

Buckinghamshire Transformation  
Plan for Children and Young  
People's Mental Health and  
Emotional Wellbeing  
2015- 2019

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# 1. EXECUTIVE SUMMARY

## 2018-2019 Transformation Plan Refresh

The 2018-2019 Refresh Local Transformation Plan (LTP) builds on the new CAMHS model set out in the original 2015 plan and is developed in accordance with feedback from service users, stakeholders and the changing needs of the local population within Buckinghamshire.

The experience of young people, parents and carers has been central in developing the LTP for 2018-2019. CAMHS have a young people's participation group, Article 12, that includes a full-time participation worker to support this work with children, young people, parents and carers. In addition, the Eating Disorders team have a Young People's Forum whereby a small group of young people are involved in improving information and communication within the eating disorder pathway. Young people have been involved in reviewing letters and information booklets distributed at the initial assessment stages. A Parent Advisory Group (PAG) has been set up to represent the voice of parents and carers. The group meets quarterly and gives input in to the CAMHS annual review.

Key Messages from Young People and Families have highlighted the following;

"We would like a person in school to raise awareness, offer support for young people and training for teaching staff on understanding mental health and how to support students with mental health needs.

"More support and information for 16-18 years old's who will be moving to adult services is really important for their transition so they know what to expect. If there's an official process on how it should be done, then make sure it is followed".

"We need more resources like apps, websites, films, self-help online and a self-help podcast designed with young people and staff together.

"Review the service young people/parents/guardians/professionals are receiving over the phone.

Feedback from the PAG has highlighted that parents would like CAMHS to offer more mental health training and for there to be more information on our CAMHS website including “what to expect at CAMHS”.

Extensive consultation has also been carried out with stakeholders in the county and annual stakeholder events have been held. These have included;

- GPs
- Schools including primary, secondary and Pupil Referral Units
- Public Health
- CCG and Council commissioners for
  - Children’s health
  - Children’s disability services
  - Adult mental health
  - Adult learning disabilities
- Social Care
- Early Help
- Buckinghamshire Safeguarding Board
- Youth Service
- Third Sector organisations
- National Youth Advocacy Service

The Annual Stakeholder event held in July 2018 focused on three key themes; Accessibility, Communication and Collaboration and stakeholders were invited to share their views on how CAMHS could continue to develop its service based on each of these themes.

### **Accessibility**

Generally, feedback was positive about greater accessibility to CAMHS compared to the old model. The Single Point of Access number was welcomed by all as significant change in knowing that there was one number to phone for the county and that this number was available from 8am-6pm. The move away from GP-only referrals to referrals by all professionals and self-referrals by parents of young people aged 14 years was welcomed. Suggestions for improvement for the year ahead included making CAMHS more accessible to where the young people are such as using social media, whatsapp groups. A suggestion was made that CAMHS could be available 24/7 on a dedicated phonenumber and as part of the NHS 101 number. More training on understanding mental health issues in schools was identified as part of the curriculum to young people but also as a training need to schools staff. Finally, feedback on making our website more service-user friendly

was identified and how young people could find out information about mental health issues.

### **Communication**

At the annual review, the level of communication between CAMHS and partner agencies was recognised as greatly improved compared to the old model. Stakeholders gave specific feedback as to how CAMHS could improve with their links with schools including knowing when a young person has been discharged from CAMHS. Better communication about the Single Point of Access was identified as a need to share with stakeholders, improving google searches and clearly identifying this on the Oxford Health website.

### **Collaboration**

Stakeholders felt that there was good collaboration between CAMHS and partner agencies. Schools in particular valued the link worker role and the ability to access CAMHS training in various mental health topics. Early intervention was identified as an area that needed more CAMHS input and in particular, work with front-line social workers and health seen as an area that could benefit from closer collaboration. The stakeholder view was that if there could be closer collaboration with CAMHS that early help/intervention to a family could be more effective and reduce the need for more costly interventions.

### ***The Needs of Young People in Bucks***

In Buckinghamshire the estimated midyear population is 533,000 which is projected to increase to 551,000 by 2020. From this population, 90,824 children and young people are aged 5-17 years **with a significant proportion under the age of 13** (23%) compared to 21.3% in England. The proportion of people from an ethnic minority group in Buckinghamshire is 12.8% which is lower than the rest of England (13.6%). Applying national prevalence estimates of 1 in 10 young people presenting with a diagnosable mental health condition, there would be **approximately 9,082 young people who need mental health services in the county**. The Joint Strategic Needs Assessment (JSNA) and surveys carried out on the mental health needs of young people, e.g. WAY survey of 15 year olds and school nursing health assessments, have found that children and young people in Buckinghamshire generally have better mental health compared to the rest of England with lower rates of emotional disorders, conduct disorders and hyperkinetic disorders. Admissions to hospital for mental health conditions/substance misuse or self-harm were also found to be significantly lower than the rest of England. Overall child mental health compares well to national figures, analysis of the data shows evidence of a social gradient and that some young people are at greater risk of mental ill health.

## ***Vulnerable Groups of Children & Young People in Bucks***

Despite mental health for young people in Buckinghamshire being generally better than the rest of England, there are vulnerable groups of young people within the county that require targeted services.

In the past year, we have seen a significant increase in the number of children entering the care system from 458 to 512 with a predicted growth rate of 8%. The mental health of Looked After children in the UK is significantly poorer than that of their peers with almost half of children and young people in care meeting the criteria for a psychiatric disorder. In Buckinghamshire, Looked After Children have significantly higher scores (43.1%) that caused concern on the Strengths and Difficulties Questionnaire compared to statistical Local Authority neighbours with the exception of Cambridgeshire (44.6%) and is higher than England (38.1%). Although it is noted that 3 out of 10 looked after children did not have a SDQ assessment so it is possible that this figure is higher than current estimates.

School exclusions and persistent absentees is a problem in the county and needs to be explored further. The proportion of fixed term exclusions for primary school pupils is much higher (11.4%) than the England value of 1.2%, but statistically lower for secondary school pupils compared to the England value. Persistent absentees is much worse (14.0%) than the national average (13.5%). The mental health needs of NEET (not in education, employment or training) remains unknown and needs to be better understood.

### ***Key Priorities for 2018-2019***

- Work in Partnership with Social Care and Health in ensuring the mental health needs of Looked After children are being identified and responded to in a timely way by sharing data on the Strengths and Difficulties Questionnaire and ensuring that **every child in care** has this mental health screening assessment.
- Children and young People in crisis have access to timely support to prevent/minimise escalation to more complex needs
- To ensure that there is a whole system approach to children and young people with mental health needs that exhibit challenging behaviour
- To understand the mental health needs of NEET by working more closely with partner agencies
- To develop a pre-birth strategy so that vulnerable infants are identified at a much earlier stage and parents are given the right help at the right time thereby reducing the number of children being removed from a parent's care.
- To develop resources and skills in universal services to enable improved early support and advice for children and young people with mental health concerns.

- To increase access to NHS commissioned service

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## 1. Introduction

The mental health needs of the children and young people in Buckinghamshire are met through a number of services and organisations some formally commissioned as mental health services such as the Child and Adolescent Mental Health Service (CAMHS) and some through statutory and non-statutory agencies such as youth services, schools and voluntary sector organisations.

The Child and Adolescent Mental Health Service in Buckinghamshire was recommissioned in 2014/15 with a new service model which started on 1st October 2015. The service is provided by Oxford Health Foundation Trust in partnership with Barnados and is jointly commissioned by NHS Buckinghamshire Clinical Commissioning Group (CCG) and Buckinghamshire County Council (BCC) under a pooled budget section 75 arrangement. The service model represents a significant transformation from the provision prior to 2015, and was based on assessment of the local needs, stakeholder feedback including Children and Young People (CYP), parent and carers and existing CAMHS staff. It embraces a whole system approach, promoting early intervention and prevention with the aim of reducing escalation of need and improving outcomes for children and young people.

The model, based on The Balanced System Model<sup>1</sup>, was developed by the provider to utilise the Thrive model<sup>2</sup>, the outcome reflects many of the themes identified through Future in Mind<sup>3</sup> with ongoing engagement with young people and stakeholders in developing the service. The service is now in year three of a five year contract. Monthly project meetings are held to track continued transformation in addition to monthly performance monitoring meetings.

Investment through Future in Mind has enabled a faster pace of change for the service and enabled increased access to a service across the children and young people population in line with the expectations of the Five Year Forward View for Mental Health.<sup>4</sup>

The 18/19 transformation plan has been developed to demonstrate the journey taken since 2015 and to show the direction of travel for the next 2 years. As previous years have demonstrated the full benefits of transformation are not always realised immediately but developed over time, with plans updated each year and amended as a result of changing demands, evidence and feedback.

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<sup>1</sup> <https://www.bettercommunication.org.uk/the-balanced-system/>

<sup>2</sup> <https://www.annafreud.org/media/3214/thrive-elaborated-2nd-edition29042016.pdf>

<sup>3</sup> <https://www.gov.uk/government/publications/improving-mental-health-services-for-young-people>

<sup>4</sup> <https://www.england.nhs.uk/wp-content/uploads/2016/02/Mental-Health-Taskforce-FYFV-final.pdf>

## **2. Ambitions for Children and Young People's Mental Health and Emotional Wellbeing in Buckinghamshire**

### ***Positive mental health for young people***

This is the vision that has been agreed following consultation across CYP, parents and stakeholder on the vision for Buckinghamshire CAMHS.

This is underpinned by the following objectives:

- a) All those living and working in Buckinghamshire will know where to find mental health and emotional wellbeing help and advice that they can trust.
- b) All children and young people who need mental health services will receive the right help, in the right place when they need it.
- c) All services working with children and young people will promote wellbeing across both physical and mental health.
- d) All young people who are transitioning between services are supported throughout the process to ensure transfers are managed safely, timely and appropriately.
- e) All young people who use the service will be involved in decisions affecting the care they receive through collaborative setting of their own targets and planning their discharge from the service.
- f) Children, young people, parents, carers and other stakeholders will influence the development of the service through participation and feedback.

### 3. Promoting Resilience, Prevention And Early Intervention

#### Our priorities for 2018/2019

- *Develop resources and skills in universal services to enable improved early support and advice for CYP with mental health concerns*
- *Increase access to NHS commissioned service*

#### Our population

- *The population of 0-17 year olds registered with a GP in Buckinghamshire is 122,520 with 90,824 young people between 5 and 17 years.*
- *National prevalence data would suggest that Buckinghamshire has 9080 children and young people with a diagnosable mental health disorder.*
- *Overall child mental health in Buckinghamshire compares well to national figures, however analysis of the data shows evidence of a social gradient and that some young people are at greater risk of mental ill health.*
- *The birth rate for Buckinghamshire is approximately 6,000 per annum, between two maternity sites. Current prevalence rates would suggest that approximately 1600 infants are at risk of developing mental health difficulties.*

#### You said we need:

- *A single place to find mental health training and more mental health training for parents and carers, including foster and adoption parents, young people and stakeholder*
- *more information on the CAMHS websites about 'What to expect at CAMHS'*
- *a parent led support group*
- *more promotion of the work undertaken and ensuring that it is easily accessible to the population of Buckinghamshire*
- *More resources like apps, websites, films, self-help online and a self-help podcast designed with young people and staff together.*
- *To make CAMHS more accessible to where the young people are such as using social media, whatsapp groups*
- *More training on understanding mental health issues in schools was identified as part of the curriculum to young people but also as a training need to schools staff*

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<sup>5</sup> <https://www.oxfordhealth.nhs.uk/camhs/bucks/services/>

## **Buckinghamshire offers:**

### **Developing Resilience in Children & Young People**

Buckinghamshire Public Health have commissioned two evidence based resilience programmes for universal delivery in schools as a means of promoting mental health and building individual resilience. They are the UK Penn Resilience Programme and the Friends Resilience Programme. The programmes teach cognitive-behavioural and social problem-solving skills to build resilience, promote realistic thinking, and provide adaptive coping skills and social problem-solving in children. Penn Resilience Programme Training continues to be available to schools through the Buckinghamshire Public Health offer.

Since 2015 48 primary schools and 19 secondary schools have had staff trained to deliver evidence based resilience programmes the “Friends” programme and Penn resilience.

