



Social Emotional Mental Health Strategy Children and Young People 0 - 25 2020 - 2023

Updated September 2021



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Introduction: The Children's Trust Plan 2020-2023

The 2020-2023 Children's Trust Plan - refreshed from 2017-2020, has Six Priorities. This Social, Emotional and Mental Health Strategy has been elevated into a stand-alone Strategy, whilst retaining critical links to the other five Priorities in the Children's Trust Plan.

The full six priorities are:

1. Improve education outcomes - the Education Strategy
2. Improve early help and safeguarding - the Safeguarding Strategy
3. Improve physical health - the Physical Health Strategy
4. Improve Social, Emotional and Mental Health - the SEMH Strategy
5. Improve outcomes for children in care and care leavers - the Corporate Parenting Strategy
6. Improve outcomes for children with Special Educational Needs and Disabilities - the SEND Strategy

In addition, the Children's Trust Plan 2020-2023 has a 'strategic spine' - five areas that all strategies need to progress:

- | | |
|---|---|
| a) A 'deal' with parents: | a social contract with families and co-production |
| b) The Portsmouth Model of Family Practice: | restorative and relational Practice which is trauma-informed and whole-family |
| c) Strong Organisations: Excellent Workforce: | leadership development, restorative organisations and high-quality professional development - training and coaching |
| d) Performance and Quality Management: | using data well and learning from front-line practice |
| e) Community capacity building: | enabling the community and the voluntary sector to meet need |
| f) Tackling racism: | ensuring all communities can access services and support |

A. The SEMH Strategy Vision

There is a clear-shared intention to adopt a whole system approach to developing and transforming the support for children and young people's mental health and wellbeing. Fundamental to this approach is the importance of partnership working and that social and emotional mental health becomes 'everyone's business' in the same way as safeguarding has become 'everyone's business' across Portsmouth.

We want all children and young people in Portsmouth to enjoy good emotional wellbeing and mental health. The ways in which we will achieve this vision is by:

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

B. Our Local Picture

A summary of the changing needs in Portsmouth

Over the past 12-months young people, their families and the services they access have seen unprecedented challenges brought about but the coronavirus pandemic. Already increasing identification of SEMH needs have seen a steep upward trajectory, in line with nationally reported trends.

- The proportion of children with SEN and a primary need of social, emotional or mental health continues to be higher than the national average and slowly increasing.
- The wait times reported by core and extended CAMHS continue to increase (now 15 and 27 weeks respectively).
- The eating disorder service offer continues to be strong, meeting access targets.
- The MHST offer has been positively received, with increasingly strong school engagement. Referrals have been uneven as a result of the pandemic but continue on an increasing trajectory.
- Since the establishment of the psychiatric liaison service within the hospital emergency department we have seen an increasing number of presentations. Although recent data would suggest a small decline during summer months. Response times by the service have been impacted upon due to recruitment and accommodation challenges.
- Initial data and feedback demonstrate a positive start to the implementation of a youth work offer alongside the psychiatric liaison services. This is being delivered by a third sector partner, No Limits.
- The growing complexity of presentations has been noted by services including CAMHS. This is partly due to late presentation for many young people having been aware from education settings.
- Families report good service support once accessed; but increasing frustration with wait times, access criteria and information sharing.
- We have seen a positive impact following the introduction of Kooth in January 2021. Registration and access figures are high.
- Referrals for neurodiversity assessment in CAMHS and CPMS continue to rise, along with the awaiting times. This is focus of a significant piece of system-wide change to test a new ND profiling tool and bring together a multidisciplinary ND team.

Assessment of local need including inequalities and vulnerable groups

Portsmouth is a unitary authority with an estimated population 212,800 in 2020; this is forecast to increase to 218,300 by 2027¹. Children in the city face significant challenges around deprivation with approximately 24% of children in the city living in poverty (the England average is 20%). However, in some areas of the city, the proportions are much higher, for example, in Charles Dickens ward, 46% of under-16s are growing up in poverty.

Portsmouth's children and young people are predominantly of white ethnic origin (82.4%). A sizeable proportion are not of White ethnic origin (i.e. 17%), with larger ethnic minorities being Bangladeshi and African.

Key findings - Children and Young People's Needs Assessment 2018: (Estimates are based on modelled data)

- About 1,000 (3.7%) 5 to 16 year olds are affected by emotional disorders with anxiety being the most frequent, followed by depression.
- About 420 5-16 year olds have severe ADHD.
- Around 206 5-9 year olds and 58 9 to 10 year olds have an autism spectrum disorder.
- An estimated 16 10-19 year olds have a diagnosed eating disorder, though many more will demonstrate 'disordered eating' behaviours.
- Social, emotional and mental health difficulties is the most common primary need for those with Special Educational Need (SEN) support (24.7% of Portsmouth pupils with a statement or Education Health and Care plan).
- Portsmouth has a significantly higher than national rate of hospital admissions for self-harm. An estimated 8.9% of 16 to 24 year olds have self-harmed in their lifetime (equating to 3,209 young people in Portsmouth).

Schools Data

In the January 2021 census there were 1,181 children and young people in reception to year 11 with EHCP's. 228 of these pupils had a primary area of need recorded as SEMH. There were a total of 26,213 children and young people in Reception to Year 11, in state-funded Portsmouth schools.

We know locally that children with Social Emotional Mental Health needs are disproportionately represented amongst those with poor attendance and high levels of exclusion.

Data from PHE shows that across England the percentage of secondary school pupils with SEN identified as having a primary need of social, emotional or mental health (SEMH) expressed as a percentage of all school pupils in 2020 was 2.67%. This was significantly

higher than in recent years. The proportion in Portsmouth is higher than the national average with 3.68%. The proportion across the South East is 2.63% with Southampton (4.05%,) and the IOW (3.42%).

