No Limits Hampshire online Counselling services (14-17 year olds)

The Hampshire online Counselling service allows young people aged 14-17 an opportunity to talk to a trained person in confidence, about anything that is worrying you. This could be about home life, school, college, relationships or just about how you are feeling about yourself. It is intended to be of help to young people when they have things going on in their life that they may find hard to talk about to the people who are closest to them. Counsellors are trained to listen to young people's issues and worries without judgement and without telling them what to do. There is a strong evidence base for counselling helping young people to explore their challenges and issues in a safe environment that helps them to find strategies and approaches that help them to deal with them. The Hampshire wide service offer up to 6 'live chat' sessions on a bespoke, secure, platform, each session lasting 50 minutes. These sessions are held at the same time and on the same day each week as agreed with the young person using them.

In addition to the online service there are a number of group and individual face to face counselling services available in Hampshire through the Hampshire Youth Access service. For Fareham and Gosport the main source of those services is the Moving On Project, which can offer counselling services for 11-25 year olds. With appointments available in either Fareham or Gosport: <http://www.the-mop.org/counselling/>

Breakout Youth - Mental Health Support and Advice services for young people who are LGBTQ

The Breakout Youth project is a local charity that works with children and young people between the ages of 7 and 21 who are concerned about gender identity, sexual orientation or other issues relating to how this affects them and their relationships with their family and friends, whom they may be worried about discussing these issues with. Whilst there are no Breakout Youth sessions currently running in the Fareham and Gosport area, the project works to provide support and advice to children and young people worried about this throughout the county, and to professionals working with young people to help them support the young people in their care around these issues. More information about the Breakout Youth Project in Hampshire and the support it offers can be found at their website: <https://www.breakoutyouth.org.uk/>

Autistic Spectrum Disorder (ASD) Assessment and Diagnosis - PSIcon

Recent years have seen a significant rise in awareness among children and young people's services neuro-developmental differences and delay. This resulted in a significant rise in the number of children and young people referred to CAMHS services for assessment and diagnosis, over and above the steep rise in referrals seen more

widely to CAMHS services for a variety of other mental health conditions. The combined effect of these two increases in assessment activity led to an increase in waiting lists and times for assessment, diagnosis and support. Concern that a child is not typical in their neuro-developmental progression can present many challenges and pressures upon parents and families, as well as for other services such as childcare and education settings. To help address the emerging delays in assessment PSIcon were commissioned to undertake ASD assessment and diagnosis for children in Hampshire. Whilst this has stabilised waiting lists and times for assessment and diagnosis, children in Hampshire are still waiting too long for assessment, diagnosis and support for families in adjusting to the needs of children with neuro-developmental conditions such as Autism. Maternity and Child Health commissioners are currently scoping a procurement for the commissioning of future ASD assessment to help meet the assessment and diagnosis of children with ASD in a more timely way, and to provide more meaningful access to parents and carers whilst their children are awaiting assessment and diagnosis. In the meantime, PSIcon continue to be commissioned to continue to carry out the majority of such assessment work in Hampshire. PSIcon provides a multi-professional assessment and diagnostic service for children suspected of being on the autistic spectrum over four steps:

1. A screening assessment carried out by a clinical psychologist. This will indicate the likelihood of any difficulties being experienced by the child as being linked to an ASD condition and help to eliminate other possible explanations. If this screening assessment indicates that an ASD condition is likely, the assessment process moves to a full assessment as indicated in steps 2 to 4 below to formally confirm an ASD diagnosis.
2. A school or pre-school based observational assessment of the child in a familiar environment to them by an assistant psychologist. These observational assessments are reviewed by a multi-disciplinary team prior to assessment.
3. A comprehensive multi-disciplinary assessment carried out by a clinical psychologist, a speech and language therapist and a paediatrician through an assessment procedure called the Autism Diagnosis Observation Schedule (ADOS). This includes a thorough assessment of the child's development gained from the child's parents / carers, who can also observe and contribute to the clinical part of the child's assessment from a separate room via video-link. The multi-disciplinary team then discusses detailed feedback relating to their findings at the conclusion of the assessment and present this along with the diagnosis.
4. A full joint report is produced by the multi-disciplinary team following their assessment. This report contains a breakdown of the assessment procedure, including observational forms, with a clearly stated diagnosis and includes specific recommendations where relevant. These can be used to support and inform the development of Education, Health and Care Plans (EHCPs) by other education, health and social care professionals involved in the subsequent provision of services to the child.