### **Training in Recognising Mental Health Problems**

#### *Psychological Perspectives in Primary Care (PPEP care)*

CAMHS deliver training in understanding and recognising various mental health problems across the county to professionals including foster-carers. We deliver Psychological Perspectives in Primary Care (PPEP care), an evidence-based programme designed by Reading University for the CYP-IAPT (Children and Young People’s Improving Access to Psychological Therapies). Topics include supporting young people with low mood, anxiety, self-harm, challenging behaviour, eating disorders and PTSD.

In addition, bespoke training is offered to schools in understanding and responding to children’s attachment needs in school. The CAHBS service (children and adolescents who engage in harmful behaviours) offers regular consultation and training to schools in managing sexualised behaviour in pupils.

Over 500 professionals have attended the training to date.

#### *Emotional Wellbeing in Schools Annual Conference*

The conference was held for the fifth year in November 2017 with the theme ‘Schools in Mind’. The conference was organized by Public Health in partnership with organisations such as BCC’s Educational Psychology Service, Young Carers Bucks, the third sector, Buckinghamshire Schools, Connexions and Time to Talk Bucks, the School Nursing Service and Child and Adolescent Mental Health Services (CAMHS).

94% of attendees who completed an evaluation form indicated they agreed or strongly agreed that they were satisfied the workshops had met the intended

outcomes, with 95% of respondents indicating at least one thing they would take away from workshops to implement in school.

Planning is underway for the sixth conference in November 2018.

The conference was highly attended by over 100 delegates from across mainly Buckinghamshire schools with others represented from the School Nursing Service, CAMHS, BCC colleagues and its partners as well as the third sector.

### **School Link Worker**

CAMHS have a named clinician attached to every primary and secondary school in the county. The school link worker meets with school staff once a term to discuss any concerns the school may have about particular children and will give appropriate advice regarding how that child's needs can be met at school or recommend a further assessment to be carried out by CAMHS. This initiative has helped with earlier identification of children who may be at risk of mental health difficulties by ensuring that the right help is delivered at the earliest opportunity.

### **Promotion of mental health resources**

The young people from Article 12 participation group have worked with Oxford Health to develop a one-stop place for resources, information and advice on mental health and emotional wellbeing. The website outlines mental health services in Buckinghamshire, provides information on services and conditions and promotes resources such as videos, apps, national guidance.

### **Perinatal Mental Health**

The Field Report (2010) and the 1001 Critical Days Manifesto have highlighted the importance of early intervention to prevent children from adverse circumstances growing up and becoming poor adults who have higher risk of mental health difficulties and increased risk of repeating the cycle of neglect/abuse towards their own children. These reports have found that the first five years of a child's life are crucial in determining that child's later life chances and to have positive mental health. In particular, the first two years of a baby's life are critical to affect change as the brain develops and neural connections are formed with a "window of opportunity" for parents to deliver sensitive care during this period. Parents who are known to be high risk because of mental health problems, personality disorder, history of childhood trauma, domestic abuse or substance misuse need to be offered services to ensure positive outcomes for their children.

## Estimated prevalence of Perinatal Mental Health Disorders in Buckinghamshire

<b>Perinatal MH disorders based on 6100 live births</b>	
Post-partum psychosis	15
Chronic serious mental illness	15
Severe Depression	190
Mild/moderate anxiety/depression	610 - 915
Post-Traumatic Stress Disorder	190
Adjustment Disorder/Distress	915 – 1,825

*Source: Public Health England Fingertips Data*

In Buckinghamshire we have developed a Perinatal Mental Health Network and Strategy to identify and offer early help to all parents who may have a mental health problem. The multiagency network includes midwifery, health visiting, social care, primary care, primary and specialist adult mental health services. The network have worked together to develop a multiagency pathway and work together on a day to day basis to ensure this group of parents are supported at the most appropriate level by the most appropriate service.

Buckinghamshire has a diverse population and the services are required to serve both a large rural and isolated population together with an urban and mixed ethnic minority population. In response to this need the network has developed a perinatal strategy to improve access to perinatal clinical input into shared maternity clinics to enable access to vulnerable and hidden women and signposting to the appropriate service for their needs.

### **Perinatal Mental Health Team**

The Buckinghamshire Perinatal Mental Health Team is a specialist team that support women who are experiencing moderate to severe mental health difficulties within the perinatal period. In addition, the team provides pre-conception counselling for women considering starting a family who have existing mental health concerns as well as training for other professionals working with this client group. They accept referrals through the Single point of access, where they triage and undertake specialist assessments on-going support, sign posting and treatment as appropriate.

The team currently consists of Psychiatrist (0.2 WTE), Team Manager (1.0 WTE), Specialist Social worker (1.0 WTE), Specialist Community Psychiatric Nurse (CPN)

(0.6 WTE), Administrator (0.6 WTE), Cognitive Behavioural (CBT) Therapist 0.2 WTE.

During 2017/18 338 women accessed perinatal mental health support from the adult services.

### Postnatal Depression Groups

Postnatal depression groups are run three times a year in the north and south of the county for women with mild-moderate mental health difficulties. CAMHS have developed a manualised group therapy programme that incorporates CBT for anxiety and depression as well as thinking about the infant's attachment needs. The groups are co-run by Adult IAPT CBT therapists and Health Visitors.

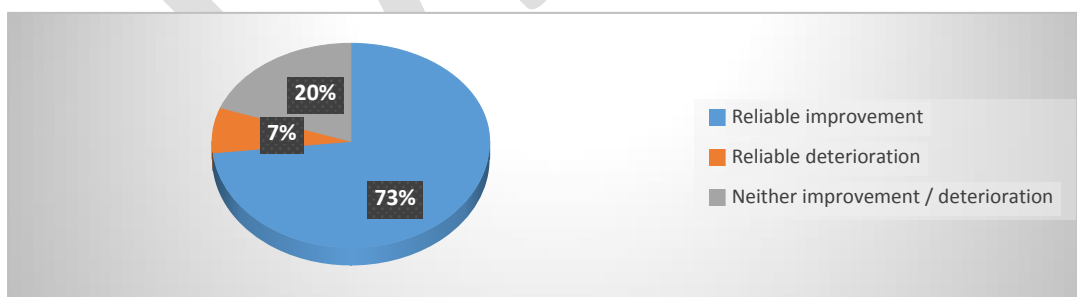
Since Jan 2015, 22 postnatal depression groups have been completed offering treatment to 156 women who have attended.

The following standardised measures are used to evaluate the groups:

- *The Patient Health Questionnaire (PHQ-9) is a self-administered 9 item scale measuring depression which incorporates DSM IV depression diagnostic criteria.*
- *The Generalised Anxiety Disorder Scale (GAD-7) is a self-reported 7 item questionnaire for screening and measuring severity of generalised anxiety disorder.*
- *The Edinburgh Postnatal Depression Scale (EPDS) is a 10 item questionnaire developed to identify women experiencing postnatal depression.*

The graphs below show that 73% of women who attended the groups showed improvement when comparing their pre-treatment and post-treatment scores.

### Analysis of PHQ9 and GAD7 data for all 20 groups



**For 2018/19 and onward we will...**

**Promote good mental health, self-help resources and self-referral.**

Through consultation with young people a card to promote the CAMHS website has been developed and is in the process of being agreed and printed. The card will

promote the CAMHS website and resources available through this. It will be available through schools, colleges, youth services and voluntary partners.

Continue to explore ways to promote mental health and the services available to support children and young people.

Continue to develop the website using feedback from parents, carers, young people and stakeholders to include further resources on “what to expect at CAMHS”, training utilising digital methods such as podcasts, webinars

### **Provide training sessions to parents and support parents in establishment of parent support group**

Dates have been agreed for the parent support group, to be supported by the CAMHS participation worker. It is anticipated that each of these sessions will have a training component. Additionally CAMHS have been in contact with local schools inviting schools to host training sessions for parents.

### **Delivery of training on mental health to young people through schools and colleges**

As requested by young people, CAMHS have some training sessions planned for delivery to young people through school settings. Some of the Article 12 group have expressed an interest in sharing their own mental health experiences to enhance this training.

### **Increase service offer to Buckinghamshire colleges through training and establishment of link workers.**

In recognition of the additional mental health needs that are reported in the colleges, it is proposed that link workers and a training programme are established, working with the college team to facilitate additional support in line with the greenpaper.

### **Transforming children and young people’s mental health provision: a green paper**

Buckinghamshire was delighted to be invited to submit an expression of interest to be a trailblazer for the green paper.

The paper focuses on earlier intervention and prevention, especially in and linked to schools and colleges.

The proposals include:

- *creating a new mental health workforce of community-based mental health support teams*



- *every school and college will be encouraged to appoint a designated lead for mental health*
- *a new 4-week waiting time for NHS children and young people's mental health services to be piloted in some areas*

The first roll out of Community Based Mental Health Support Teams will commence later in 2018. There is a commitment to have a fifth to a quarter of the country having these new teams by 2022/23.

We are awaiting the outcome of whether we have been successful in our bid to further develop the support to schools and colleges through mental health support teams.

### **Further develop the perinatal mental health service**

Following a successful bid process the service has secured funding from NHS England to expand the team to enable increased access for more women. The service is currently recruiting to the new posts. It is anticipated that the new service will increase access to 5% of women giving birth.

## **4. Improving Access to effective support – A system Without Tiers**

### **Our priorities for 2018/2019**

*Continue to embed whole system working to ensure services delivering to CYP work together to meet the mental health needs of this group of children and young people*

*Ensuring CYP in crisis have access to timely support to prevent/minimise escalation to more complex needs*

### **Our Population:**

- *The proportion of school pupils with social, emotional and mental health needs in Buckinghamshire in 2018 was 1.7%, which corresponds to 1,434 pupils. This is statistically lower than the England value.*
- *In 2016/17, 14.0% of secondary school enrolments were classed as persistent absentees (defined as missing 10% or more of possible sessions) which was worse than the national average (13.5%).*
- *The proportion of Buckinghamshire primary school pupils with fixed period exclusions in 2015/16 was higher than the England average value.*
- *The proportion of secondary school pupils with fixed period exclusions in 2015/16 statistically lower than the England value.*
- *Buckinghamshire hospital admissions as a result of self-harm was statistically better than the regional and England rate.*
- *The admission rate in Buckinghamshire is consistently higher in the most deprived areas than least deprived.*

### **You said we need:**

- *To be able to talk to the clinicians and to have conversations outside of appointments (parents)*
- *To know the outcome of referrals and to find out what is happening (schools)*
- *To be able to be seen for mental health concerns without having to see the GP first*
- *Shorter waiting times and a simpler pathway for assessments for autism*
- *“More support and information for 16-18 years old’s who will be moving to adult services is really important for their transition so they know what to expect. If there’s an official process on how it should be done, then make sure it is followed”.*
- *To improve transitions between services within mental health pathways and into adult services.*
- *Mental health services to be available 24/7 on a dedicated phonenumber and as part of the NHS 101 number*