Amongst the primary school age category, the recent trend has also increased with a prevalence across England of 2.45% in 2020. Portsmouth's proportion is 3.1% with Hampshire being 2.36%, Southampton (3.73) and IOW (3.08)

Stakeholder Feedback - Key Messages from SEMH Pathway Review

- Frustrations from families, schools and services with the length of time it takes for a child to be seen by CAMHS; frustrations with having to jump through unnecessary hoops and a belief that mental health service thresholds are too high.
- Parents report frustrations with having to repeat themselves to different services, feeling there was a lack of communication between services and a need for the system to be more joined up.
- A parent likened navigating the system to 'wearing a blindfold to bake a cake'. This was a particular challenge for minority communities, parents do not know who to call or speak to.
- When families receive SEMH related support it is reported as 'good' and children felt 'listened to'. Families spoke very highly of the support from MABS and reported that it was very helpful and non-judgmental. It was reported that CAMHS support is good.
- Schools, services and parents report a challenge with deciding which pathway is best and navigating the system. There is a lack of understanding about the continuum of SEMH support.
- Colleges are reporting significant recent increases in MH presentations and struggle with the capacity to manage volume of referrals and lack mental health expertise across their teams.
- Lack of understanding amongst professionals around LGBTQ+ identities and a lack of trusting relationship between young people and school staff.
- CAMHS report challenges with the system wide understanding of thresholds and the capacity and confidence of professional/ services to deliver interventions relating to SEMH.
- Broadly speaking GP's sometimes struggle to untangle what the issues might be for young people and families and they don't always have the awareness of what support is available locally.

Performance Summary and Service Data

KOOTH

The Kooth platform for Portsmouth launched in January 2021. Take up by young people started very well:

- 426 registrations in quarter 4 (2020 -21)
- 452 registrations in quarter 1 (2021 - 22)
- Over 400 professionals and parents/carers have attended the KOOTH webinars.
- 15-year-old girls are the predominant group accessing Kooth, which mirrors the national picture.
- BME registrations accounts for 16.5% of all registrations, in line with the 16% of young people who identify as BME in Portsmouth.
- There has been an increase in quarter 1 with more young people using the chat and counselling offer.
- 100% of Young People would recommend Kooth to a friend with 91% saying they got what they were looking for.

MHST Referrals

The numbers of MHST referrals have been steadily rising month on month, which is expected as the teams become better established across the schools system. Of those referrals triaged 76% were accepted for assessment, we anticipate this figure will improve as schools better understand the MHST criteria and scope.

2021							
	Jan 21	Feb 21	Mar 21	Apr 21	May-21	Jun 21	Jul 21
Sum of Referrals	27	29	82	34	44	51	76

MHST have introduced a School Engagement tracker which gives a breakdown of referrals by individual schools. The tracker, which is monitored by the MHST steering group, also highlights how embedded the teams are in those schools and what they are doing to improve the partnership.

Core CAMHS - Referrals to CAMHS Single Point of Access.

2018-19													
	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Total
Sum of Referrals	103	159	152	144	86	134	162	193	137	169	140	164	1743
2019-20													

	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Total
Sum of Referrals	122	150	153	151	82	118	165	149	112	140	133	92	1567
2020-21													
	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Total
Sum of Referrals	43	49	90	111	59	123	156	173	131	90	106	132	1263

The CAMHS waiting lists at the start of August 2021 are:

- CAMHS SPA first appointment wait time is **15** weeks with **112** young people waiting (target for first appointment is 5 weeks)
- **8** week wait for Brief Interventions - **16** young people are waiting
- Demand has increased for duty calls which has impacted SPA completing first appointments. They are also not able to open up fully and are still operating COVID safe practice in the building.
- Current wait time for first appointment with Extended CAMHS is **27** weeks with **238** young people waiting (target for is 18 weeks)
- ND assessment - **214** young people waiting. The longest wait is **74** weeks with an average of **39** weeks

Eating Disorders

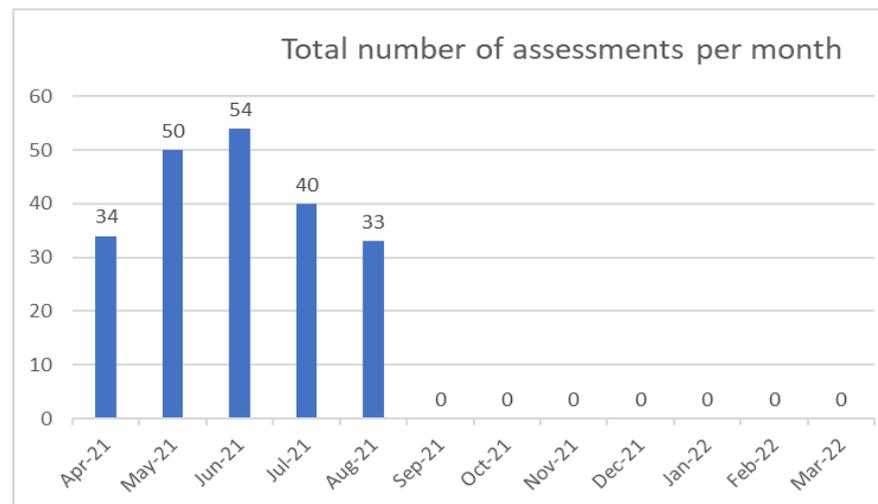
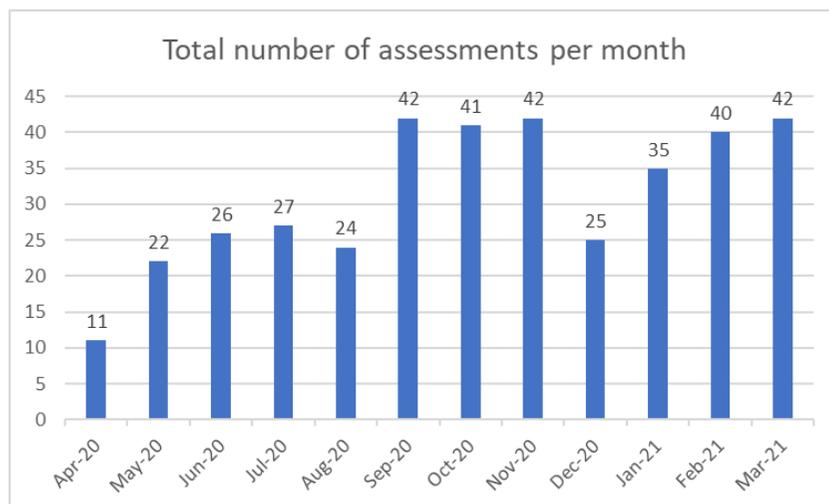
Demand for Eating Disorder support has started to significantly rise locally in line with regional/national trends with **33** Young people in Qtr 1 2021/22 compared to **10** in Qtr 4 2021/22. The eating disorder charity BEAT reported an 81% increase in contact across all Helpline channels with a 139% surge in online group attendance. Kooth report a sharp increase in eating difficulty presentations in under 18's since the start of the pandemic.

