NHS
Hampshire and Isle of Wight

Children with Complex Lives

Summary review January 2026

What we mean by complex lives

‘Complex needs’ typically fall into four main groupings:

Mental health needs – particularly just below threshold for specialised mental health services. Children may have a formal diagnosis, a suspected condition, or may present with poor emotional regulation and poor mental wellbeing.

Behavioural needs that may lead to safeguarding concerns – including displaying aggressive, sexualised or offending behaviour, or being at risk of child sexual exploitation. Children may have experienced complex childhood trauma.

Behavioural needs that are connected to learning difficulties – including communication and sensory needs for neurodivergent children, children with Special Educational Needs, and/or learning disabilities.

Physical health needs – including needs that require specialist equipment or clinical care.

Individually, these areas may not be complex, but their frequent combination contribute to the definition of ‘complex needs’.

ICB legal and statutory duties and national guidance

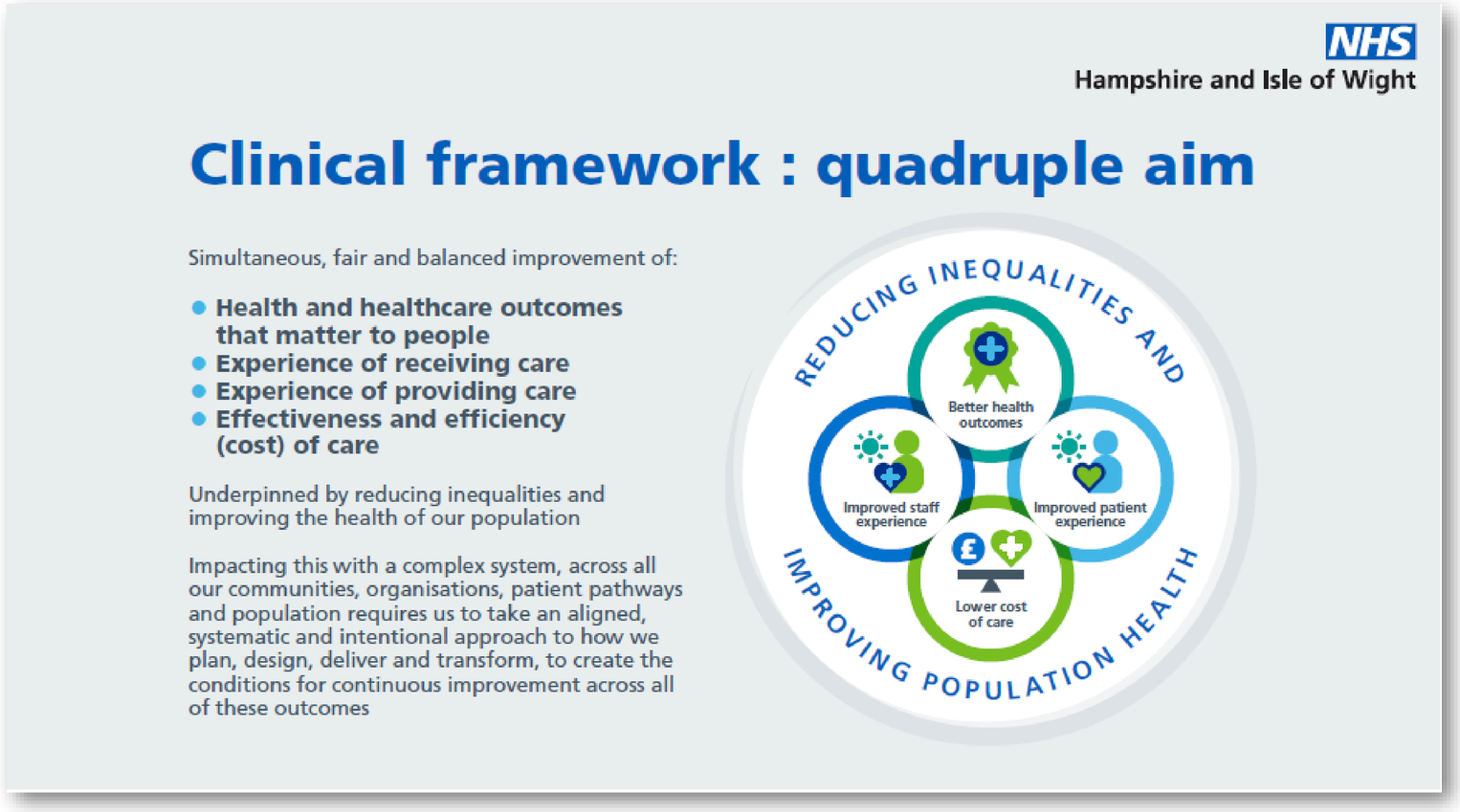
1. **Children's Continuing Care** – duty to assess if needs cannot be met by existing universal or specialist services alone, and the child's needs meet the National Framework (2016) eligibility criteria.
2. **Section 117 aftercare** – legal duty of aftercare for individuals discharged from certain forms of compulsory detention. Shared between the NHS and local authorities to ensure individuals receive the necessary support to reduce the risk of re-admission.
3. **Health and Care Act 2022** - duties around health inequalities, safeguarding, requirement to set out any steps that the integrated care board proposes to take to address the particular needs of children and young people under the age of 25. Legal responsibility for securing, to a reasonable extent, the health care which an individual needs.
4. **Statutory guidance** on promoting the health and wellbeing of looked-after children, including **Working Together to Safeguard Children** (2023) – sets out national guidance on multi-agency working to promote the welfare of children.
5. **Statutorily accountability for ICB SEND functions (0-25)**. Responsible for delivering against National Health Service Act 2006 and Part 3 of the Children and Families Act 2014, set out in the SEND code of practice (2015). Including close cooperation, multiagency working and joint commissioning with the local authorities. Note a White Paper on SEND Reform is due Autumn 2025.
6. **The Children's Wellbeing and Schools Bill** currently in House of Lords. Extends statutory ICB corporate parenting duties to achieve good outcomes for care experienced CYP. Including designing services that take into account their circumstances; taking reasonable steps to reduce stigma or discrimination; providing additional support as a parent of a young person might.
7. **NHS England Model ICB** (2025) – sets out the draft statutory functions to sit within an ICB. Core is strategic commissioning to improve population health, through a population health management approach, and to reduce inequalities.
8. **Children's Act** (2004) – outlines statutory duty for agencies to cooperate to safeguard and promote the welfare of children.
9. **Other key health responsibilities** including towards children with Special Educational Needs, the **NHS 10-year plan** (in particular, focus on children's mental health and enhancing mental health support for children in care) and the Darzi review **three left shifts** (in particular, hospital to community and sickness to prevention).