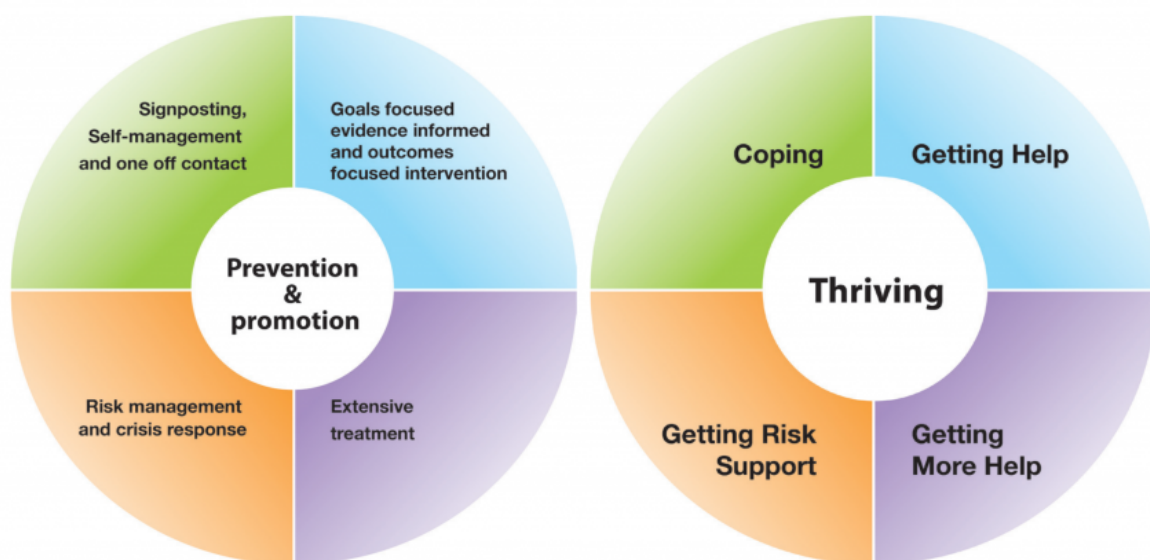
## Buckinghamshire offer

### The Buckinghamshire CAMHS Service Model

The model underpinning the specification has a core principle of providing appropriate early intervention through an accessible pathway that will allow children and young people's needs to be addressed as soon as possible at the lowest Tier of the system as is appropriate. The model builds on work in other therapeutic areas based on a Balanced System® framework which evidences the value of facilitating/supporting the provision of comprehensive and robust Tier 1 and Tier 2 services in order to ensure that:

- a) those whose needs can be appropriately met at Tiers 1 and 2 receive the appropriate support and
- b) those whose needs require support at Tier 3 and beyond are able to access this quickly and efficiently .<sup>6</sup>

This has been reflected in the delivery model which is based on the thrive approach, a model developed by The Tavistock and Portman NHS Foundation Trust (The Tavistock) and the Anna Freud Centre (AFC)

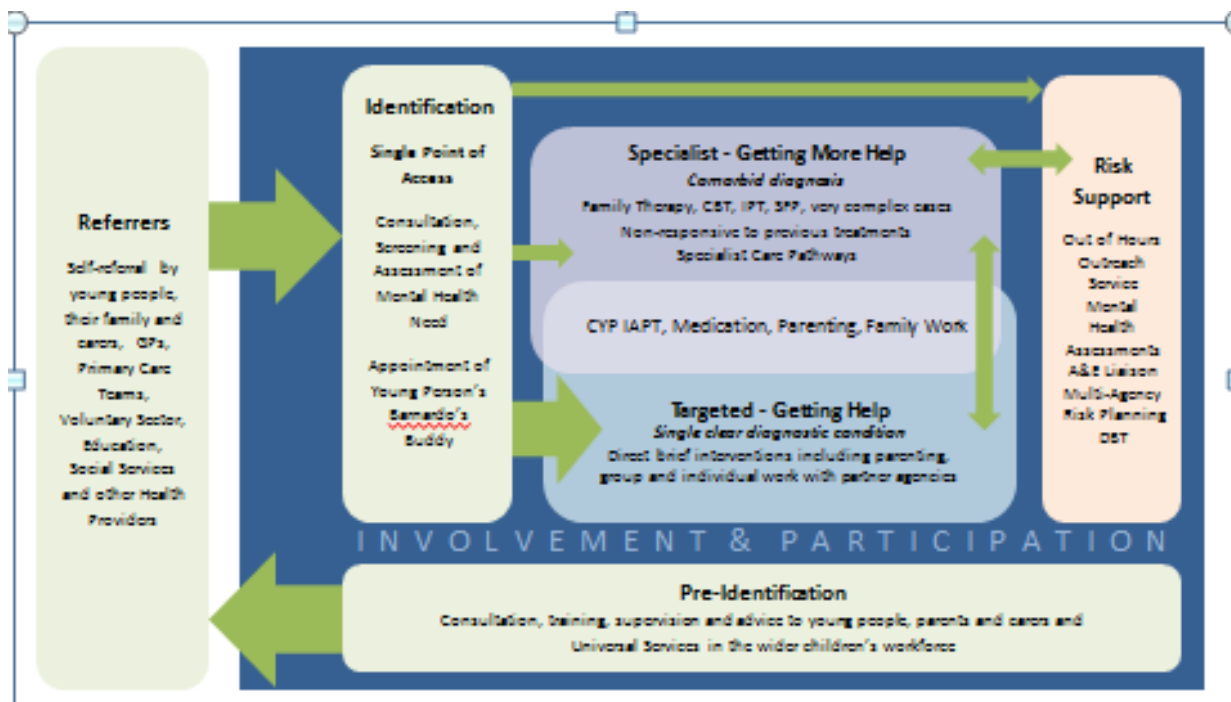


### CAMHS service model and Pathways

The CAMHS service model is based on a number of pathways that offer consistency and specialty

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<sup>6</sup> More information about the Balanced System® can be found at <http://www.bettercommunication.org.uk/the%20balanced%20system%20overview%20July%202013.pdf>



### Single Point of Access including self-referral

In order to promote access to a service for all children and young people with mental health needs, the single point of access (SPA) provides consultation, advice and signposting to ensure no young person with mental health needs is without support, guidance or advice.

The SPA is open Monday to Friday from 8am to 6pm with clinicians in the SPA to review referrals daily with a decision on further action to be taken. In line with the Crisis Care Concordat, the specification gives a waiting time requirement that all emergency referrals will be seen within 24 hours of receipt unless medically indicated that this would be inappropriate, with an initial response expected within 4 hours.

Young People of 14 years and over are able to self-refer but no one phoning the Single Point of Access will be turned away without advice.

E- referrals are now accepted through the CAMHS website.

### Referral data

	2014/15	2015/16	2016/17	2017/18
<i>Number of referrals received- All CAMH services</i>	3988	6091	5275	5943
<i>Number of self – referrals</i>				

<i>Number of referrals accepted-All CAMH services</i>	2396	4468	4153	4821
<i>Number of initial assessments</i>	2362	3226	3076	3617
<i>Number of follow up appointments</i>	27255	21608	29565	30167
<i>Average total caseload (as at 31<sup>st</sup> March end of FY)</i>	2481	3089	3261	3793
<i>Average Waiting times</i>	<i>57% of referrals seen within 4 weeks 76% tier 2 referrals seen within 8 weeks of referral 88% of tier 3 referrals seen within 8 weeks</i>	<i>48% of referrals seen within 4 weeks 69% tier 2 referrals seen within 8 weeks of referral 60% of tier 3 referrals seen within 8 weeks</i>	<i>50% of referrals seen within 4 weeks 42% tier 2 referrals seen within 8 weeks of referral 90% of tier 3 referrals seen within 8 weeks</i>	<i>52% of referrals seen within 4 weeks 54% tier 2 referrals seen within 8 weeks of referral 90% of tier 3 referrals seen within 8 weeks</i>
<i>Outcomes</i>		No data	4413 ROMS completed	7925 ROMS completed as at end March 2018

### **Current Waiting times 2018/19**

Waiting times for assessment for routine appointments is set as a key performance indicator of 90% within 4 weeks which was achieved at end of April 2018 and has largely been maintained year to date for 2018/19. Young People waiting for a diagnosis of autism are currently waiting longer for this assessment due to the increase in demand. However significant work has been completed over the last 2 years to reduce the waiting time and all young people will receive a mental health assessment and intervention for any other presenting mental health concern whilst waiting for the specific autism diagnostic assessment.

**Current Wait times for Assessment:**

Getting More Help- Average April-July, 95.5% seen within 4 weeks

Getting Help- Average April-July, 88% seen within 4 weeks.

Average total amount of assessments per month: 119

For anyone requiring intervention there is an expectation for intervention to start within 6 weeks of assessment, giving a total waiting time for referral to intervention of 10 weeks, however there is further work to do to ensure this is achieved and maintained.

**Current average waiting times for evidence based treatment from assessment:**

Getting More Help – 3.2 weeks, with 52 waiting at current time

Getting Help – 12.9 weeks, with 99 waiting at current time

**Longest wait times for evidence based treatment:**

Getting More Help - 29 weeks

Getting Help – 18 weeks

Assessments and interventions are offered at a range of venues, as requested by young people, where appropriate and safe to do so.

There is an expectation that all intervention offered will be evidenced based and in line with NICE (National Institute for Health and Care Excellence) guidance where available and where guidance is not available intervention should be in line with best evidence informed practice.

**Dedicated named contact points**

Each primary and secondary school has a named link worker and there is also a link consultant for GPs. These provide a contact point for consultation, requesting training and liaison.

In addition some children and young people and their families may have a Barnados “Buddy” to support them in their CAMHS journey.

**Getting Help: Early intervention for children, young people and families in Buckinghamshire CAMHS**

Barnardos staff deliver a three-strand delivery approach to children and families in their “buddy programmes” as follows;

**1. Targeted Buddies**

Buddies will provide time limited, targeted support for CYP who have been assessed by a CAMHS clinician as being suitable for this help. For these CYP and their Families/Carers, the Buddy will be the primary worker delivering brief targeted

support programmes up to six sessions and will have responsibility for all recording processes including amending the Risk Assessments, Care Plans and ROMS.

Buddies will deliver evidence based work on either CBT informed or DBT informed work for six sessions. The work is currently delivered on a weekly basis all cases should be low to moderate mental health issues. Risks should be low when referring for Buddy intervention.

## **2. Getting More Help Buddies**

Buddies will provide support for any CYP and their families/carers when requested. To do this they will enhance, revisit and aid understanding of clinical work taking place and offer reassurance to CYP and families/carers receiving more complex clinical therapy and interventions (specialist). This is achieved by providing planned support with 6 weekly reviews with the Care Coordinator. In addition, Buddies may be asked to provide step down support to CYP who are coming to the end of more complex interventions. This may also be provided by a suitable volunteer overseen by a team manager or buddy.

At all levels Buddies, will also offer support to maximise attendance at appointments by reminding CYP and their Families/Carers when appropriate. They may also be able to support them to attend if necessary.

## **3. Targeted Group Work**

Barnardos Buddies deliver the following group programmes in CAMHS.

- Mild to moderate depression and anxiety  
Generally used as a first line intervention unless there are specific reasons following other interventions
- Healthy Heads Lite (DBT informed) Group  
For young people aged 12-17, assessed by OH clinicians either in a targeted assessment or GMH assessment.  
Young people who are struggling to manage their emotions (i.e. anger, anxiety, low mood) and/or behaviours (i.e. self-harming behaviours).  
Young people who engage in self-harming behaviours.  
They do not need to have a diagnosable mental illness.
- PAC (Parent anxiety course) Parent only group  
Parent Anxiety Course Criteria run by Buddies who have completed the Enhanced Evidence Based Practice CYP-IAPT course at Reading University.
- ASD/Anxiety Programme run by Neuro Buddies  
This programme is designed to be run over a course of 6 sessions consisting of 2 hours' session for both parent and young people. Age range 11-14 with an ASD diagnosis with low to moderate anxiety.

- *Cygnets Post diagnostic group Parent only*

This programme is run over a course of 6 sessions consisting of 2 hours' session for the parent. Age range under 11 with an ASD diagnosis.

### **Drop In sessions**

Since 2016 CAMHS have been offering bookable 15minute appointments as “drop ins” for the SPA and neurodevelopmental pathway. For SPA this enables a short assessment of need to help identify the right service for the young person. For the neurodevelopmental pathway, where there is a high level of demand, this has enabled face to face consultation in relation to children and young people already known to CAMHS. These have been well received with feedback from parents such as *“so helpful when you don't need a full review or you want to talk to a professional without your child with you. They are easily accessible and staffed by qualified clinicians who know what they are talking about.”*

### **School Nursing and Mental Health in Schools: The Emotional Health Pathway**

Public Health commissions Bucks Healthcare NHS Trust to provide the school nursing service, which delivers the Healthy Child Programme (DoH, 2009) to school age children across the state schools in the county. The school nursing service uses the Health Awareness Prevention Intervention (HAPI) online health assessment tool based on the Lancaster Model which assesses the health and emotional needs of children in Reception, Year 6 and Year 9, who attend mainstream schools. A school health profile is generated from the information gathered from the parents and children, which informs the delivery of appropriate services based on the identified need. In 2017-2018, School Nursing and CAMHS developed an emotional health pathway which identifies children at risk of mental health problems for all age groups. HAPI generates an alert for children who may have some emotional health needs. School Nursing respond to the alert by undertaking further assessment with the school, parent/carer and child to determine if further support is required. This may result in consultation with CAMHS or Children's Social Care as appropriate.