There are currently **58** young people on the Eating Disorder caseload. We continue to meet the national access standards for Eating Disorders with 100% of urgent referrals being seen within 5 working days and 100% of routine referrals being seen within 20 working days in qtr 1 of 2021/22.

	2019/20				2020/21				2021/22			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Urgent												
Number seen within 1 week	0	7	9	5	14	12	5	5	3			
Total Completed Cases	0	9	9	5	14	12	6	6	3			
% Seen within Timescales		78%	100%	100%	100%	100%	83%	83%	100%			
Routine												
Number seen within 4 week	1	1	3	1	1	1	2	4	30			

Total Completed Cases	1	1	6	8	1	5	2	4	30			
% Seen within Timescales	100%	100%	50%	13%	100%	20%	100%	100%	100%			
Total												
Number seen within 4 week	1	8	12	6	15	13	7	9	33			
Total Completed Cases	1	10	15	13	15	17	8	10	33			
% Seen within Timescales	100%	80%	80%	46%	100%	76%	88%	90%	100%			

Paediatric Psychiatric Liaison



CAMHS Liaison continue to experience staffing pressures due to recruitment and covid related issues, which is affecting their ability to deliver a full comprehensive service. It's expected the service will be at full capacity in October 2021.

The No Limits service is now well established with the youth worker provision. Data in quarter 1 2021/22 highlights No Limits supported **89** young people in the emergency department.

100% of the young people who had contact with an Emergency Department youth worker rated the support they received as excellent or very good.

Feedback from paediatric staff has also been very positive with awareness being high (90%) and 100% of staff said the service was available when called upon.

'We have really valued their support with patients, especially with signposting to services and linking them into resources. They've also been very effective at supporting patients who are distressed in the department without a parent present, as clinical staff aren't always able to spend prolonged periods of time with each patient due to clinical demand'

National Access Indicator

We just missed out on meeting the national access target (35%) for 2020 - 2021. Our final year rate for 2020/21 was 34.25%. The collective figure for HIOW was 40%. Work is underway to enable school nursing to flow their emotional health related work to the MHSDS. No Limits will be flowing activity as from September 2021. One of the difficulties we have locally in meeting the national access target is that the approach our CAMHS Local Authority offer takes; supporting the network to support the young person, a 'team around the worker' approach. As this work isn't direct one to one work with the young person it doesn't count towards the target.

C. SEMH Partnership, Integration and I-Thrive

Partners across Portsmouth are fully signed up to the SEMH strategy and have a very successful Portsmouth Education Partnership which brings together LA maintained schools, Academy providers, the council and health partners.

Good social and emotional mental health for children and young people and closing the gap around inequalities is a key priority for Portsmouth and is a golden thread running through our strategies and plans. We have a strong track record of excellent partnership working through a long-established set of Children's Trust arrangements. The SEMH Partnership includes:

- Portsmouth CCG
- Portsmouth City Council
- Solent NHS Trust
- Co-production groups -parents and young people
- Portsmouth Hospitals Trust
- Primary Care
- Voluntary and Community sector agencies
- Early Years, schools and colleges

Integration, Integration, Integration - What does it look like?

- Integrated, whole-system SEMH Strategy, service design, service delivery and micro-commissioning
- Joint working and signposting between strategies (e.g. Children's Public Health Strategy)
- Shared posts across agencies - Council, CCG and Solent NHS Trust
- Dozens of multi-agency steering groups within the Children's Trust structure

- Several multi-disciplinary teams
- Joint Business Plans - Council, CCG and Solent NHS trust

We use a RELATIONSHIP-BASED approach to promote and develop SEMH so that all children and young people can flourish in our local community. This approach recognises the importance of:

Putting relationships first where a sense of belonging and connection, respect and value, support and compassion is fostered
Promoting and developing SEMH for ALL - nurturing and developing resilience and strengths as well as supporting need
Understanding Children/young people within the contexts of relationships and wider factors
Understanding SEMH as communicating a need rather than a problem taking a non-judgemental and empathetic approach
Applying trauma informed and attachment aware approaches with children and young people with the most complex needs relating to social and emotional well-being and mental health
Ensuring all approaches and interventions are evidence-based
Working within a collaborative process
Recognising the need to promote and support well-being and resilience within the work-force