Alignment with our strategic direction

Complex Lives impacts on all four of our System Clinical Framework quadruple aims.

Complex Lives supports two out of the three left shifts:

- Analogue to digital.
- **Hospital to community.**
- **Treatment to prevention.**



Variation across Hampshire and Isle of Wight

Significant variation in terms of **early identification**, **data coding**, and **complex lives funding** outside of CCC/IFR/S117 routes.

See a higher level of early identification and complex lives funding utilising Oxford tool in Portsmouth. Hampshire have a lower level of early identification and complex lives funding. Southampton/IOW will also fund complex lives on individual evidence basis.

Children with Complex Lives 2024/25 figures per place					
	Portsmouth	**Hampshire**	**Southampton**	**IOW**	**Total**
Number of children with complex lives	48	129	32	18	227
Of which, how many are joint/tri funded	9	90	13	10	122
% that are joint/tri funded	19%	70%	41%	56%	54%
0-18 ICB CYP population	43,908	309,247	55,468	25,568	434,191
% of total ICB CYP population	10%	71%	13%	6%	100%
Number of complex CYP *(per 100,000)*	109	42	58	70	52
Health spend rank *(per complex CYP head)*	4 Lowest spend	2 2nd highest spend	1 Highest spend	3 3rd highest spend	

Data for 2024/25, age 0-18. Includes CCC, S117, IFR (not Hampshire) and Complex Lives spend. Excludes medicines and non-ICB health spend.

Mental health tier 4 admissions

Better **early identification** and more flexibility of **complex lives funding** outside of CCC/IFR/S117 routes associated with fewer tier 4 mental health admissions.