### **Counselling Services**

#### **Time to Talk**

Time to Talk, delivered through Adviza, Buckinghamshire is a free confidential counselling service available to all young people in Buckinghamshire aged 11 to 25 years. Counselling is a talking therapy that allows a young person to talk about their problems and feelings in a confidential and safe environment.

15 out of 34 secondary schools have dedicated Time to Talk counsellors commissioned by Buckinghamshire County Council.



The service received a total of 534 referrals in 2017/18 from a range of sources with the majority from young people, parents and GPs and has an average caseload of 271 young people.

### **School Counsellors**

Some individual schools purchase their own pastoral or counselling services.

In addition voluntary services including Youth Concern, YES (Youth Enquiry Service), Buckinghamshire Mind offer youth counselling in locations across the county.

### **Peer Mentoring**

The Peer Mentoring Development programme is being offered by Buckinghamshire Mind to Buckinghamshire Schools funded in part by Mind, individual schools and Buckinghamshire Public Health.

Buckinghamshire and Wycombe Mind also provide LGBT youth club, befriending and counselling.

### **The Youth Service (BCC Service)**

The Youth Service is a referral based service and is part of the Early Help strategy in Buckinghamshire. The service works with young people at an early stage before issues escalate to a level where specialist support may be required and also supporting young people who have received a specialist intervention to provide a safety net to enable them to move forward once this work is completed.

Young people accessing the service all have additional needs which are sometimes complex and needing specialist support defined as Level 2 and 3 in the Buckinghamshire Safeguarding Children's Board Threshold Document.

Young people referred to Buckinghamshire Youth are provided with a package of support which can include:

- **One to One Support:** a safe space for young people to explore and work on a range of issues to improve their emotional well-being and increase their resilience to common life problems.
- **Group Work:** ongoing programmes for small groups that encourage young people to learn from each and develop the skills needed to successfully transition into adulthood. This type of support includes programmes that focus on building young people's resilience, independence and social responsibility and specific longer term interventions for young people who are NEET or at risk of NEET to develop their skills and attitudes to become ready for employment.

- **Mentor Support:** for young people who do not need more intensive One to One support but who would benefit from support to overcome issues or barriers and focus and direction to succeed. For example support for young people linked to confidence or work around motivation for those at risk of disengaging.

Of the 428 referrals received by the Youth Service in 2017/18, CAMHS were the fourth highest referrer and since April this year CAMHS have been the highest referrer.

Of all the referrals from CAMHS 50% are direct from the SPA (where a referral to CAMHS has not met criteria for an intervention from CAMHS). Approximately 40% have been a step forward to YS from CAMHS following a specialist intervention

Approximately 60% of all referrals to the Youth Service include young people who have some form of CAMHS involvement (ranging from ongoing intervention to overseeing care plan/ medication) and mental health is a factor in approximately 70% of all referrals into the Youth Service.

## **Special Educational Needs and Disability**

### **SENDIAN project**

There are a number of education led workstreams to support schools with inclusion, including working with Pupil Referral Units (PRUs) to facilitate behaviour network meetings and work with Youth Services. The SEND Pilot launched in November 2017 is one such project.

The project sees a different way of working to ensure schools and families are accessing earlier intervention and support to enable needs to be met in mainstream settings where appropriate, or progress quickly when an Education, Health and Care Plan is required. It was launched in Mid November 2017 across mainstream settings in Aylesbury.

The evaluation of the SENDIAN project is currently being completed with mixed findings. However schools have reported difficulty in access to CAMHS and paediatricians, which without this professional advice they do not feel they can provide the correct strategies to support children.

## **Reducing Admissions, attendances and out of area placements**

### **Self-Harm Pathway**

During 2014/15 the CCGs, accident and emergency, Buckinghamshire CAMHS and schools worked together to establish the Buckinghamshire Self harm pathway which span across the agencies. The project provided a toolkit and training across the agencies and enhanced multiagency working. This project has been further

developed to introduce a self-injurious behaviour toolkit and which was launched to the special schools in Buckinghamshire in 2016. Both of these information packs have been revised and updated and are planned to be relaunched in 2018/19.

This project won an award for the Positive Practice in training to I Health Awards in 2015 in the categories of Commissioning in Mental health and Innovation in Child, Adolescent and Young People's Mental Health.

### **Outreach Service for Children and Young people**

The CAMHS Outreach Service for Children and Adolescents (OSCA) team evolved from the recognition that some young people needed improved access to mental health services, where a more flexible approach to engaging the young person and family can be taken. Such families often require a more intensive package of treatment & care than can be routinely offered by other teams within CAMHS.

Team statement – *'Supporting the mental health and emotional well-being of complex, vulnerable and high-risk young people and their families'*.

The OSCA team currently has four functions:

- Crisis and Home Treatment: typically used as an adjunct to existing care packages. Crisis offers a service to young people between the ages of 0 to 18, seven days a week, 24 hours a day within the Buckinghamshire area
- Assertive Outreach: focus on maintaining engagement with services and psychosocial support & interventions
- Dialectical Behaviour Therapy (DBT): a specific treatment for young people who may be experiencing heightened suicidal urges and self-harming behaviours and/or exhibiting signs of an emerging emotionally unstable personality disorder (EUPD); borderline type
- In-reach to and supported discharge from inpatient units

The staff team is made up of clinicians from nursing, psychiatry, psychology, social work and occupational therapy. As part of this, we also have specialist roles within the team including a Nurse Consultant/Lead for Deliberate Self-Harm, In-patient Liaison Lead and Social Care Consultant. These roles support the team to build up strong working relationships with partner agencies and providers as well as supporting the wider teams in CAMHS in specialist areas.

3 members of the OSCA team are currently fully trained in DBT and provide this therapy and intervention to young people within Buckinghamshire. In September 2018, 2 additional members of staff will be trained and will provide full DBT.

In 2017, the OSCA team were successful in achieving the Quality Network for Community CAMHS (QNCC) accreditation.

In relation to hard to reach groups that the OSCA team sees; the team will see all young people who present to the local hospital in relation to an acute presentation and this is regardless of status, home address, or any other contributing factor.

### **Crisis service**

The Crisis service offers immediate support to young people out of hours 24/7 days a week. The team are trained in Dialectical Behaviour Therapy offering specialist skills in emotional regulation to reduce the risk of self-harm and suicide. There is 24/7 access to a consultant child and adolescent psychiatrist.

### **Psychiatric In Reach Liaison Service (PIRLS)**

The Psychiatric In reach Liaison Service (PIRLS) will assess young people over 16 years attending A&E at Stoke Mandeville Hospital and support their needs, referring to CAMHS as required.

### **Calm Suite (health based place of safety)**

During 2016 a calm suite was established at the Buckinghamshire adult inpatient site as an alternative health based place of safety. Difficulties in accessing Tier 4 inpatient and welfare secure beds for young people has meant that this has been used for longer than initially proposed for a number of young people. Social Care are developing an alternative provision that will be used as an assessment centre which is planned to be open by February 2019, it is proposed that the unit will have therapeutic mental health support integral to the unit.

### **Care Education and Treatment Reviews (CETR)**

For children and young people with a learning disability and/or autism who display behaviour that challenges, Care Education and Treatment Reviews (CETR) were implemented from April 2017. CETR have been developed as part of NHS England's commitment to transforming the services for people with learning disabilities and/ or autism who display behaviour that challenges, including those with a mental health condition.

The CETR ensures that individuals get the right care, in the right place that meets their needs, and they are involved in any decisions about their care. The CETR focuses on four areas: is the person safe; are they getting good care; do they have a plan in place for their future and can their care and treatment be provided in the community. The CCG is currently working on Guidance with stakeholders that will be shared when agreed.

## **Transitions between CAMHS & Adult Services**

### **Transitions Policy**

In CAMHS we are mindful of a young person's ongoing mental health needs post 18 years. We have developed a Transitions Policy to remove some of the artificial barriers that previously existed that led to delay or prevented that young person receiving a service when they turned 18 years. This policy ensures that all CAMHS clinicians liaise with Adult Mental Health team manager when the young person is 17 ½ years or earlier if a young person's mental health needs are very complex. If it is not clear whether a young person's needs would meet the threshold for adult services, a meeting is held with the CAMHS care co-ordinator, Adult Mental Health manager and relevant professionals.

A transitions assessment is carried out that includes the following;

- A full and current assessment of risks and associated management plan
- Access to the young person's CAMHS records
- Exploration of the individual service user's own views on their future needs and concerns, their hopes and strengths
- Carer's Assessment (where appropriate)
- A completed assessment of ongoing support needs to determine eligibility to hold a personal budget under Self Directed Support. (where appropriate)
- Consideration and agreement on any periods of joint working. It is recommended that there is a minimum of three appointments, with the first being at the CAMHS building to support engagement and reduce potential anxiety to the young person.

It is acknowledged that not all CAMHS service users will require transfer to secondary or tertiary Adult Mental Health Services. If a young person is in active treatment within CAMHS at the point of their 18<sup>th</sup> Birthday they may stay in the CAMHS service to complete the treatment if it is in their best interest. There is an expectation that transition to adult services can be fluid depending on the needs of the individual. It is possible that a service user may continue to have mental health care needs but do not necessarily require adult mental health community teams. In these cases, the Care Coordinator will consider what supports are available from primary care and other adult mental health services and other agencies.

### **All age mental health services**

Both the CCG and OHFT have established management structures to support age inclusive services CAMHS, through adult to older adult. Pathway that have already started development as all age pathways include eating disorders early intervention in psychosis. Development is underway for all age pathways for behaviour that challenges, personality disorders and neurodevelopmental disorders.

**For 2018/19 and onwards we will:**

**Review the positive behaviour support offer across Buckinghamshire**

CAMHS will lead a project working across children and young people and adult learning disability services to develop a consistent approach to behaviour management across all partners. This will support the wider county's aim to reduce school exclusions, out of county placements, involvement in criminal justice processes.

**Ensure a robust 24/7 response to young people in crisis**

People facing a crisis should have access to mental health care 7 days a week and 24 hours a day in the same way that they can get access to urgent physical health care. Getting the right care in the right place at the right time is vital. The Five Year Forward View for mental health proposes that by 2020/21 no acute hospital should be without all-age mental health liaison services in emergency departments and inpatient wards as these are the unit's children and young people go to in the evening, during the night or at weekends. Therefore, we have looked to expand the age range seen by our established PIRLS (Psychiatric In-reach Liaison Service).

**Develop work on Transitions to consider the mental health needs of care-leavers as they move out of care and into independent or supported living.**

**Develop network to support the mental health needs of those not in education, employment or training (NEET) and for those not attending a school through home education or absentees**

**Improve and extend the response to children and young people in mental crisis**

Particularly outside of core hours and to those who may have complex presentations, including young people who may have autism and mental health problems leading to severe behavioural difficulties.

**Improve the pathway for young people needing mental health services past their 18<sup>th</sup> birthday**

To review the clinical pathway for young people presenting with emotionally unstable personality disorders and develop an all age pathway to support young people through transition.