Coproduction

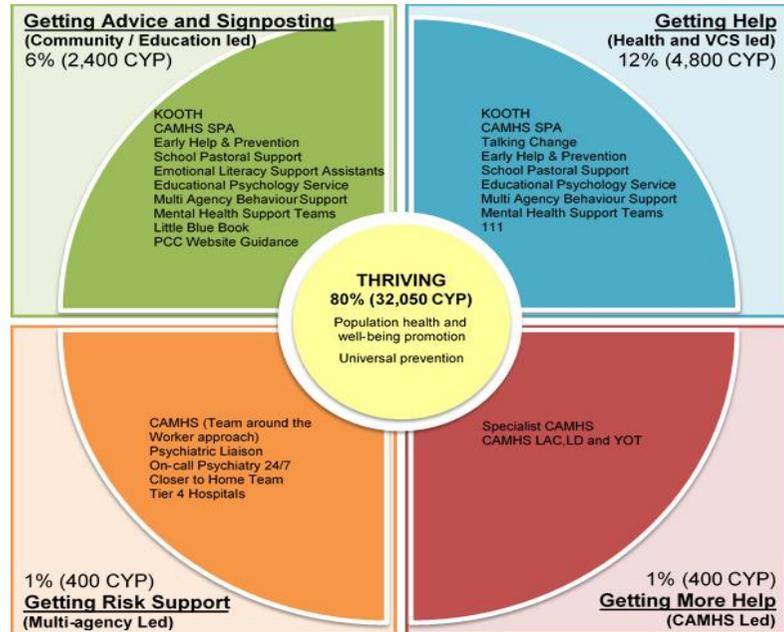
Partners across the Portsmouth system have set coproduction at the heart of improvement and transformation work. The Partnership aim to work in coproduction wherever possible in order to achieve the best outcomes for those who make use of our services. This includes individual, operational and strategic co-production. Representatives from Portsmouth Parent Voice, Dynamite (young people's group) and Portsmouth Parent Board are all represented on both the Strategic partnership and sub-groups.

The coproduction strategy can be found in [Appendix B](#).

D. Thrive Demand Modelling

The I-Thrive framework is being used to support system-wide Change. Portsmouth is transforming its approach to Children and Young People's emotional wellbeing and mental health by aligning itself with the Thrive Model. The framework is an approach to supporting all children and young people's emotional wellbeing. We know that the influences on a child mental health are varied and each and every individual in a community has a role to play in helping young people to stay emotionally healthy.

All our service and pathway developments will follow these principles.



Principles	Description
Common language	Provides a shared language which everyone can understand.
Needs led	Approach based on meeting needs regardless of diagnosis.
Shared Decision Making	Children, young people and their families are experts in understanding their needs
Proactive early intervention and prevention	Enabling the whole community in supporting mental health and wellbeing
Partnership working	Working together to support and improve mental health is vital - 'everybody's business'.
Outcome informed	Shared understanding of what we are trying to achieve and understanding early if it is not working.
Reducing stigma	Reducing together the stigma that surrounds mental health.
Accessibility	Advice, help and risk support available in a timely way for the child, young person or family, where they are and in their community.

To help us as a system understand how many children and young people (CYP) have emotional health needs and the level of their need we have used the findings of the national THRIVE programme to identify what the potential demand might be in each of the THRIVE clusters. The authors of the THRIVE Elaborated report (an update on 2015 of the original THRIVE paper) indicate that 80 to 90% of young people can be said to be Thriving. Of the remaining 10-20% of young people:

- 30% fall into the Getting Advice cluster
- 60% fall into the Getting Help cluster
- 5% fall into the Getting More Help cluster
- 5% fall into the Getting Risk Support cluster

The population estimate indicates there are 40,050 children and young people aged 5 to 19. These weightings have been applied to the local population of young people in Portsmouth and the results are set out below.

	%	Number
estimated young people thriving	80%	32050
estimated getting advice	6%	2400
estimated getting help	12%	4800
estimated getting more help	1%	400
estimated getting risk support	1%	400
Total aged 5-19	100%	40050
Total not "Thriving"	20%	8000
Population source: ONS 2018-based subnational projection for 2020 rounded to nearest 50; and percentages from Table 1 of Warrington's THRIVE cluster report		

We have decided to base the modelled data on the assumption 80% of children and young people are thriving. The reason for us using this more conservative projection is that the prevalence figures this modelling is based on would be out of date with the known rising demand for children's mental health support.

When reviewing our service data alongside the modelled data we know that there are currently large numbers of young seeking specialist support in the getting more help section as opposed to the numbers needing support in the getting advice and getting help sections. This reinforces our plans to provide greater access to self-help and early help support which in turn will prevent difficulties escalating and requiring specialist mental health services.

It's estimated that roughly 8,000 of children and young people in Portsmouth are not thriving and would benefit from some form of social emotional mental health support. Our plan is to continue comparing this modelled data with service data which will give us a better understanding for what demand would be in each THRIVE cluster.

The SEMH Performance scorecard will be used to capture and monitor actual and expected service demand.

E. Expected Outcomes and Measures of Success

The SEMH Partnership have agreed a system-wide scorecard that will provide a picture of both service improvement and impact for young people. This seeks not only to measure performance where necessary, but moreover to inform the system about where positive outcomes are seen and where focus should be given to make further strides forward for young people. The scorecard groups data under 4 areas; quantity, quality, impact and feedback. This helps the system to understand whether we have sufficient resources, whether we are delivering high-quality provision that is impacting on young people's outcomes and draws on user and provider feedback for continuous improvement.

The SEMH Strategy targets nine key outputs and outcomes, which will positively impact on young people long-term:

1. Reduced exclusions from school
2. Improved attendance at school
3. Reduced referrals into alternative provision
4. Good response times for young people's SEMH support
5. Reduced number of inappropriate referrals to CAMHS
6. Reduced demand to specialist CAMHS
7. Reduced self-harm attendances and admissions
8. Reduced prevalence of mental ill-health including anxiety, self-harm, low mood and eating disorders
9. Increasingly skilled and confident workforce, able to promote emotional well-being and respond to emotional distress and mental ill-health

Measures of success based on national expectations

- Eating Disorder service recovery - we will continue to see over 95% of children and young people referred to CAMHS Eating Disorder services as urgent cases within 1 week.
- Eating Disorder service recovery - we will continue to see over 95% of children and young people referred to CAMHS Eating Disorder services as routine cases within 4 weeks.