Children with Complex Lives Mental Health Tier 4 Admissions 2024/25					
	Portsmouth	**Hampshire**	**Southampton**	**IOW**	**Total**
Tier 4 MH admissions (2024/25) (inpatient and secure)	4	44	8	4	60
Total inpatient days	448	3991	689	373	5501
Inpatient days per complex lives population	9	30	22	21	24
No. admissions per complex lives population	0.08 (4 - lowest)	0.34 (1 – highest)	0.25 (2 – 2nd lowest)	0.22 (3 - 3rd lowest)	0.26

Local Authority data

2024/25	Southampton	Portsmouth	Hampshire	Isle of Wight	HIOW ICB total
Number of high cost placements	16	20	160	TBC	
				TBC	
Child population	50,941	45,658	285,610	TBC	
Percentage of all children that subject to high cost placement	0.031%	0.044%	0.06%	TBC	
Number of children open to child protection plan	292	219	1,075	TBC	
Percentage of all children that are open to child protection plan	0.57%	0.48%	0.376%	TBC	

Health service offer across Hampshire and Isle of Wight

Shows the health service offer, note even where services are in place across all four places, the focus and **service offers are varied.** For example, wait times for CAMHS services are approximately 2-4 weeks in IOW, and up to 1-year in Hampshire.

Children with Complex Lives - Health service offer				
Service	**Portsmouth**	**Hampshire**	**Southampton**	**IOW**
Universal health services - *e.g. GP, annual LD health checks, initial and review health assessments LAC, health visitor parenting advice and programmes. HV offer is different in Hampshire despite being aligned to the Healthy Child Programme.*	✓	✓	✓	✓
Community Paediatric Hubs	~	~	✓	~
School health support - *e.g. School nursing, identifying unmet health needs, Mental Health in Schools Team (MHST).*	✓	✓	✓	✓
Community Children's Services - *e.g. Community Children's Nursing (CCN) and Community Paediatric Medical Services (CPMS), therapies e.g. Physiotherapy, Speech and Language Therapy (SALT), Occupational Therapy.*	✓	✓	✓	✓
Early detection - *e.g. vulnerable children list. Portsmouth has pooled social care and education data but not health. Other places do not have a tracking list except the DSR or already in receipt of funding.*	~	X	X	X
Mental Health community services - *e.g. early intervention support, counselling, Educational Psychology, CAMHS, therapy, LD teams, formulations, guidance and training for* professionals and families/carers.	✓	✓	✓	✓
Mental Health Practitioners - *e.g. CAMHS co-located with the local authority. START team (Portsmouth), PIP (Hampshire),* Children's Services Therapeutic MH Team (Southampton), RAFT team (IOW)	~	~	~	~
Mental Health crisis resolution - *e.g. Crisis Resolution, Closer2Home (crisis), Home Treatment team, i2i (crisis).*	✓	✓	✓	✓
Mental Health – tier 4 inpatient and secure beds	✓	✓	✓	~
Section 117 aftercare	✓	✓	✓	✓
Acute Hospitals - *e.g. Emergency Departments, physical hospital tests, investigations and interventions. Not all hospitals have on-site RMNs, e.g. HHFT does not.*	✓	✓	✓	✓
DDP principles and approaches	✓	Hockley House only	✓	~
DSR register and Intensive Support Practitioners	✓	✓	✓	✓
CSR register - *Being developed in all places, to include access to Intensive Support Practitioners.*	~	X	X	X
In-house residential provision - *Hockley House (3 beds) live, Westwood House (4 beds) go live date TBC.*	X	✓	~	X
Children's Continuing Care	✓	✓	✓	✓
Therapeutic residential or domiciliary placements	✓	✓	✓	✓
Individual Funding Requests	✓	✓	✓	✓
Complex Lives *Non-standardised approach to criteria and funding models across our four places.*	~	~	~	~

Variation across South East

Work to date shows **significant variation** in **health contribution** and **funding mechanisms**.

Perception there is a **commissioning gap in health support for poor emotional and mental wellbeing**. This is reflected from LA colleagues across the country, health colleagues, and from young people with experience of the care and health system.

Where health funding occurs outside CCC/S117 for complex lives, most tools are **based on CCC domains**.

Children with Complex Lives – Funding Mechanisms					
Place	**CCC framework**	**IFR**	**Complex lives**	**Complex Lives tools used**	**Notes**
Portsmouth	✓	✓	✓	Oxford score	
Hampshire	✓	✓	~	Holistic needs assessment	
Southampton	✓	✓	~	Holistic needs assessment	
IOW	✓	✓	~	Holistic needs assessment	
Surrey Heartlands	✓	✓	✓	Health need, or 50/50 or 33/33/33 if unclear.	
Sussex	✓	✓	✓	RAS tool or holistic needs assessment	
Kent and Medway	✓	✓	✓	LDA criteria	
Frimley	✓	✓	✓	Holistic needs assessment	
BOB	✓	✓	~	Oxford score and modified CCHATs.	Tools widen local approval through CCC.