## 5. Care for the most vulnerable

### Our priorities for 2018/2019

*Continue to embed whole system working to ensure services delivering to CYP work together to meet the mental health needs of this group of children and young people*

### Our Population

- *The proportion of children with an SDQ over 17 indicating cause for concern is higher than the average for the South East and England and all our statistical neighbours except for Cambridgeshire (44.6%)*
  - *Research in 2013 identified that two children in the average primary class have experienced abuse<sup>7</sup>. The impact of this abuse on a child increases their risk of developing mental health problems.*
  - *At the end of March 2018, 639 children were subject to a Child Protection Plan, an increase from 564 at March 2017.*
  - *At the end of March 2018, 2560 children were identified as children in need (including those on CP plans and CLA). There were 1456 not including CP and CLA.*
  - *Although the net number of children in care has seen a relatively stable increase the number of children coming into care and leaving care has increased over the last 3 years. There was a peak in 2016 with 245 children entering care, an increase of 50% compared to the previous year in 2015 (160).*
  - *The UK estimate is that approximately one in 100 children has autism<sup>8</sup>. Applying this to the Buckinghamshire population would suggest that 1225 children in Buckinghamshire have autism.*
- Eating disorders*

### You said we need:

- *Shorter waiting times and higher priority for Children Looked After and those identified as in need*
- *More mental health support for those who have experienced sexual assault*
- *Better access to services to support young people who have been placed out of county*
- *Increased support and training to our foster and adoptive parents/carers*
- *Increased accessible mental health support to the residential units that are planned to reduce placing young people out of Buckinghamshire*

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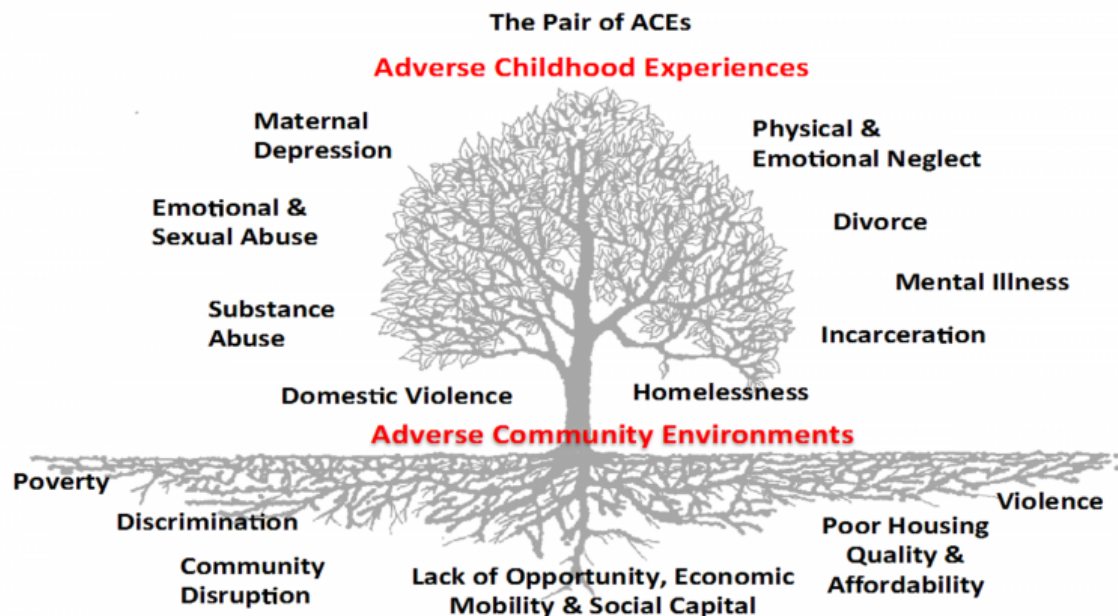
<sup>7</sup> Radford, L., Corral, S., Bradley, C., & Fisher, H. L. (2013). The prevalence and impact of child maltreatment and other types of victimization in the UK: findings from a population survey of caregivers, children and young people and young adults. , 37(10), 801-813.

<sup>8</sup> Office of National Statistics (2005), Mental health of children and young people in Great Britain, London: Palgrave Macmillan[1]

## Vulnerable Children and Young People

### Adverse Childhood Experiences (ACEs)

It is well recognised that certain factors make some children and young people more vulnerable to mental ill health. These are referenced in the ACES model below:



Ellis, W., Dietz, W. (2017) A New Framework for Addressing Adverse Childhood and Community Experiences: The Building Community Resilience (BCR) Model. *Academic Pediatrics*. 17 (2017) pp. S86-S93. DOI information: 10.1016/j.acap.2016.12.011

Adverse Childhood Experiences have been linked to:

- risky health behaviors
- chronic health conditions
- low life potential
- early death

As the number of ACEs increases, so does the risk for these outcomes.

*Future in Mind* highlighted that some children are more vulnerable to developing mental health problems than others as demonstrated in the ACES model above. In addition a child who experiences or witnesses domestic abuse or who has been exposed to maltreatment or neglect or time spent in foster care is at greater risk of developing mental health problems or conduct disorders that can result in life-long reliance on services.

The *Future in Mind* report has emphasised that clinicians need to be alert to the possibility of abuse and neglect during mental health assessments and that ALL young people over the age of 16 years should be asked about abuse and violence including sexual exploitation as part of routine assessments.

The Government 2018 Green Paper "*Mental Health: Failing a Generation*" has highlighted that not enough action is being taken with meeting the needs of particular



vulnerable groups of children including children looked after /care-leavers, young people known to the criminal justice system, children in alternate education provision and children not in education, employment or training (NEET).

Buckinghamshire CAMHS has responded to the needs of the most vulnerable groups in the following ways;

- 1) *Setting up a specialist “Attachment & Vulnerable Young People” Pathway within CAMHS*
- 2) *Specialist Services for at-risk groups*
- 3) *Embedding Mental Health practitioners in teams responsible for vulnerable children and young people*
- 4) *Improving Transitions between CAMHS & Adult Services*
- 5) *Awareness of Abuse/Neglect in all mental health assessments*

### **Buckinghamshire offer**

#### **Health inequalities**

BCCG and BCC jointly commission population based mental health services but acknowledge that there are groups of children and young people who experience a greater level of health inequalities and we are working to promote access for these groups.

The key groups, (but not limited to) are:

- Black and Minority Ethnic Groups
- Young LGBT people
- Young Carers
- Children who are Looked After (LAC) or on the Edge of Care
- Children who have been adopted
- Children with a learning disability and/or ASD
- Young people in the Youth Justice System
- Children who have suffered sexual abuse or sexual exploitation
- Children and young people who Self harm
- Children and young people who have suffered from neglect or trauma
- Children and young people with special education needs who have an Education, Health and Care Plan<sup>9</sup>

#### **Attendance at appointments**

Buckinghamshire CAMHS has a target to reduce non-attendance at appointments and has made some progress towards this since 2015.

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<sup>9</sup> An education, health and care (EHC) plan is for children and young people aged up to 25 who need more support than is available through special educational needs support. Children and Families Act (2014)

<i>Non-attendance rate (DNA)</i>	9.29%	7.86%	6.31%	7.79%
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Initiatives have included the introduction of the Barnados Buddy and increased use of alternative venues for appointments. Any young person who does not attend will receive follow up contact from the service with an assessment of risk. The referrer and GP of any young person discharged from the service will be notified of the action taken.

### **The Attachment & Vulnerable Young People Pathway**

The Attachment and Vulnerable Young People Pathway was established to consider the attachment needs of children and young people who are known to Social Care and to improve the security of the child's attachment relationship with their parent/carer. There are two specialist services within the pathway; the ReConnect service and the Looked After and Adopted Children's Service.

- ***ReConnect -Specialist CAMHS Service for High Risk Parents & Vulnerable Infants***

ReConnect was commissioned to work with parents who are known to Social Care and present as high risk to their children (e.g. domestic abuse, substance misuse, personality disorders, mental health problems, care-leavers or if they have had a previous child removed from their care). The service aims to reduce the risks of neglect/abuse and attachment difficulties between the parent and their child working with parents who are pregnant or who have a child under the age of 2 years.

Parents who experience mental health problems, personality disorder, domestic abuse, substance abuse or who have been in care are referred in to the service. Intensive therapeutic support is offered to parents to increase the security of the infant's attachment relationship with them and to reduce the risks of harm to the infant. The service offers intensive evidence-based treatments including Video Interaction Guidance, Individual and Group Mentalization-Based Treatments which aims to improve a parent's ability to regulate their emotions and to distinguish their child's needs from that of their own. Trauma work is also offered to parents where this may be a feature in their presentation. The service has gained national recognition for its work (Analeaf award for infant mental health services 2016; Big Lottery Transgenerational Service award 2017, Maternal Mental Health Alliance; Highly Commended for Equality and Diversity, Positive Practice in Mental Health Awards, 2017).

It is featured as an example of best practice in the Positive Practice in Mental Health Directory including being highly commended for its work in equality and diversity of service delivery.

- ***Looked After and Adopted Children's Service***

The Looked After and Adopted Children's Service is commissioned to meet the needs of LAC children and young people including care-leavers. The service offers a fast, responsive and flexible services which centre around the needs of the child rather than mental health diagnosis. Young people who are experiencing significant emotional and/or behavioural difficulties or who are struggling in their placement are seen by the team. Referrals are actioned within 5 working days and an extensive assessment is offered to the young person that includes screening for mental health difficulties, attention deficit hyperactivity disorder, autistic spectrum disorder as well as trauma. Assessments include liaising with the various professionals involved in that young person's care so that a holistic overview of that young person's difficulties is gathered. Interventions are offered that focus on improving the quality of life for that young person which can include direct work with the child, work on the carer-child relationship, an intervention within school or within the young person's residential home.

A Reflective Parenting group is offered to all foster-carers, adoptive parents and residential care staff so that the emotional needs of the young people in their care can be better understood and responded to in a way that meets those needs. The group utilises the Mentalization-Based Treatment model throughout its 12 week programme and includes psychoeducation on attachment theory and trauma. The group also raises awareness of a carer's own mental health needs and carers are signposted to adult services if needed. A follow-up booster session is offered to carers two months after the group has finished.

The team will travel out of county and complete mental health assessments of young people in care living in other local authorities. The team will make recommendations for getting that young person the right help in the county they are living in either by liaising with their local CAMHS team if they meet local CAMHS thresholds or advising commissioners on therapeutic treatments that need to be purchased through the private sector.

### **Embedding CAMHS practitioners in Social Care Teams**

Children and Young People who have been sexually assaulted or exploited are at increased risk of developing mental health problems including Post Traumatic Stress Disorder and are vulnerable to further exploitation. As a result of funding from the Health and Justice Board, CAMHS have embedded practitioners within Social Care teams such as the Swan Unit that deals with young people who have been sexually exploited and SARC (sexual assault referral centre). By placing CAMHS practitioners within these teams, young people's mental health needs are identified at an early stage and the appropriate help given to young people with these difficulties which can range from eating disorders, to anxiety/depressive disorders or treatment for post-traumatic stress disorder.

## **Early Help Panel Partnerships**

The CAMHS service is linked to partnership arrangements across agencies including working with the police and social care in the Multiagency Safeguarding Hub (MASH) and supporting the Early Help Panel process, chairing the panel, reviewing cases of those referred and accepting referrals or signposting as appropriate.

## **Mental Health Individual Funding Request Panel**

Buckinghamshire CGG has established a funding request panel to manage requests for young people placed out of county or in need of specialist support that cannot be delivered by Buckinghamshire commissioned services.

The panel considers requests on an individual case by case basis with the support of specialist CAMHS staff to help identify providers and to review outcomes and progress when requested.

## **Designated worker within the Youth Offending Service (YOS)**

CAMHS have an identified member of staff who works with the YOS to identify mental health support needs and to support young people who have entered the criminal justice system.

## **Children and Adolescents who engage in Harmful Behaviours (CAHBS)**

The CAHBS service offers guidance and consultation to professionals, families and young people where there is a concern about that young person's sexual behaviour.

## **Forensic CAMHS**

The forensic CAMHS team is a specialist service for young people under 18 about whom there are mental health concerns and who show high risk behaviours towards others. Young people may or may not be in contact with the youth justice system.

The service has strong links with many agencies working with young people both within the Thames Valley and beyond. It includes different professionals such as psychiatrists, psychologists and nurses and forms part of wider mental health services for children and young people (CAMHS).

The service has received 415 referrals in the past year.

## **Liaison & Diversion**

The Liaison & Diversion service works with young people under the age of 18 who are involved in offending behavior or whom have come into police contact. Liaison and Diversion services identify people who have mental health, learning disability, substance misuse or other vulnerabilities when they first come into contact with the criminal justice system as suspects, defendants or offenders.

The service supports people through the early stages of criminal system pathway, referring them for appropriate health or social care support and enabling them to be diverted away from the criminal justice system into a more appropriate setting, if required.

The team offers consultation to professionals as well as individual assessments of young people. Its aims are to improve overall health outcomes for people and to support people in the reduction of re-offending. It also aims to identify vulnerabilities in people earlier on which reduces the likelihood that people will reach a crisis-point and helps to ensure the right support can be put in place from the start.