- Access 0-18 - we will meet the national access standards targets for children and young people estimated to have a mental health disorder for 2021/22.
- Access 18-25 - we will achieve or exceed the national access targets for increased uptake of mental health services by 18-25 year olds each year from 2021/22.
- We will achieve or exceed 90% of young people being assessed within 5 weeks of assessment by the end of 2021-22.
- We will achieve or exceed 90% of young people starting treatment within 18 weeks of assessment by Nov 2021.
- We will reduce Autism Assessment waits from 74 weeks to 42 weeks by April 2022.

F. COVID-19 and Likely Impact on Emotional and Mental Health

The SEMH partnership has considered, as a result of the COVID-19 pandemic, the likely impact and presentation of mental health difficulties within the population as a whole. We are focusing on how we reshape the system to meet an anticipated increase in demand for mental health support for children and young people as lockdown eases and children return to school and their peers.

The short-term (year one) plan in this Strategy including our response to Covid-19. 'New' or increased anticipated needs as a result of Covid-19 include the following:

- Separation Anxiety
- Anxiety of release from lockdown/virus fears
- Isolation from peers and loss of routine
- Trauma experienced in lockdown
- Worries about exam cancellation and moving into next phase of education
- Self-Harm
- Increase in complexity of cases presenting to CAMHS
- especially with regards to social care needs
- Bereavement and Loss
- Anxiety with transition
- Sleep Hygiene
- Potential rise in Eating Difficulties
- Later identification of emerging needs
- Increased incidence of adverse events such as domestic violence and child abuse

G. SEMH Strategy - 10 Key Objectives

1. Secure strong early attachment in the first 1000 days of life
2. Provide high quality advice, guidance and self-help
3. Develop the children and young people's workforce
4. Improve early help and develop digital solutions
5. Improving wellbeing and resilience in education
6. Improve mental health support for LAC and care leavers
7. Improve the support for specific groups of vulnerable children and young people
8. Develop CAMHS services to meet demand
9. Prevent suicide and its impact on children, young people and families
10. Improving our local knowledge and performance management

H. Deliverables (2021 - 2023)

1. Secure strong early attachment in the first 1000 days of life	
Named Leads: Kelly Pierce	
Oversight: SEMH Board and Early Help Board	
Key Achievements in last year	
<ul style="list-style-type: none"> Secured Breastfeeding Network resources Agreement to roll-out system-wide '5 to Thrive' model for early neuro-development and secure attachment to care givers for young children 	
Key Performance Indicators:	
To be agreed	
No.	Key Deliverables: 2021 - 2023
Year One	
1	Remodel peri-natal mental health support
2	Improve ante-natal identification of factors leading to poor attachment
3	Review capacity of Post-Natal Depression support
4	Delivery and implementation of Under 5's Action Plan
Years 2 and 3	
5	Develop capacity within midwifery for strengthen alignment with locality Multi-Agency Teams

2. Provide high quality advice, guidance and self-help	
Named Leads: Jade Simango/Stuart McDowell/Sarah Christopher/Sophie Fry	
Oversight: SEMH Board	
Key Achievements in last year:	
<ul style="list-style-type: none"> • Produced an SEMH Communications Plan & Schedule • Updated the PEP website to include MHST and Kooth info. We've also linked the relevant pages to the Local Offer website. • Consultation with Parent Board to explore how we could empower parents and carers to support their children's wellbeing • Undertaken an SEMH pathway analysis with partners to understand how well pathways work and the continuum of SEMH related support. • Produced the Little Blue Book of Sunshine which offers top tips to help young people cope. Distributed 5000 copies across schools, colleges and services. A digital version is available on the apple/google app stores. 	
Key Performance Indicators:	
To be agreed	
No.	Key Deliverables: 2021 - 2023
Year One	
1	Coproduce a simple and accessible guide that describes the right pathway and resources to access for a range of SEMH support, how to access that support and the self-help resources both locally and nationally that help young people and families to thrive.
2	Continue to promote SEMH related support, advice and guidance as set out in the Communications Plan.
3	Public health campaign to reduce stigma and enable conversations about mental health
4	Agree a plan for how we will empower parents and carers to support their children's wellbeing
Years 2 and 3	
5	
6	

3. Develop the children and young people's workforce	
Named Leads: Anthony Harper/Mike Bowen/Stuart McDowell	
Oversight: SEMH Board	
Key Achievements in last year:	
<ul style="list-style-type: none"> • Roll out of PACE training to schools and partner agencies • Restorative Practice training and approach embedded in many systems, services and processes • Recruited a Workforce Development Manager that will lead on the SEMH/SEND Workforce development plans 	
Key Performance Indicators:	
<ul style="list-style-type: none"> • Schools adopting PACE model • Staff in DDP Network 	
No.	Key Deliverables: 2021 - 2023
Year One	
1	Resource and develop DDP Network - DDP Level 1 & 2 training planned in the Autumn
2	Develop a generic 'whole workforce' competency framework - knowledge, skills and competencies
3	Ensure capacity for continued roll-out of Restorative Practice Training
4	Ensure capacity for continued roll-out of PACE training
5	Recruit to vacant posts in CAMHS following investment
Years 2 and 3	
6	Map current training offer against the competency framework

4. Improve early help and develop digital solutions	
Named Leads: Stuart McDowell	
Oversight: SEMH Board	
Key Achievements in last year:	
<ul style="list-style-type: none"> • Consultation and co-production with young people on digital solutions • Uptake by young people of Kooth very positive with over 500 registrations. • Launched a multi-agency piece of work to analyse SEMH response to then redesign pathways • Clearer pathways into community based early help for young people 18 - 25 (through Positive Minds) 	
Key Performance Indicators:	
<ul style="list-style-type: none"> • Number of young people engaging in Digital offer including repeat users 	
No.	Key Deliverables: 2021 - 2023
Year One	
1	Event planned with the Children and Young Peoples Voluntary Sector Partnership
2	Continue to promote Early Help offer to the community
3	Embed the Silvercloud Evidenced Based platform in the MHST/CAMHS SPA offer
4	Refresh the Parent's 'Behaviour Management' offer on the back of the SEMH Pathway review
Years 2 and 3	
5	Review impact of Kooth and Silvercloud