Paediatric Mental Health Practitioners in NHS 111

Patients are able to self-refer to the crisis team, through 111. There are paediatric mental health practitioners located in the 111 service who are able to advise those calling in presenting with medical issues linked to mental health difficulties. This has improved NHS 111's ability to assess their needs and advise on the care and support needed more effectively than was the case before these professionals joined the NHS 111 teams. As necessary, NHS 111 teams can refer appropriate children and young people into CAMHS services, Early Intervention in Psychosis services or emergency care settings. With the support of these professionals the service can also support the referral of patients to other services either in the community or online to meet their needs.

Hampshire Child and Adolescent Mental Health Services (CAMHS) - Sussex Partnership Foundation Trust

Child and Adolescent Mental Health Services (CAMHS) are locally commissioned NHS services that aim to help young people up to the age of 18 who are finding it hard to manage their emotional and psychological health, and who are suffering with one or more acute, chronic and severe mental health problems.

CAMHS have community teams of staff across the Hampshire area that have expertise in working with children/young people with complex mental health difficulties and their families/carers. The CAMHS workforce also has expertise in working with children and young people from vulnerable groups and their wider social and care networks. This includes children in care, young people involved with the criminal justice system, children with learning disabilities and those with eating disorders. Each community team throughout the county has local clinics to ensure that children and young people can access services somewhere close to home.

Mental health problems, and emotional and psychological conditions can be hard to assess and diagnose as every child is different, and the thresholds for eligibility for help can seem high to parents or professionals living or working with children and young people who are struggling with their mental health and/or emotional wellbeing. There is advice on the Hampshire CAMHS website to advise anyone concerned about the different mental health difficulties

that a child or young person may be experiencing. This will give tips, help and guidance, including upon whether a referral to CAMHS may be appropriate to their care and wellbeing.

Whilst the local offer supporting mental health and emotional wellbeing in children and young people includes a range of services previously described, the CAMHS service provides the core of specialised help to support children and young people struggling with mental health problems.

In Hampshire, whilst increased investment in the capacity of core CAMHS has helped to ensure that services County-wide is on track achieve the national access standard of 35% or more of those predicted to be suffering from a mental health condition to be in treatment (see Appendix 1), the effectiveness of campaigns to reduce mental health stigma and encourage children and young people with mental health difficulties to seek help has resulted in levels of demand that are much higher than can be met simply by having sufficient services to meet national access standards. As a result of this high demand, Hampshire CAMHS are struggling to meet expectations in relation to the timeliness of either assessment or treatment. A detailed demand and capacity review of practice in Hampshire CAMHS carried out in 2019 indicated that the service itself is effective and accurate in its assessment of mental health problems in children and young people, and in the appropriate treatment of these. The main issue facing CAMHS services in Hampshire relates to increasing the capacity of core CAMHS services to meet current levels of demand in a more timely way. Hampshire Maternity and Child Health collaborative commissioners have worked with the service to determine the level of investment in capacity that would be needed to address waiting times for assessment and treatment, and then to keep them at more appropriate levels. Commissioners are also working with CCGs at senior levels and through the Sustainability and Transformation Partnership (STP) to help identify how best to address this investment gap so that services can achieve more timely assessment and treatment of Hampshire children and young people. Appendix 1 highlights a number of the challenges being faced by Hampshire CAMHS in relation to the levels of demand upon the service, including in relation to the long times faced by young people newly entering the service in terms of accessing assessment of their needs, (average 13 weeks in Hampshire (19 weeks in Fareham and Gosport)), and in relation to the average waiting time for treatment once their needs have been assessed (26 weeks in Hampshire (49 weeks in Fareham and Gosport)).

CAMHS Single Point of Access (SPA)

All referrals to Hampshire CAMHS go through a single team, known as the Single Point of Access. The reason for having a single point of access for all CAMHS referrals and enquiries is to ensure a more joined up and consistent level of support and response for all young people referred into the service. The Single Point of Access team also has access to information about different local services available within local communities across the County. This enables them to provide additional signposting relevant to the needs of children and young people referred into the service according to the resources and services in their area.

CAMHS Local Teams

The majority of children and young people receiving support from the Hampshire CAMHS service will be supported by a team based in their local area. There are seven locality teams covering Hampshire.

CAMHS i2i service

The CAMHS i2i service provides urgent treatment in relation to mental health crisis, working closely with hospitals and other urgent care services to respond quickly to meet the urgent needs of young people around their mental health.