### **Street Triage**

Street Triage refers to a service where clinical mental health professionals accompany or assist police at incidents where the mental ill health of an individual gives rise to concern. The Street Triage Clinician assists in ensuring the best option for the individuals in crisis. They will do this by offering professional advice on the spot, accessing health information systems, and helping to liaise with other care services to identify the right kind of support required.

The service provides timely interventions and works to avoid unnecessary detention either in a police station or hospital, which will equate to a better experience for these individuals. The Street Triage service supports TVP in managing any incident that may be related to mental health concerns and has no age restrictions. The hours of operation are 13.00hours to 24.15 hours.

### **Substance Misuse Service**

Buckinghamshire has recommissioned the substance misuse service with a new contract due to start in October 2018. A specialist mental health worker provides a link into the service from CAMHS ensuring communication between the agencies and diagnostic needs can be addressed.

### **Eating Disorders Service**

	<b>2014/15</b>	<b>2015/16</b>	<b>2016/17</b>	<b>2017/18</b>
<i>Number of referrals received</i>	11	42	77	109
<i>Average Waiting times urgent referrals (1 week target)</i>		<i>zero Urgent referrals</i>	<i>60% of Urgent referrals seen within 1 week</i>	<i>100% of Urgent referrals seen within 1 week</i>
<i>Average waiting times non urgent</i>		<i>67% of non-Urgent referrals seen</i>	<i>95% of non-Urgent referrals seen</i>	<i>84% of non-Urgent referrals seen</i>

The Access and Waiting Time Standard for Children and Young People with an Eating Disorder Commissioning Guidance (NHS England 2015) clearly sets out the transformation required locally and regionally to improve access, waiting times and the provision of evidence based treatments for young people with an eating disorder. The additional funding linked to these standards has enabled the development of the community Eating Disorder Service for children and adolescents. The service consists of two linked teams across Buckinghamshire and Oxfordshire and was officially launched in October 2016. The Buckinghamshire part of the service has been accepting referrals for all young people with a suspected eating disorder since January 2016.

The service provides assessment and treatment for children and young people with eating disorders and their families. The service aims to provide NICE-concordant treatment to children and adolescents referred with a suspected eating disorder within 24 hours to 4 weeks depending on the urgency of the referral, in line with national standards. The service accepts referrals from young people, parents and professionals. Most of treatment is delivered in outpatient community settings, however the service also provides in-reach and crisis based support through the Child and Adolescent Outreach Service when a higher intensity of care, or admission to a Paediatric or Psychiatric bed is required. Close collaboration with local inpatient units and the adult service is well established to ensure smooth transition of patient care when necessary or appropriate.

The multidisciplinary workforce has been structured according to the NHS England Commissioning Guidelines and local service need. The service has completed recruitment of the planned workforce including the introduction of Paediatric Consultant time (May 2017). Incorporating paediatric sessions has transformed our interface with paediatrics, enabling better and seamless care for those at high medical risk. This year we have re-designed our clinical and management leadership structures to develop a Buckinghamshire all-Age Directorate. Our Eating Disorders service is our first service to become an all-age service that results in seamless integrated care for young people who present with an eating disorder. Both CAMHS and Adult Mental Health clinicians work closely alongside one another so that care is uninterrupted for that young person as they transition into adulthood.

All staff are trained to deliver NICE-concordant treatments and regular individual and team supervision is in place to maintain the standards of care. Throughout 2017-2018 service staff attended and helped to deliver the National Child & Adolescent Eating Disorder Training, commissioned by Health Education England and provided to all 79 child and adolescent eating disorder teams across England. The service was awarded overall team exhibition winner at the finale Eating Disorder Conference in London in March 2018 for presenting its work.

The service is registered with the national quality improvement programme for Child & Adolescent Eating Disorder services under the Quality Network for Community

CAMHS. We completed our self-review in August 2017 and are due to undergo a peer review in 2019. The service has worked hard to improve compliance with Access and Waiting Times Standards with 84% of referrals seen within 4 weeks in 2017-2018.

The service has established an active participation forum which enables service users and carers to regularly work with key staff to support ongoing service development and review. The service leads a regional best practice forum and holds annual meetings with representatives from key stakeholder groups which continue to help refine service access and delivery. The service is committed to research and audit to evaluate the service and interventions and enhance our understanding of eating disorders, involving multiple ongoing projects. As an example, the service recently published an evaluation of a carers' workshop, delivered with the Adult Eating Disorders Service (Jenkins et al., 2017).

### **Attention Deficit and Hyperactivity Disorder & Autistic Spectrum Disorder**

Buckinghamshire CAMHS addresses the specific needs of children and young people who present with Attention Deficit and Hyperactivity Disorder (ADHD) and/or Autistic Spectrum Disorder through setting up a specialist Neurodevelopmental Pathway. Consultation, assessment and individual work is offered by the team including parenting support and skills training which is offered in a group setting post-diagnosis.

The demand for this service across paediatricians and CAMHS has led to longer waiting times for diagnostic assessment. In order to address this skill mixing has facilitated the appointment of additional staff to provide information gathering and support the clinicians in diagnosing autism and ADHD. A specialist worker has also been appointed provide support for young people who present with autistic traits to enable better management of the presenting needs and potentially reduce the need for a diagnostic assessment.

### **Children & Young People with an Intellectual Disability**

The CAMHS pathway for Children and young people with an Intellectual Disability is a multidisciplinary team of clinicians who can offer consultation, assessment, intervention and care co-ordination for children and young people who require a specialist Intellectual disability service, due to moderate or severe, complex and enduring difficulties.

In line with recent legislation and good practice guidance the Buckinghamshire CAMHS-ID Pathway will work with and alongside the other Pathways in CAMHS to ensure that children with Intellectual disabilities have equal access to the range of

specialist CAMHS Services available to children and young people who do not have Intellectual disabilities. It is expected that in most cases, the mental health needs of children and young people with a mild Intellectual disability (IQ within the range of 50-70 and associated adaptive functioning difficulties) can be met within the other specialist CAMHS Pathways. This may require consultation from the Buckinghamshire CAMHS-ID Pathway to support assessment, formulation and making reasonable adjustments to interventions as appropriate. When assessment indicates that other CAMHS pathways are not able to meet the current need or if there are not the skills or competence available, the Buckinghamshire CAMHS-ID Pathway will offer an assessment to children and young people who meet both the following criteria:

- Child has an identified emotional, mental health or behavioural difficulty that requires a CAMHS assessment
- Child has a diagnosed Intellectual disability, or significant impairment of intellectual and social adaptive functioning, which significantly impacts their mental health presentation.

In addition to the above criteria children and young people may also meet the following criteria, (in addition to a history of chronic difficulties and unsuccessful interventions).

- Complex physical health needs and medication
- More than one family member with an Intellectual disability
- Highly-risky behaviour (i.e. high frequency and impact)
- Urgent safeguarding issues
- Complex co-morbidity in addition to a diagnosis of Intellectual disability.
- For Children and Young People who are using respite or residential placements, the placement is in danger of breakdown and in need of specialised support.

Following a comprehensive assessment and formulation of the young person's needs the team can offer a range of therapeutic interventions. Examples of interventions offered include psychoeducation usually in the form of workshops for parents around ASD, anxiety, and behaviours that challenge, Positive Behaviour Support, consultation with the system around the child to support the implementation of Positive Behaviour Support and if appropriate individual work (such as cognitive-behavioural therapy adapted to meet a child's needs), and pharmacotherapy.

The service works alongside the learning disability nursing service and with the adult community learning disability team to ensure timely and supported transitions between the services.

The service has developed letters and guidance in an easy read format such as an appointment letter with pictures of staff location. –Can we add more of this sort of things that have been done please?



## **Early Intervention in Psychosis Service (EIP)**

An Early Intervention service for Psychosis has been set up based on NICE guidance for young people age 14 plus who are presenting with Psychosis. This team consists of CAMHS and Adult Mental Health Staff to ensure the continuity of care for young people who present with this chronic disorder that is likely to continue to impact upon the young person as they move into adulthood.

## **Awareness of abuse/neglect during all mental health assessments**

All staff within CAMHS receive mandatory training in recognising abuse and neglect during assessments of children and young people referred to the service. We have developed our assessment forms to include prompts for clinicians to consider the young person's history and particularly whether neglect/abuse is a feature.

All CAMHS staff teams receive regular supervision from our Trust Safeguarding Nurses to consider cases where maltreatment has occurred or where there may be suspected but undisclosed abuse/neglect. We have developed the role of Domestic Abuse champions within our teams to raise further awareness of young people who may have experienced or witnessed domestic abuse. We have developed greater links with third sector organisations that offer support to parents and to young people who have experienced domestic abuse (e.g. Freedom Project, Aylesbury Women's Aid Young People's service) and have contributed to the Domestic Abuse strategy and training programme that is offered to professionals within the county to raise awareness of children's mental health needs in families where domestic abuse has occurred.

## **Think Family Approach in Adult Services**

OHFT have a Safeguarding Standard Operating Procedure which includes a "Think Family" approach to all staff working with service-users where dependent children under 18 years are recorded in the patient notes. Staff working in adult mental health services are required to assess the impact of that parent's mental health on their child and to consider child protection risks at every stage. Children are identified if they are carers to their parent and support offered in the form of a young people's carers group. Staff within adult services must also record if a service-user or their partner is pregnant and the risks to the unborn child are also taken into consideration with referrals made to Social Care where there are concerns about risk.

## **Collaborative Commissioning**

CCG commissioners are working with NHS England Specialist commissioners to develop joint plans for collaborative commissioning of the pathway for those children and young people who may require in-patient care. This includes crisis response, admission avoidance and early discharge/ step down support. These plans are

advanced in Buckinghamshire in that we already have a crisis support and assertive outreach service in place including for those with a learning disability. In addition to those services the Eating Disorder Service for children and young people has an emphasis on treatment in the community and crisis support build into the model to avoid hospital admission where possible. For the Eating Disorder Service and the crisis/assertive outreach team transformation funding has enabled additional investment to improve capacity within services.

### **For 2018/19 and onwards we will:**

#### **Use text reminders for appointments**

Buckinghamshire CAMHS will be trialling automated text reminder for appointments to further reduce the “Did not attend” rate. This has been used for individuals but this will see text reminders as part of the care notes system and therefore wider use of this.

#### **Co-locate CAMHS and Social care**

During 2018/19 it is planned that partnerships with social care will be enhanced through colocation of CAMHS workers with the social care team. Discussions are also taking place with regards to how mental health services can support the new care homes being developed in county and how the services can support each other to ensure timely and appropriate access to services for children and young people who are in crisis.

#### **Further develop all age eating disorder services**

Further implementation of the revised clinical and management leadership structures underpinning the move to an all-age service. In 2019, the child & adolescent team is due to complete the next, peer-review, stage of QNCC accreditation. In line with Access and Waiting Time Standard, the service plans to improve early access to specialist treatment and further reduce waiting times. Most referrals (almost 60%) to the service are still received from GPs. Through further stakeholder liaison, training events and website development, the service aims to facilitate earlier access to treatment through other groups, namely school staff and parents. Within treatment, a key priority is to continue to work with the local Paediatric and Psychiatric wards to implement consistent and well-integrated care pathways which minimise time spent in hospital and improve outcomes.

#### **Develop system wide Positive Behaviour Support**

In response to increasing exclusions and out of area placements, Buckinghamshire needs to develop consistent Positive Behaviour Support across the county including supporting the increase of knowledge and skill in this area for parents/cares and the county’s special education provision and social care. Working in close liaison with

our adult services to support the transitions for young people with complex needs between services and in line with the Transforming Care Agenda ensuring that this vulnerable group of young people receive the appropriate support to remain with their families reducing the need for residential or hospital placements.

**Continue to develop the system wide pathway and support young people with autism and their families and carers.**

Co-production work has been ongoing to an autism toolbox with advice and guidance to support professionals, parents and carers of young people with autism. Through 2018/19 the service will be further working with the paediatricians to establish a single point of access for all neurodevelopmental referrals through the CAMHS SPA and a joint pathway so that referrals are seen by the most appropriate professional rather than using the current criteria of age.