5. Improving wellbeing and resilience in education	
Named Leads: Sarah Christopher/Stuart McDowell	
Oversight: SEMH Board and SEND Board (Inclusion Group)	
Key Achievements in last year	
<ul style="list-style-type: none"> • Emotional wellbeing support in schools – every school has a ‘named and trained’ senior mental health lead, ELSA capacity and audited practice • ELSA Supervision in place • Portsmouth Inclusive Education Quality Mark (PIE QM) Tool developed and piloted • Roll-out of Mental Health Support Teams, leading to full city coverage • Introduced good systems to track school engagement with MHST's and demand modelling. • Promoted the MHST offer across the schools network • Held a series of Trauma Recovery webinars delivered by Louise Bomber which have been seen by 330 school based staff 	
Key Performance Indicators:	
<ul style="list-style-type: none"> • Young people in MHST and treatment outcomes • PIE QM scoring by school 	
No.	Key Deliverables: 2021 - 2023
Year One	
1	Recruit the additional Behaviour Specialist and Digital Communication role in the MHST's
2	Hold a number of MHST awareness webinars for primary/secondary heads and mental health leads
3	Continue to roll out training and support as part of the Wellbeing for Education Return (post lockdown).
4	Create clear pathways and alignment between schools, MHSTs and Early Help and Prevention
5	Promote the PIE QM to help schools to evaluate and improve their whole school mental health approach
Years 2 and 3	
6	Wellbeing Peer Mentoring programme to be established
7	Increased use and understanding of supervision for staff in pastoral roles

6. Improve mental health support for LAC and care leavers	
Named Leads: Danielle Tully	
Oversight: SEMH Board and Corporate Parenting Board	
Key Achievements in last year:	
<ul style="list-style-type: none"> • Revised specification for CAMHS LAC • Implement Trauma-Informed Model of Care (TIMOC) for LAC • A new flowchart and protocol is in place that sets out timescales and responsibilities for SDQ completion by social workers • CAMHS embedded in Staying Close project • Co-production on 18 - 25 offer - introduced care leaver pathway into Positive Minds • Regional review of MH support offer for Children placed out of City 	
Key Performance Indicators:	
<ul style="list-style-type: none"> • SDQ scoring at care review 	
No.	Key Deliverables: 2021 - 2023
Year One	
1	Review of SDQ process and embedding of SDQ in care planning
2	Review of trauma informed training programme
Years 2 and 3	
3	Development of a LAC/Health Joint Working Protocol
4	Review Health Passport

7. Improve the support for specific groups of vulnerable children and young people	
Named Leads: Hayden Ginns/Jade Simango/Sarah Christopher/Stuart McDowell	
Oversight: SEMH Board	
Key Achievements in last year:	
<ul style="list-style-type: none"> • Recruitment of Local Authority Link Coordinators in promoting a coordinated approach between Education and Children's Social Care for our most vulnerable children in the city • High quality CAMHS support in the YOT • Ensured Link Co-ordinators are linked with CAMHS (and MHST) • Strengthened links between the MHST and the 4U Group • Strengthened mental health support to Harbour School pupils • Health and Justice/OPCC funding secured for a child and family support team at Harbour school 	
Key Performance Indicators:	
<ul style="list-style-type: none"> • Young offenders access to mental health support • Access to DDP 	
No.	Key Deliverables - 2021 - 2023
Year One	
1	Agree a costed DDP training development plan including target groups of children and families and the professional network
2	Review how we address the emotional health needs of children and young people who identify as LGBTQ +
3	Identify what needs to be done to improve access to, experience of and outcomes from mental health services for Black, Asian and minority ethnic communities in Portsmouth
Years 2 and 3	
4	Develop child and family support team at Harbour school (Health and Justice and OPCC funding)
5	Session planned between CAMHS and EHP's LGBTQ Team to explore how the service could be more inclusive.