Eating Disorder Service

The Eating Disorder service is a specialist CAMHS service which provides support to children and young people with eating disorders such as anorexia nervosa and bulimia.

Early Intervention in Psychosis services - Southern Health

Early Intervention in Psychosis is a specialist service for people aged 14-35. We help assess, treat and support young people in the early stages of a psychotic illness. Psychosis is a mental health condition that affects the mind of the affected individual and can change the way they think, feel and behave. It can be difficult for them to distinguish between reality and their imagination, and is most common in adolescence and early adulthood. This service helps to assess, treat and support people who may be experiencing their first episode of psychosis in the community – either in or near your home. There are two specialist Early Intervention in Psychosis service bases in Hampshire from

which this service operates, one in the South of the County (in Southampton) and one in the North of the County (in Basingstoke).

Developing mental health pathways for young adults (aged 18-25)

One of the key developments identified in the NHS Long Term plan around mental health is the aspiration that there will be better support for those young people who are transitioning from CAMHS services with unresolved mental health difficulties into Adult Mental Health services. Historically there have been significant differences between the service offers for children and young people with mental health difficulties from those that are in place for them as they become adults on their 18th birthday. NHS England is asking Clinical Commissioning Groups to describe their arrangements for the more effective design of this transition from adolescence to adulthood through developing a clearer map of 0-25 mental health services in annually refreshed CAMHS Local Transformation Plans. Whilst the main focus of CAMHS transformation in the first few years of the CAMHS Local Transformation Plans has been upon improving capacity within services and access, there is an expectation that by 2023-24, a much clearer offer for young people will be in place. This will require much closer liaison between CAMHS and Adult Mental Health service commissioners and providers than has historically been the case as each has been subject to challenging transformation and reform programmes in their own right. CAMHS commissioners, who have been the centre of focus for demonstrating to NHS England local compliance around the five year forward view and NHS Long Term Plan reforms through CAMHS Local Transformation Plans will need to start working much more closely with Adult Mental Health commissioning and provider colleagues from 2020 to demonstrate how these improve child, adolescent and adult mental health services will work together more effectively in the longer term to meet the needs of people of all ages with mental health issues throughout the life course.

Paediatric Psychiatric Liaison Service

This service is a newly established partnership between Queen Alexandra Hospital in Portsmouth and Solent CAMHS in Portsmouth, working closely with Hampshire CAMHS in relation to the assessment and care of Hampshire children and young people who have attended the Emergency Department (ED) in mental health crisis. There are ambitions under the NHS Long Term Plan to ensure that there should be effective rapid access to community services when children, young people and adults attend urgent care settings in mental health crisis so that their needs can be met in the community without the requirement for hospital inpatient treatment once any initial physical health problems associated with their episode of mental health crisis has been treated. There are also Paediatric Psychiatric Liaison arrangements in place in University Hospitals Southampton. A proposal for an equivalent service in Hampshire Hospitals Federation Trust is under development.

Safe Haven – Havant and East Hants Mind

Hampshire Maternity and Child Health collaborative commissioners have to date worked with CCGs to commission three Safe Havens in the Hampshire and Isle of Wight area. The nearest to Fareham and Gosport is in Havant. Safe Havens are intended to provide a safe alternative to Hospital Emergency Departments for young people who are in periods of mental health crisis, but who do not require immediate medical treatment and care for self-harm or other injuries associated with their mental health condition. The Safe Havens are subject to short term funding at the moment, pending evaluation of their impact in providing a safe and appropriate community based alternative to emergency departments for the young people who might benefit most from them, as the busy nature of Hospital Emergency Departments can be a challenging environment for people in mental health crisis.

Appendix 1 - Tables and Charts relating to CAMHS activity in Fareham and Gosport

1 – CAMHS Contact activity – Fareham and Gosport CCG

Key Indicators - Performance

Sussex Partnership
NHS Foundation Trust

Contact Activity - Fareham & Gosport

Month: October 2019

Month QTD

All appointments offered

911

911



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2017/2018	766	912	864	769	745	815	920	962	730	914	937	924
2018/2019	668	786	784	860	743	783	995	822	539	711	632	641
2019/2020	581	652	638	652	546	626	911					