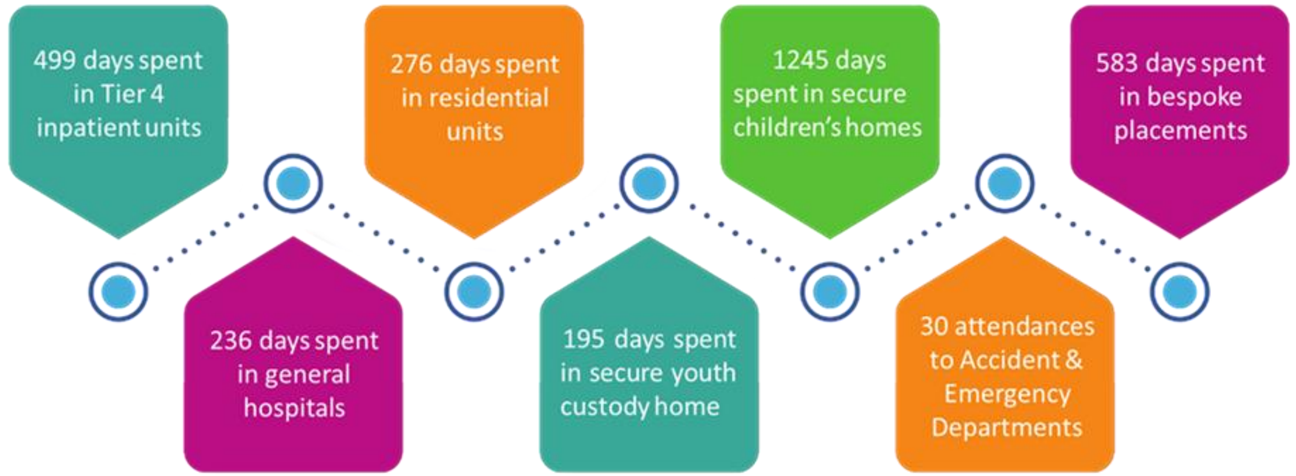
Children with complex lives are not thriving

We cannot continue to do things as we have historically because:

- **Universal services cannot effectively meet the needs of children with complex lives**.
- Our placement commissioning teams are struggling to find **suitable and available placements,** leading to placement breakdowns, further exacerbating a pattern of rejection.
- **Children are experiencing distress and disruption** in emergency departments and acute hospital paediatric wards.
- Children are admitted to **Tier 4 inpatient units**. In 2024/25 children spent 5501 days in tier 4 mental health hospitals in Hampshire and Isle of Wight. This cost over £8.2 million.
- **Personal and professional holding of anxiety** felt by staff across all systems, with staff from all systems feeling that the system is not doing what it should for children.
- **High cost to the system without generating excellent outcomes** – estimated annual cost of over £900k for senior staff attending escalation meetings for the 10 “most at risk” children.
- **Morale injury** leading to recruitment and retention challenges for staff due to lack of quality service options.

In 12 months…

Total cost = £11,932,927



And this excludes the considerable workforce deployed across health, care and partner agencies to look after these children