**Co-locate CAMHS staff with social care teams** (Looked After and adoption teams and court team)

By placing CAMHS practitioners within these teams, young people's mental health needs are identified at an early stage and the appropriate help given to young people with these difficulties which can range from eating disorders, to anxiety/depressive disorders or treatment for post-traumatic stress disorder.

**Develop the in county provision for young people presenting in crisis**

Work with social care in developing the in county provision and assessment unit to ensure environment and resources to best support young people presenting in crisis who are not detainable within a mental health setting but are unable to stay with their parents/carers.

**Ensure mental health is integral to the Early Help review**

To work with BCC in the early help review to consider how MH can be integral to the early help strategy and pathways.

## 6. Accountability and Transparency

### Identification of Needs for Buckinghamshire Childrens Mental Health and Wellbeing Service and the Joint Strategic Needs Assessment (JSNA)

The last Joint Strategic Needs Assessment<sup>10</sup> (JSNA) for Buckinghamshire was completed in October 2016 and a new children and young people's mental health JSNA will be completed in 2018/19 utilising the revised national prevalence data that is due for publication later this year. A refresh of data has been completed and is included in Appendix X

### Investment and Spend

	2015/2016	2016/2017	2017/2018	2018/19
CAMHS pooled budget (BCC and BCCG)	£5,423,400	£5,423,400	£5,423,400	£5,423,400
Additional CCG investment	£784,426	£1,298,426	£1,140,426*	£1,590,426 *
BCC Youth Counselling	£270,000	£270,000	£200,000	£135,000
Public Health MH support	£58,000	£58,000	£58,000	£58,000
<b>Total CYP MH Budget</b>	<b>£6,535,826</b>	<b>£7,049,826</b>	<b>£6,891,826</b>	<b>£6,892,426</b>

\* Includes £56,000 from NHSE Health and Justice

### Buckinghamshire CAMHS Pooled budget

The designated pooled budget for Buckinghamshire CAMHS contract is £5,423,400 per annum. This is made up from contributions across Buckinghamshire County Council (29.5%) and NHS Buckinghamshire CCG (70.5%).

Since 2015 through transformation funding Buckinghamshire CCG has invested an additional £1,590,426 in Buckinghamshire children and young people's mental health services through Oxford Health as the prime provider.

<sup>10</sup> <http://www.healthandwellbeingbucks.org/what-is-the-jsna>

The CAMHS contract holds a 5% incentive scheme paid on the achievement of 5 Key performance indicators.

The indicators for 2018/19 have been agreed as:

- Maintaining 4 week referral to assessment
- Increasing access in line with the requirements of the FYFV
- Reporting on outcomes
- Delivery of the parent training and support offer
- Development of positive behaviour support offer in Buckinghamshire

### **NHSE Health and Justice**

NHSE Health and Justice have invested £56,000 through the CCGs to enhance the support offer to young people who attend the Sexual Assault referral Centres (SARCs). The service has identified a named link to work into the SARCs and into the Buckinghamshire Child Sexual Exploitation (CSE) Swan Service.

Oxford Health are commissioned by NHSE Health and Justice to provide a Liaison and Diversion service to young people presenting in police custody.

### **The Youth Counselling service,**

Time to Talk is currently commissioned by Buckinghamshire County Council (BCC) however the BCC contract is ending on 31 March 2019 and Adviza, the provider is working closely with Buckinghamshire CAMHS to facilitate continuation of this service.

### **Public Health**

Public health has a programme of work to promote mental health and wellbeing in school age children. The public health team support and coordinate the emotional wellbeing and mental health strategy group. This programme includes the annual Emotional Wellbeing Conference for schools, the commissioning of training opportunities for school based staff for example Penn resilience programme, support to school peer mentoring programmes and the production and dissemination of resources to support schools such as Whole School Approach informational resources, suicide prevention resources and related newsletters, training and briefing sessions.

### **Inpatient beds (NHS England responsibility)**

In 2014/15 NHS England spent £2,651,870 on mental health inpatient stays for Buckinghamshire Young People, detail of spend since this date has not been provided by NHS England. Buckinghamshire utilises beds in the Highfield Unit in Oxfordshire for inpatient stays where possible, however nationally it is recognised that there continues to be pressures on inpatient beds with many young people travelling further afield to access a bed. Young people staying in private hospitals

incur costs to the originating local authority for their education provision whilst receiving treatment.

### **New Care Models (collaborative Commissioning)**

OHFT has been invited by NHS England to submit a business plan for wave 2 of the New Care Models Programme<sup>11</sup>. The New Care Models are part of the delivery for the FYFV and are designed to ensure young people can access in-patient care when they need it and in a local setting. The FYFV describe the New Care Models in following terms:

“Bringing patients closer to home helps people to maintain a better connection with their families and friends, and improve how they interact with local services. This programme aims to reduce length of stay and the number of out-of-area placements in a number of specialised mental health services. It also aims to reduce expenditure, by delegating responsibility of the budget for inpatient services to local providers. Pilots in this programme:

- Use a multi-disciplinary team approach, with providers taking ownership of their patient population
- Develop a wide range of therapeutic interventions across a whole pathway
- Focus on recovery through accommodation, community activities, social networks and employment advice
- Work proactively with the criminal justice system, local authorities and secondary care providers
- Expand both liaison support and community follow-up provision
- Develop local capacity and capability to manage all types of patients

It is anticipated that the new partnership will go live later this year with OHFT as the lead provider of the partnership. The partnership covers Inpatient Acute Child and Adolescent Mental Health Services (Tier 4 CAMHS).

Within the scope of this application are:

- General Adolescent inpatient units (GAU's)
- High Dependency units
- Psychiatric Intensive Care Unit (PICU)
- Specialist eating disorder inpatient services
- Low secure adolescent inpatient services.

Tier 4 CAMHS General Adolescent Services deliver tertiary level care and treatment to young people with severe and/or complex mental disorders usually necessitating Inpatient or Day patient intervention.

The T4 CAMHS Network is formed between:

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<sup>11</sup> <https://www.england.nhs.uk/blog/bringing-specialist-mental-health-services-closer-to-home/>

- Oxford Health NHS FT (OHFT)
- Berkshire Health NHS FT (BHFT)
- Avon and Wiltshire NHS Partnership Trust (AWP)
- 2Gether NHS FT
- Weston Area Health NHS Trust (WAHT)
- The Huntercombe Group (THG)
- Priory Healthcare
- Southern Health NHS Foundation Trust (SHFT) – whilst not a formal part of this network will provide access to their low secure beds CAMHS beds and provide input into the network when required

Managing both acute inpatient and Eating Disorder beds will complement the comprehensive CAMHS community services delivered within the geographical footprint identified above. This bid intends to have a direct impact on crisis care arrangements for young people in mental health distress who present at Emergency Departments and social care seeking emergency placements.

Buckinghamshire's crisis response, admission avoidance and early discharge/ step down support plans support the new care model approach. The county already benefits from the crisis support and assertive outreach service including for those with a learning disability. The Eating Disorder Service for children and young people has an emphasis on treatment in the community and crisis support build into the model to avoid hospital admission where possible. For the Eating Disorder Service and the crisis/assertive outreach team transformation funding has enabled additional investment to improve capacity within services.

### **Monitoring of performance**

The service is now in year three of a five year contract. Monthly project meetings are held to track continued transformation in addition to monthly performance monitoring meetings. The CAMHS service is monitored against access, waiting times and annually agreed Key Performance indicators (KPIs).

### **Improved data and the National Mental Health Minimum Dataset**

The National Minimum Mental Health Data set has been mandatory from April 2017 and we are currently working with Oxford Health NHS Foundation Trust on ensuring accurate reporting is in place to capture data to monitor the performance of the service and report on KPIs that are nationally mandated such as the Eating Disorder Service and the CAMHS Access Trajectory. Reporting on both of these is currently in place.

## Development of the plan

The Five Year Forward View for mental health is led across Buckinghamshire Integrated Care System (ICS) through a multiagency group, using expertise from Buckinghamshire CCGs, Buckinghamshire County Council, Public Health, Oxford Health NHS FT, Voluntary sector partners and NHSE. There is an all age mental health joint commissioning team supported by Clinical Directors in the CCG and close partnership working with NHS Oxfordshire CCG.

The CYP MH plan is supported by the Emotional Wellbeing and Mental Health Strategy Group whose own plan supports the delivery of the Transformation plan (appendix 2).

Monitoring and oversight is provided through:

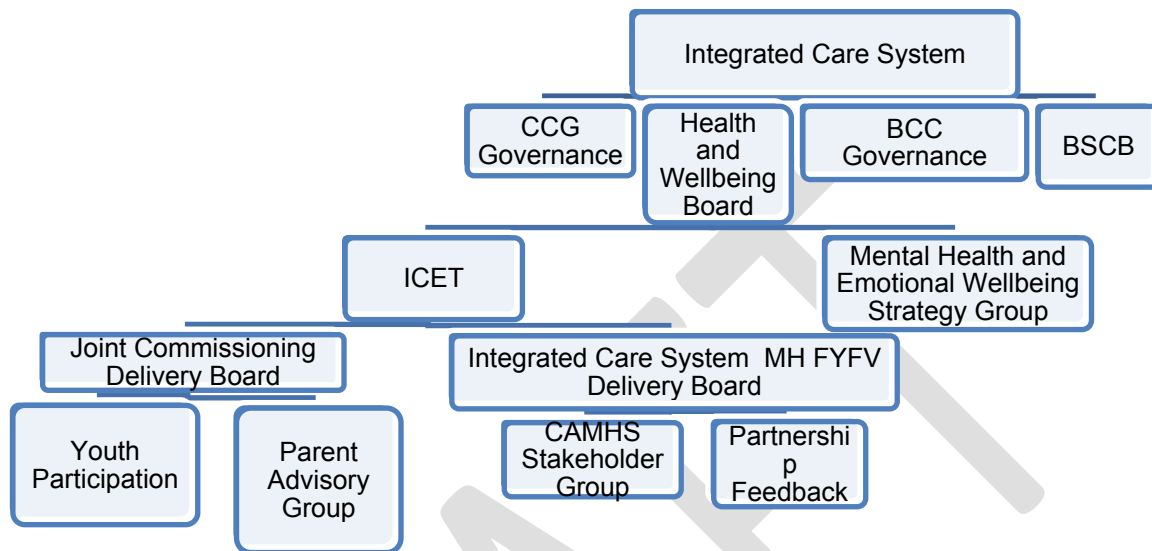
- CAMHS monthly project group meetings attended by commissioners and provider, which provides oversight and assurance of the progress towards the changes. It is tracked by an implementation plan and includes an active risk register.
- Monthly contract monitoring meetings for commissioned services.
- Feedback from the CAMHS Stakeholder group (to increase meetings to termly from annual)
- The Emotional Wellbeing and Mental Health strategic group
- Quarterly reporting to the ICET S75 JMG meeting

Any issues identified through monitoring are escalated through the Joint Commissioning Delivery Board that meets monthly, with further escalation of issues to the Integrated Care Executive Team (ICET) which includes representatives from the CCGs and BCC Children and Adult services and Public Health.

The Health and Wellbeing Board has delegated responsibility for oversight of the plans to ICET but has received updates of progress. These will also be provided to the Buckinghamshire Safeguarding Children's Board.



## Governance Structure



### Evaluation of the new model

An approach to evaluating the new model has been agreed and will involve collaboration between OHFT, the Academic Health Sciences Network and Oxford University. The evaluation will help us validate the model, identify areas for development and share our learning to promote effective and evidenced based mental health service for children and young people. The details of the evaluation research approach can be found in appendix three.

## 7. Developing the Workforce

The CAMHS service through Oxford Health's partnership with Barnardo's consists of a skill mixed team. The Barnardo's staff receive training and regular supervision through the Oxford Health staff team. Working with Barnardo's has brought opportunities to develop a volunteer workforce with an average of 22 volunteers collectively providing 627 hours support over the last 6 months.

The Time to Talk service is largely provided by a large volunteer workforce of approximately 100 counsellors.

Please refer to Appendix 4 for more details of overall establishment.