2 – CAMHS Young People awaiting treatment – Fareham and Gosport CCG

Key Indicators - Performance

Sussex Partnership
NHS Foundation Trust

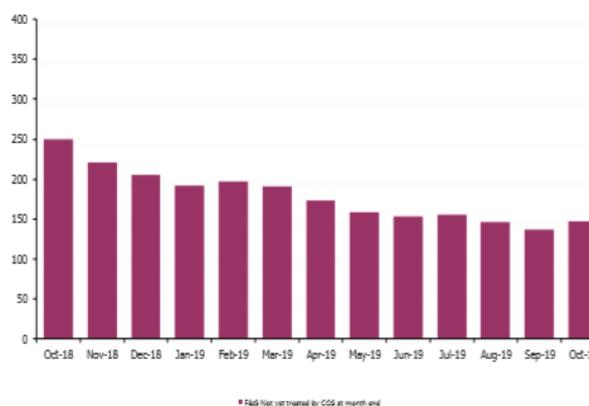
Young people awaiting treatment - Fareham & Gosport

Month: October 2019

Fareham and Gosport

YP waiting for treatment at month end

147



	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19
—	250	221	205	192	197	191	173	159	153	156	146	137	147

3 – CAMHS Waiting Time to Assessment – All Hampshire CCGs (October 2019)

Waiting time to assessment

The indicator is expressed as the number of patients waiting between referral and first assessment and also to first treatment. It takes the first contact following referral to represent assessment, and the second contact following referral to represent treatment.

Target

The contractual target is that at least 95% of patients referred wait less than 4 weeks to their first assessment or 8 weeks to their first treatment.

Performance Analysis - by CCG and team

CAMHS in Hampshire - Waited Times* - from referral to first assessment - 4 week priority (excludes LAC, YOT and those identified with a learning disability (vulnerable groups))								
CCG	Fareham and Gosport	North East Hampshire and Farnham	North Hampshire	South Eastern Hampshire	West Hampshire	Out-of-area CCG	Hampshire Total	
0 - 4 weeks	6	11	33	8	38	14	110	38.3%
5 - 8 weeks	1	2	8	2	8	0	21	7.3%
9 - 13 weeks	1	6	4	1	10	0	22	7.7%
14 - 18 weeks	1	8	3	6	9	1	28	9.8%
19 - 25 weeks	21	5	2	9	17	0	54	18.8%
26 weeks+	6	9	1	7	29	0	52	18.1%
TOTAL	36	41	51	33	111	15	287	
Average wait in weeks	19	15	5	17	16	1	13	

4 – CAMHS Waiting Time to Treatment – All Hampshire CCGs (October 2019)

Waiting time to treatment

The indicator is for those patients that been seen for treatment and is expressed as the number of patients that waited and their length of wait. It takes the first contact following referral to represent assessment, and the second contact following referral to represent treatment.

Target

The contractual target is that at least 95% of patients referred wait less than 4 weeks to their first assessment or 8 weeks to their first treatment.

Performance Analysis - by CCG and team - Vulnerable Groups

CAMHS in Hampshire - Waited Times* - from referral to first treatment - excluding vulnerable groups							
CCG	Fareham and Gosport	North East Hampshire and Farnham	North Hampshire	South Eastern Hampshire	West Hampshire	Out-of-area CCG	Total
0 - 4 weeks	0	6	18	5	27	14	70
5 - 8 weeks	0	4	0	1	1	0	6
9 - 13 weeks	0	3	0	1	7	0	11
14 - 18 weeks	0	0	0	1	4	0	5
19 - 25 weeks	0	4	1	1	4	0	10
26 weeks+	13	5	9	7	40	0	74
TOTAL	13	22	28	16	83	14	176
Average wait in weeks	49	16	14	32	33	0	26

5 - CAMHS Waiting Times Following Assessment – All Hampshire (October 2019)

Assessed not yet treated

The data below shows the 'waiting' times from referral to report date for patients who have not yet been treated. Waiting time is calculated as the number of days between the date the referral is received (or qualifying DNA) and the report date.

Performance Analysis - by CCG and team

CAMHS in Hampshire - Waiting Times - assessed not yet treated - routine 8 week priority							
CCG	Fareham and Gosport	North East Hampshire and Farnham	North Hampshire	South Eastern Hampshire	West Hampshire	Out-of-area CCG	TOTAL
0 - 4 weeks	4	5	12	1	3	0	25
5 - 8 weeks	6	3	15	7	23	0	54
9 - 13 weeks	4	7	18	5	26	0	60
14 - 18 weeks	6	15	20	6	33	1	81
19 - 25 weeks	23	11	21	20	43	2	120
26 - 51 weeks	47	24	35	93	135	0	334
52 weeks+	52	1	15	62	174	0	304
TOTAL	142	66	136	194	437	3	978
Average wait in weeks	47	22	25	48	46	19	42