Snapshot for 10 most at-risk children in Hampshire

SE Regional Care Cooperative

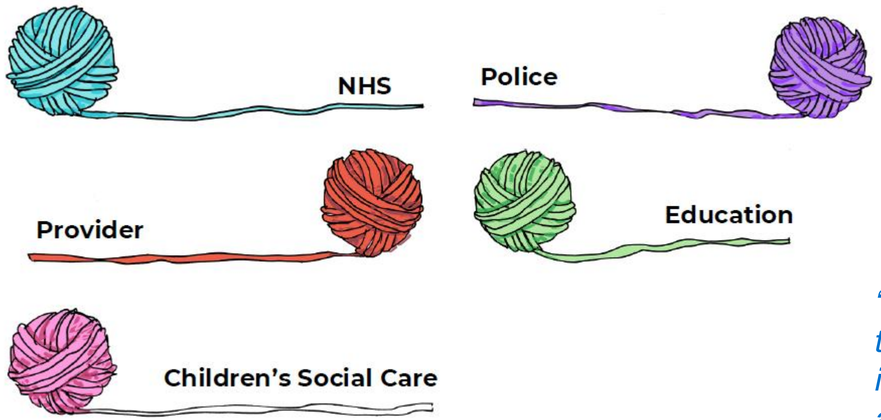
WORKING TOGETHER

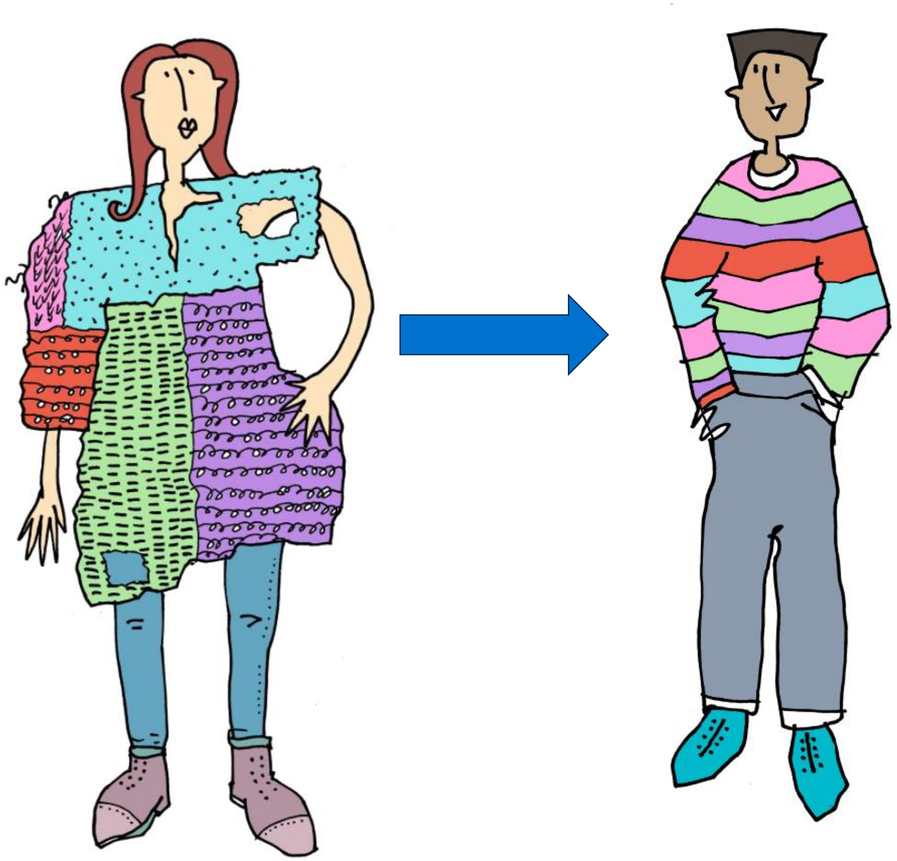
An individual approach is needed

Currently we all build different parts of a child's jumper to meet their needs, working separately to create resources and services for young people and their families.

Sometimes the jumpers don't fit…they might have a knitting partner missing…or the shape and size are not quite right.

We need to knit a jumper together, designed to fit the child's needs.