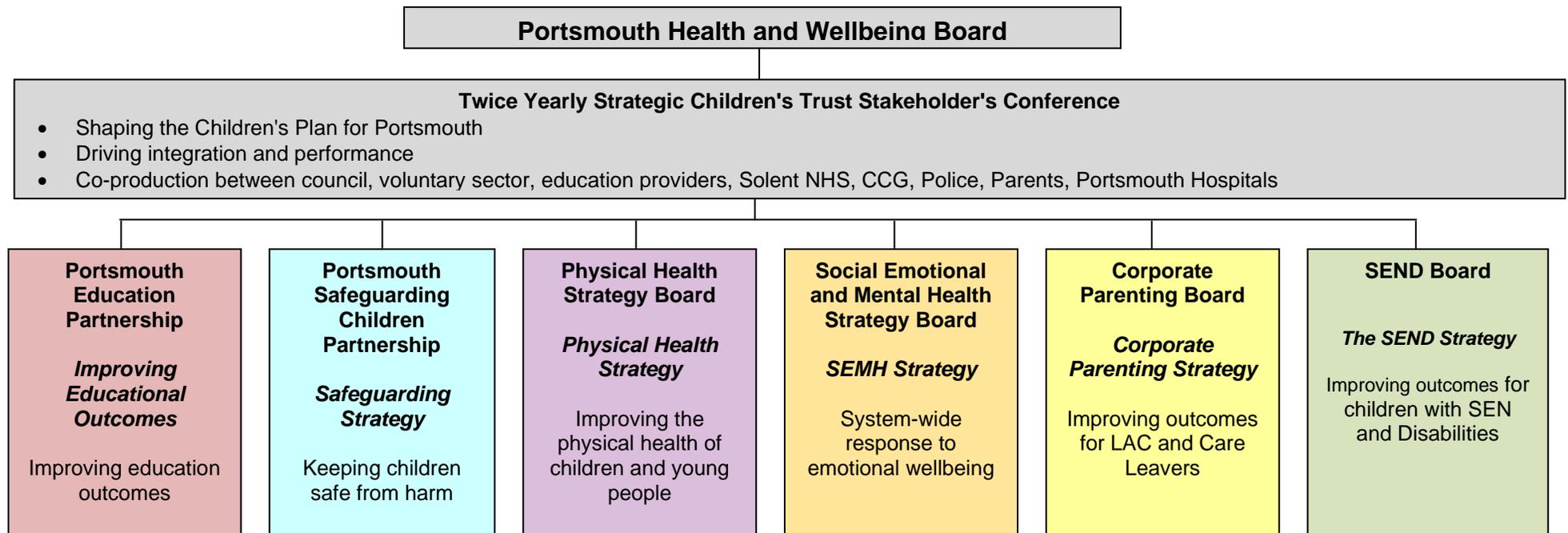
8. Develop CAMHS services to meet demand	
Named Leads: Sonia King	
Oversight: SEMH Board	
Key Achievements in last year:	
<ul style="list-style-type: none"> • Successful management of wait times during pandemic surge • Significant additional investment to bolster CAMHS services in relation to Liaison, Eating Disorders and ND • Commissioned No Limits to deliver youth worker and social prescribing support at QAH • Expanded the CAMHS ND offer with the aim of reducing numbers of young people waiting for a neurodiversity assessment and intervention • Created a dedicated Eating Disorder team which is fully recruited to and performing well 	
Key Performance Indicators:	
<ul style="list-style-type: none"> • Waiting Times • Treatment Outcomes • Re-referral rates to CAMHS 	
No.	Key Deliverables: 2021 - 2023
Year One	
1	Review the CAMHS LD offer with the ambition that this offer is available across all mainstream schools
2	Introduce self-referral pathways for Eating Disorder support.
3	To fully embed outcome measurements across the service in line with local and national expectations
4	Align CAMHS Liaison and No Limits. Undertake 'journey of child' mapping to streamline process and clarify functions.
5	Evaluate No Limits offer to evidence impact and inform future commissioning
Years 2 and 3	
6	Actively engage in piloting and trialling new ways of working which will inform the long-term delivery of services across the wider system
7	Ensure pathways into and out of CAMHS are fully aligned with MHST, early help and safeguarding pathways

9. Prevent suicide and its impact on children, young people and families	
Named Leads: Jane Leech/Jade Simango	
Oversight: SEMH Board	
Key Achievements in last year:	
<ul style="list-style-type: none"> • Evidence review of C&YP bereaved by suicide & completion of working group to take evidence into practice (outputs for schools-community). • Worked with schools and schools services to strengthen the offer of complex suicide-specific bereavement support for children & young people • Completed 'School Postvention Protocol'- providing information and tools to support the School/College community in the case of a death by (suspected) suicide • STP funding secured for an All Age Suicide Specific Bereavement service 	
Key Performance Indicators:	
To be agreed	
No.	Key Deliverables:2021 - 2022
Year One	
1	Roll out 'School Postvention Protocol' that includes information and tools to support the School/College community
2	Tender planned for the all age suicide specific bereavement service to go live in 2022
Years 2 and 3	
3	Include targeted approach to suspected suicide real time surveillance (RTS) development to 18-25 age range
4	Suicide real time surveillance (RTS): Engage with Safeguarding Teams to strengthen relationships around suicide prevention, suspected suicide notifications and collaboration on postvention
5	Collaborate with Police colleagues to defining criteria for each level/tier of suspected suicide notification and anticipated response from local partners.
6	Portsmouth Suicide Prevention Partnership pivot priority area - debt & unstable employment to specifically target work 18-25 age, parents & carers

10. Improving our local knowledge and performance management	
Named Leads: Stuart McDowell/Hayley Webb	
Oversight: SEMH Board	
Key Achievements in last year:	
<ul style="list-style-type: none"> Produced an SEMH Performance Scorecard that will be used to inform whole system delivery model, service improvement and how best to allocate resources Set up the MHST Steering Group which has good systems to track school engagement with MHST's and demand modelling. A new flowchart and protocol is in place that sets out timescales and responsibilities for SDQ completion 	
Key Performance Indicators:	
n/a	
No.	Key Deliverables: 2021 - 2022
Year One	
1	Agree and receive a full dataset from partners, including Solent NHS Trust
2	Fully embed Performance Scorecard Approach to all commissioned services - strengthening voice of and experience of the child and family
3	Ensure School Nursing and No Limits are able to flow their emotional health related work to the MHSDS
Years 2 and 3	
3	
4	

I. Governance: The SEMH Board

One of Six multi-agency Boards as part of the Portsmouth Children's Trust and reporting into the Health and Wellbeing Board, governance of all commissioning and service design is through the SEMH board.



Monitoring impact

The SEMH Board meets on a quarterly basis and is chaired by Hayden Ginns, Assistant Director Commissioning and Performance, Children's Services and Education & Portsmouth CCG. The board monitors progress through a quarterly report and the SEMH Performance Scorecard.

The SEMH Board focuses on; data and performance indicators, progress of the implementation plans, what's going well and what needs to improve. There is an annual progress report submitted to the Health and Wellbeing Board reporting impact across all priorities.

J. Finance

There has been significant investment to transform the capacity and performance of the children and young people's mental health offer in Portsmouth over the last year.