6 – CAMHS – Length of Time under service for closed CAMHS cases (October 2019) – All Hampshire

CAMHS in Hampshire - Number of cases closed and the number of weeks in service											
Team	Aldershot	Basingstoke	Eastleigh	Fareham	Havant	i2i	New Forest	Winchester & Test Valley	YOT	Eating Disorders	TOTAL
0 - 4 weeks	59	60	10	65	72	56	11	17	1	1	352
5 - 8 weeks	7	2	1	2	2	10	5	9	0	1	39
9 - 13 weeks	1	2	1	0	2	6	2	2	1	4	21
14 - 18 weeks	1	6	0	0	0	2	1	3	0	3	16
19 - 25 weeks	1	1	0	9	1	4	1	2	0	0	19
26 weeks+	15	34	13	32	39	4	20	47	2	4	210
TOTAL	84	105	25	108	116	82	40	80	4	13	657

7 – CAMHS – Case Closures by CCG (October 2019) with breakdown by reason for case closure

CAMHS in Hampshire - Number of cases closed and the closure reason											
Team	Aldershot	Basingstoke	Eastleigh	Fareham	Havant	iZi	New Forest	Winchester & Test Valley	YOT	Eating Disorders	TOTAL
Not Supported	0	0	0	37	46	0	0	0	0	0	83
Referral entered in Error	0	0	0	1	0	0	0	0	0	0	1
Request passed back to Referrer	7	8	7	16	16	0	5	8	0	0	67
Request redirected to Another Agency	54	51	4	11	9	0	10	14	0	0	153
Child/Care Moved Away	1	0	0	2	8	0	0	4	0	0	15
Closed - Family Request	1	0	0	1	1	1	0	0	0	1	5
Closed - Mutual Consent	1	4	0	2	1	1	0	1	0	0	10
Closed - Professional	12	39	7	3	8	24	0	41	1	0	135
DNA Any Appointment	0	0	1	3	0	0	1	0	0	0	5
Entered in error	0	0	0	0	0	0	0	0	0	1	1
Finished on professional advice	0	0	0	0	1	0	1	0	0	0	2
Not Known	0	0	0	0	0	0	0	1	0	0	1
Treatment completed	8	3	6	32	26	55	23	11	3	10	177
Unfinished Spell	0	0	0	0	0	1	0	0	0	1	2
TOTAL	84	105	25	108	116	82	40	80	4	13	657

8 – CAMHS – Hampshire CAMHS progress against National Access Targets – by Hampshire CCG

Percentage of individual children and young people aged 0-18 receiving treatment by NHS funded community services by CCG and month

CCG	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	YTD*
NHS FAREHAM AND GOSPORT CCG	39.48%	46.35%	37.77%	37.77%	25.75%	36.05%	46.35%	38.50%
NHS NORTH EAST HAMPSHIRE AND FARNHAM CCG	60.80%	49.60%	40.00%	35.20%	30.40%	41.60%	70.40%	46.86%
NHS NORTH HAMPSHIRE CCG	56.25%	54.77%	31.09%	38.49%	34.05%	48.85%	37.01%	42.93%
NHS SOUTH EASTERN HAMPSHIRE CCG	42.64%	48.96%	47.38%	37.90%	17.37%	45.80%	55.28%	42.19%
NHS WEST HAMPSHIRE CCG	43.25%	68.43%	56.81%	48.42%	29.70%	48.42%	49.71%	49.25%
HAMPSHIRE TOTAL	47.48%	57.07%	45.75%	41.57%	28.04%	45.26%	51.17%	45.19%

*YTD RAG rating is calculated using the current in-year performance against the 34% target.

Total number of individual children and young people aged 0-18 receiving treatment by NHS funded community services by CCG and month

CCG	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	YTD
NHS FAREHAM AND GOSPORT CCG	115	135	110	110	75	105	135	785
NHS NORTH EAST HAMPSHIRE AND FARNHAM CCG	190	155	125	110	95	130	220	1025
NHS NORTH HAMPSHIRE CCG	190	185	105	130	115	165	125	1015
NHS SOUTH EASTERN HAMPSHIRE CCG	135	155	150	120	55	145	175	935
NHS WEST HAMPSHIRE CCG	335	530	440	375	230	375	385	2670
HAMPSHIRE TOTAL	965	1160	930	845	570	920	1040	6430