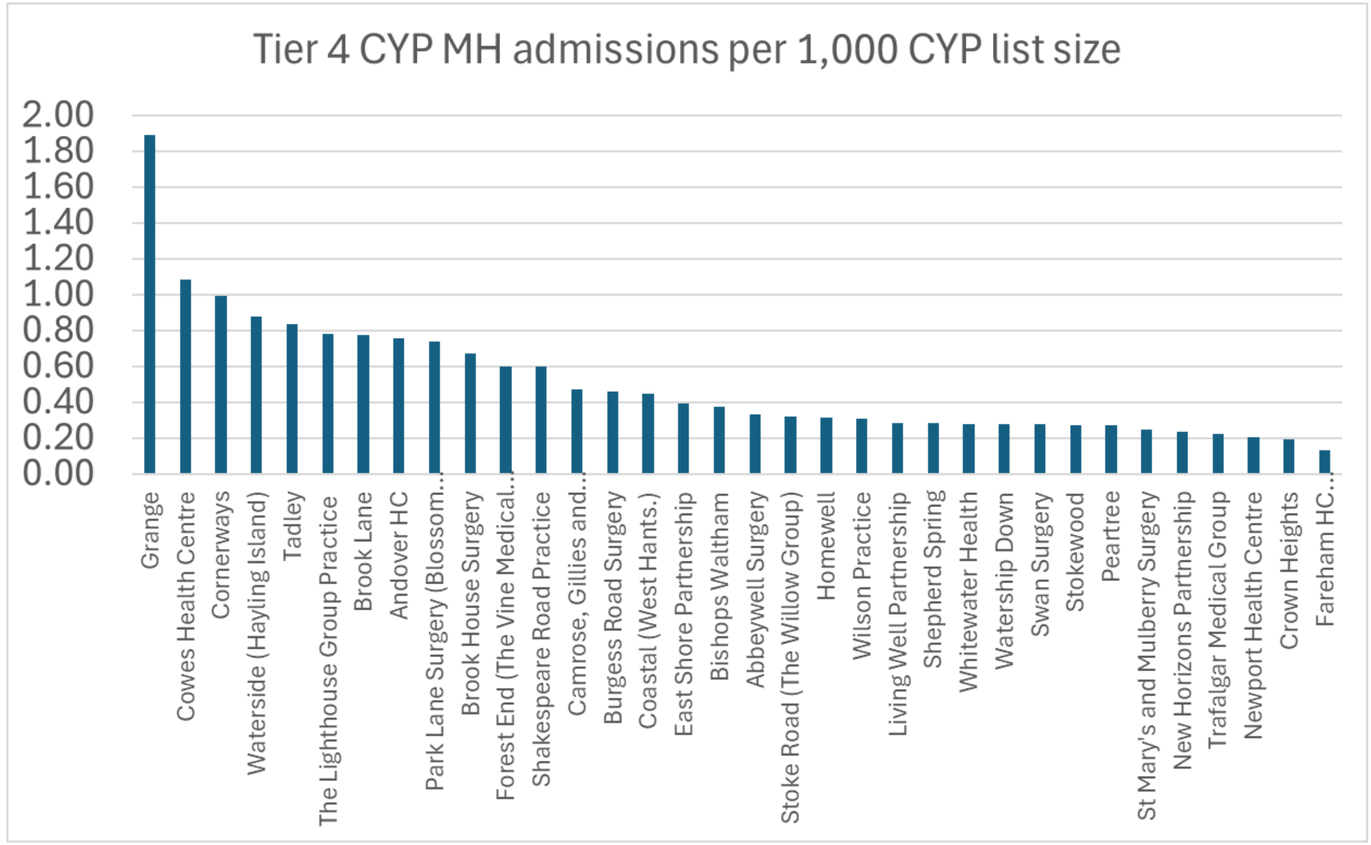


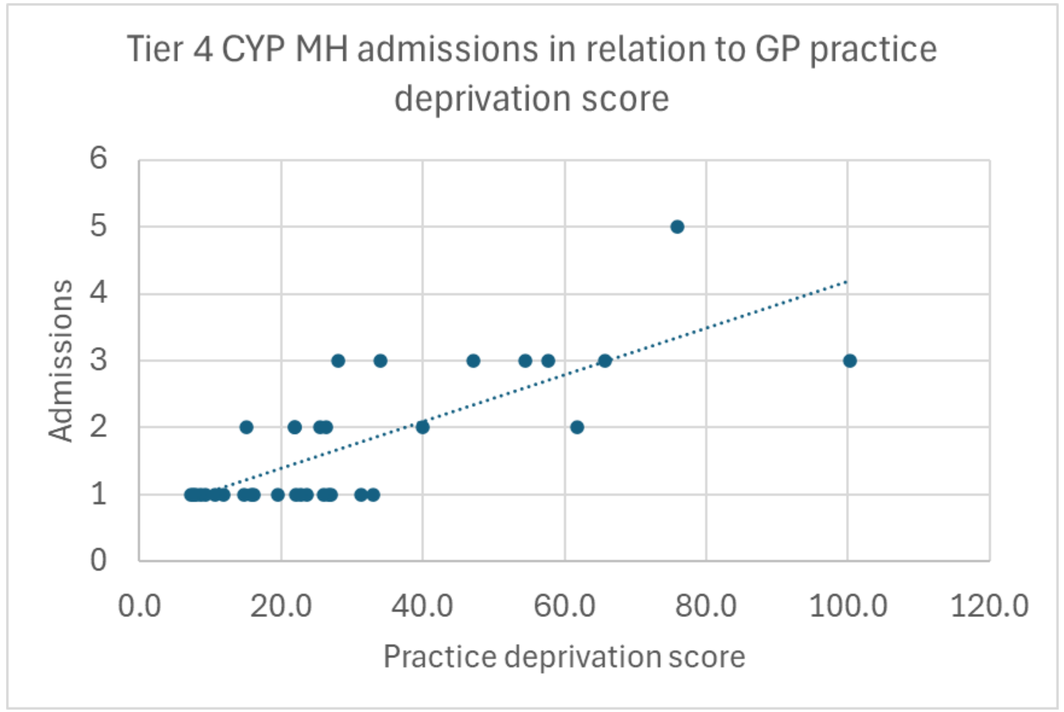
*"We need to treat the person as an **individual**. If they have autism (even suspected) and anorexia, it isn't anorexia if you want to eat with a teaspoon and not a big spoon, that's your autism."*