Overall MHIS spend	18/19	19/20	20/21	21/22 FOT
	£000	£000	£000	£000
Children & Young People's MH (exc LD)	£ 2,291.00	£ 2,611.00	£ 2,691.00	£ 2,810.00
Children & Young People's Eating Disorders	£ 105.00	£ 110.00	£ 212.00	£ 329.00
	£ 2,396.00	£ 2,721.00	£ 2,903.00	£ 3,139.00

Annual increase in investment

Children & Young People's MH (exc LD)		£ 320.00	£ 80.00	£ 119.00
Children & Young People's Eating Disorders		£ 5.00	£ 102.00	£ 117.00
	£ -	£ 325.00	£ 182.00	£ 236.00

National Ambitions Investment Tool - Annual increase in CCG baseline funding

Community based services and crisis services		£ 94.61	£ 133.08	£ 111.31
Eating disorder services		£ 41.67	£ 40.73	£ 2.04
	£ -	£ 136.28	£ 173.81	£ 113.35

In addition to the core spend outlined above, it is worth noting the substantial investment in Mental Health Schools Teams (MHST) in the City (circa £900,000 per annum when fully implemented) and the bespoke CAMHS contracting Portsmouth City Council has in place, spending £356,000.

K. Appendix A - Risk Assessment

No	Description of Risk	Impact(s) of risk if realised	Current Risk	Mitigating actions
1.	Tier 4 Beds - Continued difficulty in accessing Tier 4 inpatient beds has significant impact on the resilience of the rest of the system, particularly beds in acute hospital paediatric wards which CYP often occupy until they can be transferred (unless it is safe for them to go home in the interim)	Additional pressure upon acute hospital inpatient provision for more complex CYP awaiting specialist assessment and treatment not available in acute hospitals. Risk of disruption, patient harm and stress upon provision not equipped for this patient group. S136 suite breaches.	16 (Extreme)	<ul style="list-style-type: none"> - CAMHS Provider Collaborative working with neighbouring provider collaboratives and specialist MH inpatient providers and NHSE/I to maintain flow and optimise bed availability. - CAMHS Provider collaborative also working to improve step down arrangements from inpatient back to community and build on success of CETR project in HIOW system. - Closer to Home Teams - currently being mobilised - to provide intensive support to CYP in their own homes as an alternative to admission or prolonged hospital stay - project manager in post to begin mobilisation of service.
2.	Neurodevelopmental Waiting Lists / Service Capacity	<p>Long wait times for ND assessment. Average wait 39 weeks with the longest wait time being 74 weeks. 214 young people waiting.</p> <p>Continued perception amongst public and partners that diagnosis required to access support - risk that this is delaying access to support services whilst families wait for assessment.</p>	9 (High)	<ul style="list-style-type: none"> - Improve support offer to CYP and families (accessible with or without a diagnosis) with roll-out of ND Profiling Tool, Autism in Schools project. - Increased awareness raising/signposting to what is available working with schools and Parent/Carer forums.
3.	Eating Disorders referrals increase Eating Disorder referrals have recently increased with 33 Young people referred in Qtr 1 2021/22 compared to 10 in Qtr 4 2021/22.	<p>Increasing waits lead to higher number presenting with acute needs.</p> <p>Risk if referrals continue to rise this could impact our ability to meet national access standards.</p>	9 (High)	<ul style="list-style-type: none"> - Recent investment to create a dedicated specialist Eating Disorder team within CAMHS. - To work with ICS colleagues to deliver the CYPED Recovery Plan. - SEMH Guidance will be available from December 2021 that describes the pathways of support for young people with eating difficulties. This seeks to encourage families and young people to seek early support and direct them to national support and resources where necessary.

No	Description of Risk	Impact(s) of risk if realised	Current Risk	Mitigating actions
4.	Staff recruitment and retention <ul style="list-style-type: none"> - National shortage of staff particularly within a number of key roles - High vacancy rates in with the Paediatric Liaison Service - leadership in Mental Health Support Team has been a challenge - Competing recruitment schemes in all parts of Region - Impact of COVID on workforce e.g. isolating 	<p>Waiting times increase, particularly in certain specialties due to challenges recruiting to certain roles – in particular Psychiatry and Family Therapy.</p> <p>Acute paediatric wards and Emergency Dept struggle to cope with mental health related patients whilst hospitals are also struggling with care capacity and other serious illness.</p>	12 (High)	<ul style="list-style-type: none"> - Work with ICS workforce programme and continue to explore how to diversify and train workforce. - Provider continues to use Recruit to Train opportunities. - Creative and innovative approach to exploring alternative roles/posts. - Collaboration across providers on recruitment and retention. - MHST Manager recruited and will be in place mid October 2021. - Initial plans to consider the creation of a CAMHS Training Academy. Aim is to train and develop the clinical workforce for future clinical leadership roles -unfunded plan at present. - SEMH workforce development plans in place to create a workforce competency framework - knowledge, skills and competencies.
5.	Impact of Covid-19 - risk that this will continue exacerbate mental health and emotional wellbeing challenges and issues for children and young people	<p>Demand and referrals could potentially rise.</p> <p>Impact on staffing due to having to self-isolate.</p>	6 (Moderate)	<ul style="list-style-type: none"> - Kooth digital offer has been commissioned. - Roll-out of MHSTs across all Portsmouth schools already in place. - SEMH Guidance will be available from December 2021 that describes the pathways of support for young people with eating difficulties. This seeks to encourage families and young people to seek early support and direct them to national support and resources where necessary.
6.	Meeting the National Access Target We narrowly missed out on meeting the national access target (35%) for 2020 - 2021. Our final year rate was 34.25%.	<p>Unable to meet national access target for young people and expectations for delivery of appropriate care.</p>	6 (Moderate)	<ul style="list-style-type: none"> - Regional support offered to unblock the data challenges together with providers. - Latest review suggests we're on track to meet the target. - No Limits will now be flowing activity to the mental health services data set.
7.	Reporting of Outcomes Data to MHSDS	<p>Unable to meet national target to upload data to MHSDS and evaluate impact on service and interventions.</p>	6 (Moderate)	<ul style="list-style-type: none"> - Work with Providers and CSU to monitor and upload outcomes to the MHSDS – already underway. - Secure support from NHS England.

L. Appendix B - related documents

- Portsmouth City Council Directorate Coproduction Strategy



Coproduction
Strategy