*"**Staff training** is key, and prioritising **long-term solutions** even if it's more effort".*

Mental health tier 4 admissions – GP practice data

- Some practices have higher CYP MH admission rates when factoring in CYP list size. However, as admission numbers are low, a single admission can appear high for a small practice.
- Clear trend that more **tier 4 MH admissions** occur when **GP practice deprivation score** is higher.





Pseudonymised data

- **63 NHS numbers submitted** to BI team, pseudonymised for processing.
- Young people predominantly from Hampshire, with some Portsmouth children funded through a complex lives route.

- Analysed **healthcare usage** prior to and post intervention:
    - ED attendances (admitted/discharged)
    - Outpatient attendances
    - Inpatient admissions – elective and non-elective
    - Mental health appointments
    - Ambulance conveyances
    - *Excluded: GP appointments, MH tier 4 inpatient admissions.*

- Data processed to show number of **health activities**, and **healthcare cost**, pre- and post-intervention commencing.
- **Health inequalities** factored in using the Index of Multiple Deprivation (IMD) score. However small numbers meant that analysis was not felt to be meaningful.

Pseudonymised data – emergency activity decreases

Emergency activity decreased by 146 contacts in total, saving £165,572 in non-elective spend.

- ED attendances decreased
- Non-elective admissions decreased
- SCAS ambulance conveyances decreased.

Elective activity increased by 806 contacts in total, increasing cost by £335,641 in elective spend.

- Outpatient appointments increased significantly post-intervention
- Elective admissions increased
- MH appointments increased in the first 6-months, but then decreased 7-12 months post-intervention.

The increase in elective activity, particularly in the Child and Adolescent Psychiatry Service outpatient appointments, CAMHS Mental Health appointments, and elective admissions into the Learning Disability service, is felt to be a positive indication that health needs had been identified, and the child is being better supported to engage with healthcare services to get the support they need.

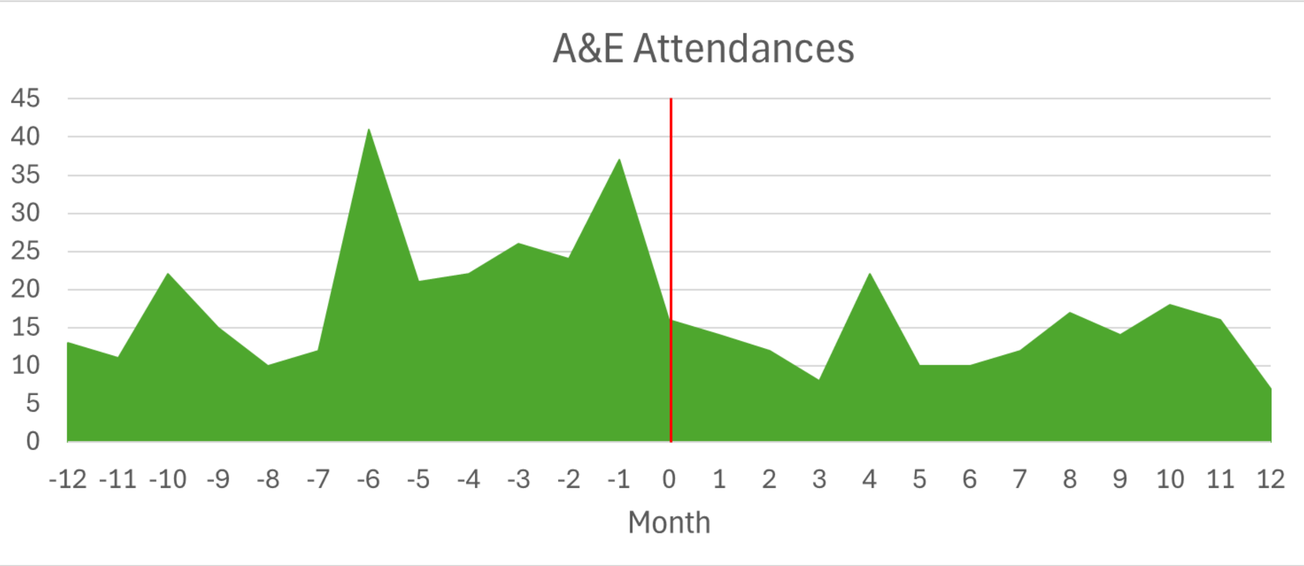
This data indicates that even when a placement is solo funded by local authority, the child's healthcare usage changes and mental health and LD planned activity increases, suggesting that the child had unmet health needs prior to commencing the placement.

Pseudonymised data – A&E

ED attendances decreased post-intervention by 92.

Of the 400 attendances with a coded outcome.

- 244 were discharged (61%) and 156 admitted (39%).
- Similar amount admitted pre/post
    - 38% admitted pre-intervention
    - 40% admitted post.



Children with Complex Lives Health usage pre- and post- intervention			
	Pre intervention	**Post intervention**	**Difference**
ED attendances	254 £66,294	162 £42,402	**-92** **-£23,892**

Potential learning from each area

Kent and Medway

- Short **health referral form** for joint funding reviewed by ICB, and ICB recommend appropriate funding route for the LA to apply through and send referral form. This reduces LA time navigating the **right health door**.
- If a child does not meet CCC threshold, discussed for alternative funding later that week (Kent) or discussed in the same meeting (Medway). Therefore, LAs **do not spend time resubmitting information** to different health panels.
- Continue to fund **well met need** under LDA pathway (not CCC) for behaviours that challenge where still underlying risk.

BOB

- Wider local interpretation of CCC national framework utilising **Oxford tool**.
- Locally **modified CCHATs tool** includes LD and mental health.

Frimley

- Weekly Clinical Resource Group **discusses cases outside of CCC** and supports determination of health need, and funding of services above universal level such as private intensive psychology support.
- Only contribute to **specific health need**, which enables better tracking and evidencing health intervention and outcome.

Surrey

- Higher threshold for reducing funding for **well met need** in CCC – if care package not reducing, will not reduce health funding.

Sussex

- Use of the **RAS tool** to support defining the health contribution.

Lancashire

- Use of the **RAS tool** to support defining the health contribution.
- Exploring funding for **moderate-high score** in psychological wellbeing and challenging behaviour domains where CCC threshold not met.

Derbyshire

- Have **criteria** for children outside of CCC with defined funding splits. Have **excellent outcome data** post-implementation of this system with reductions in ED and tier 4 admissions.

Hampshire and Isle of Wight

- Less time spent discussing and finalising system spend contribution with **MOU**, or tool e.g. **Oxford tool.**
- Portsmouth offer 6-week's contribution to enable settling (4-weeks) and **detailed assessment of health need** (2-weeks).

Derbyshire example

- 2 local authorities.
- Working on aligned S75 agreement across both (live in Derbyshire County). If child meets criteria for 2/3 agencies, all 3 will fund 33%.
- Criteria uses CCC domains after ICB clinical review but recognises gap for complex lives cohort.
- Funding 65 children through complex lives, in 33% tri-party split.
- Outcomes:
    - Reduced tier 4 admissions - only 11 Derbyshire CYP admitted to tier 4 in 2023/24.
    - Reduced children on S117 (~5 at present)
    - Reduced ED attendances for CYP MH from 80 to 23 per year.
    - Reduced number of medically fit children in hospital waiting for social care placements.

1.0 Section 75 Prerequisite criteria		
All 4 required	Is the CYP under the age of 18 years and 364 days?	
	Is the CYP a Derbyshire 'Looked After Child'?	
	Is the CYP the subject of ongoing multi-agency planning?	
	Has ongoing multi-agency planning identified that the CYP's needs cannot be met through existing commissioned services?	
2.0 : Section 75 Health, Social Care & Education criteria (at least 2 of 3 required)		
Health - 1 of 4 required	**We have evidence of an assessed health need which identifies the following:**	
	A life threatening or severe physical health need	
	High level of long-term mental health need	
	Challenging behaviours which present as severe	
	CYP at risk of admission to tier 4 mental health facility	
		Does not meet Health criteria
Social care - Both required	CYP is at risk of entering, or is already in, the care system of Derbyshire County Council.	
	A determination has been made that a suitable in-house placement is unavailable or unviable, even with additionally funded support in place.	
		Does not meet Social Care criteria
Education - All 3 required	CYP has an Education Health and Care Plan (EHCP).	
	Is it proving impossible to meet the needs cost effectively in a state-funded school or other local provision?	
	Placement is being considered at an independent or non-maintained special school or specialist college.	