Buckinghamshire faces challenges in recruitment as, alongside a national shortage of qualified staff, its close proximity to London means the area is expensive to live without the benefit of additional allowances for London or High Cost area allowance.

OHFT have developed a workforce strategy across the adult and children's services they deliver in Bucks to review workforce and consider ways to attract employees to the area.

Buckinghamshire as an Integrated Care System (ICS) continues to have a clear priority to ensure that it works with all providers to develop a shared workforce strategy.

This work is supported by the Thames Valley SCN workforce working group, which has brought all key strategic partners together as well as providers and commissioners of children's mental health services.

This has provided an initial benchmark of gaps and issues and some possible solutions. The initial focus of the workforce strategy has been to focus on the key areas of CYP IAPT, EIP, PPEP care and eating disorders, while the scope of the wider system is being considered (STP and Integrated Care Systems<sup>12</sup>)

Doing this with the Thames Valley NHSE Strategic Clinical Network will also ensure that this will align to the work being undertaken by the STP and Integrated Care Systems<sup>13</sup>.

This local transformation plan aligns to the overall mental health FYFV delivery plan for Buckinghamshire CCG, which will continue to align to the developing mental health delivery plan for the BOB STP and relevant Integrated Care Systems.

Difficulties in recruitment in Buckinghamshire have provided the opportunity to explore innovative approaches to the workforce including developing partnerships with third sector providers and reviewing skill mix within teams, developing nurse prescriber posts and enhancing clinical leadership. The introduction of the Third Sector as a partner in delivering CAMHS is developing a new workforce whilst retaining clinical oversight and ensuring clear governance structures. A specific training programme is in place and continues to be delivered to further expand on capacity and enhance skill levels in line with CYP IAPT. CAMHS continue to evaluate the third sector roles to establish the impact on young people and ensure ongoing positive outcomes.

The local workforce plan includes not only plans for CAMHS staff and the Third Sector Partners, but also the wider children's workforce. The service has a clear remit around developing capacity in the wider workforce. The aim is to foster early intervention and for staff to feel confident and having the skills when dealing with children and young people who show signs of distress, emotional difficulties and

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<sup>12</sup> <https://www.england.nhs.uk/accountable-care-systems/>

<sup>13</sup> <https://www.england.nhs.uk/2017/06/nhs-moves-to-end-fractured-care-system/>

knowing how to identify mental health problems in children and young people. Training plans have therefore been developed to build capacity in:

- ✓ *Primary care*
- ✓ *Primary schools*
- ✓ *Secondary schools*
- ✓ *Colleges*
- ✓ *Children's services*
- ✓ *The Third sector*

A further training plan is being developed to support the Transforming Care agenda with a particular emphasis on a Positive Behaviours Approach<sup>14</sup>. The training plan aims to support more CAMHS staff (including in-patient services) to develop skills, knowledge and evidenced based interventions for children and young people with LD and/or ASD whose behaviours that challenge. The plan will look to develop a train the trainer model to ensure sustainability. The plan will also include training for specific Children's Services to develop capacity in the wider system.

### **Children and Young People's IAPT (CYP IAPT)**

The CYP IAPT training continues to be rolled out for CAMHS staff and this is part of an ongoing plan to implement CYP IAPT across CAMHS. Oxford Health NHS Foundation Trust is in one of the leading partnership in the country that has been involved in developing and implementing CYP IAPT. Due to workforce issues the Trust is now recruiting to training posts as a way of skilling up the workforce and finding backfill to release staff is proving difficult. This approach will ensure that the roll out of IAPT continues and aspects of IAPT will also be made available to third sector partners as part of their training opportunities. The commitment to the delivery of CYP IAPT is a requirement of the contract and will continue to be a priority over the lifetime of the contract.

CAMHS staff have been trained in CBT, Interpersonal Psychotherapy for Adolescents (IPT-A), Systemic Family Practice and Enhanced Evidence Based Practice (EEBP).

4 members of staff joined the CYP Psychological Wellbeing Practitioner (PWP) accreditation and finished in April 2018.

### **Future Workforce requirements**

We advertised for CBT trainee posts for 2017/18 (through CYP IAPT recruit to train) but unfortunately were not successful in appointing to these. We are currently advertising two CBT trainee posts for 2018/19 as well as three CYP Psychological Wellbeing Practitioner (PWP) posts. We have one member of staff completing the Systemic Family Practice training.

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<sup>14</sup> <http://www.challengingbehaviour.org.uk/information/information-sheets-and-dvds/keymessagespbs.html>

5 Barnardo's staff completed the EEBP training in 2017/18, and 3 are currently undertaking this for 2018/19.

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## **8. Engagement**

Engagement for development of the plan has been through a number of sources including those indicated below.

### **8a. The voice of the Young person in developing the Service**

Children and Young people from a range of backgrounds and experiences were involved in the recommissioning process in a number of ways; reviewing and completing the survey, setting a question for the method statement and commenting on provider responses and having their own presentation by the providers with opportunities for questions and discussion which was then fed into the evaluation process.

A full-time participation lead has ensured that the young person's voice continues to be heard and service-user groups have been set up such as Article 12 and the Parent Advisory Group.

#### **Article 12**

The commissioned service includes a requirement for engagement of Children and Young People and a full time participation worker supports this work with children and young people and parents and carers. The service user group, Article 12, have provided input to the transformation plans and have become an integral part of the CAMHS service.

Article 12 meets on a monthly basis and have been busy on a number of projects which are outlined in appendix (X).

A member of Article 12 who was involved in the original consultation in 2015 and has written an outline of Article 12 involvement since that time which is attached as appendix (X).

#### **Buckinghamshire Youth Voice**

Youth Voice is for young people 11 to 19 year olds (or up to 25 years old for young people with a disability or learning disability) from Buckinghamshire. Youth Voice is a place where young people can have their voices heard to benefit the community around us and raise the issues that they are most passionate about. Youth voice consists of three groups, The Executive Committee, Youth Voice for SEND, and Youth Voice for children and young people in care.

The national 'Make Your Mark' campaign sees young people from across the country voting for the issues that are most important to them. The Buckinghamshire results from Make your Mark 2017 demonstrated the local interest in regards to mental health with young people voting for "Mental Health - Services should be improved with young people's help" with the highest level vote out of the 10 categories (437 out of 3236 votes, 13.5% of the votes)

The group has chosen to actively promote mental health awareness and has provided feedback to guide initiatives to promote mental health services to young people. Through 2018 they have been consulted on developing the mental health strategy for Buckinghamshire and work will be progressed to ensure further engagement with this group.

### **8b. Parent Advisory Group (PAG)**

Over the last two years within Buckinghamshire a thriving Parent Participation Group that meets 4 times a year has been established. The group includes parents from various backgrounds whose child has needed to use mental health services in Buckinghamshire. The group helps to develop the CAMHS service by offering insights of their experiences and identifying how services can be improved.

The PAG has been a huge support in guiding developments including what useful information should be included in the Annual Review, as well as helping to guide how the service can offer effective support to our parent/carers.

Parents and carers from the PAG have been involved in delivering training for Oxford Health staff so clinicians can learn more about a parent/carer experience as well as being involved in the Trust 'I care, you care'15 initiative.

### **8c. Stakeholder Engagement**

Stakeholder engagement within Buckinghamshire has taken a number of forms including surveys, question of the week in reception at the centres, feedback from schools, GPs, social care and through the Emotional Wellbeing and Mental Health strategy Group.

An annual stakeholder event has been held to launch the Buckinghamshire CAMHS service annual report and to enable feedback and engagement in future planning of mental health services for children and young people. The most recent was in July 2018 and attendees included representatives from social care, education services and schools, FACT Bucks, County Council members, Public Health, GP Clinical Directors. It has been planned to host this more frequently to ensure ongoing engagement with a wider range of stakeholders.

### **8d. The Emotional Wellbeing and Mental Health Strategy Group**

The Emotional Wellbeing (EWB) and Mental Health (MH) strategy group is a multiagency group established to link the work around emotional wellbeing and mental health in Bucks. The group enables links between organisations and a forum to identify priorities for development. The action plan for this group is aligned with the transformation plans. [Appendix X](#)

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<sup>15</sup> <https://www.oxfordhealth.nhs.uk/support-advice/support-for-carers/i-care-you-care-family-friends-and-carers-strategy-2017-2020/>

**Promotion of the Buckinghamshire Transformation Plan**

The plans will be shared in an easy to read version through the websites for Buckinghamshire CCG and Buckinghamshire County Council, Buckinghamshire Family Information Service by 31<sup>st</sup> October 2018 with awareness raising through a variety of media across the providers, BCC and the CCGs

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## 9. Links to National and Local strategies

Further details in Appendix X Links to National and Local Strategies

In addition to Future in Mind and the Five Year Forward View for Mental Health developments in Buckinghamshire have been guided and informed by the following national papers published in 2017.

- **Public Health England Prevention Concordat**
- ***Transforming children and young people's mental health provision: a green paper***

Mental health is embedded within across the Buckinghamshire system through a number of plans with oversight provided by the Buckinghamshire Health and Wellbeing Board and Safeguarding Children's Board.

- **Buckinghamshire Joint Health and Wellbeing Strategy 2016- 2021** <sup>16</sup>
- **The Buckinghamshire Children's Strategy 2015-18**<sup>17</sup>
- **Buckinghamshire **Suicide Prevention Plan****
- **Buckinghamshire Crisis Care Concordat**<sup>18</sup>
- **Special Educational Needs and Disability (SEND) Strategy**<sup>19</sup>
- **Adult Mental Health Strategy**<sup>20</sup> ((currently being refreshed to all age strategy)  
**Autism Strategy (currently being refreshed to all age strategy)**  
**Transforming Care Partnership Board**  
**Buckinghamshire, Oxfordshire and Berkshire Sustainability and Transformation Partnership (BOB STP)**

Mental health services are represented on the **Buckinghamshire Safeguarding Children's Board**<sup>21</sup> and the Transforming Care Partnership Board.

This local transformation plan aligns to the overall mental health delivery plan for Buckinghamshire CCGs, the developing mental health delivery plan for the BOB STP and Buckinghamshire Integrated Care System (ICS).

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<sup>16</sup> <https://www.buckscc.gov.uk/media/4509402/jhws2017april.pdf>

<sup>17</sup> <https://www.buckscc.gov.uk/media/4509876/childrens-strategy-2016-18.pdf>

<sup>18</sup> <https://www.crisiscareconcordat.org.uk/areas/buckinghamshire/#action-plans-content>

<sup>19</sup> <https://www.buckscc.gov.uk/services/council-and-democracy/our-plans/our-strategic-plan/childrens-services-strategies/>

<sup>20</sup> <https://www.buckscc.gov.uk/services/care-for-adults/policy-and-strategy-care-and-advice-for-adults/>

<sup>21</sup> <http://www.bucks-lscb.org.uk/>



## 10. Priorities and Future Plans for 2018/2019

### Promoting Resilience, Prevention and Early Intervention

*Develop resources and skills in universal services to enable improved early support and advice for CYP with mental health concerns*

Over the last two years within Buckinghamshire a thriving Parent Participation Group that meets 4 times a year has been established. The group includes parents from various backgrounds whose child has needed to use mental health services in Buckinghamshire. The group helps to develop the CAMHS service by offering insights of their experiences and identifying how services can be improved.

This means that there is more work to do and investment is needed in good resources that are more likely to appeal to young people and their families.

Additionally the service will be working with a group of young people who use the service to develop more videos and webinars. This will offer training and groups for promoting mental health wellbeing as well as particular conditions. The increasing use of IT will increase the accessibility for parents who find it difficult to attend groups due to a variety of reasons including carer responsibilities or work commitments and avoid children and young people needing to have time away from school. The development of these resources will help to ensure there are fewer barriers to accessing mental health support.

#### *Increase access to NHS commissioned service*

The Five Year Forward View for Mental Health<sup>22</sup> set the target of: *35% of those with a diagnosable mental health condition receive treatment from an NHS-funded community MH service by 2021*

Bucks Population 5-17 years	90,824
Applying national estimate of 1 in 10 with diagnosable MH condition	9,082

Buckinghamshire Objective	2016/17	2017/18	2018/19	2019/20	2020/21
At least 35% of CYP with a diagnosable MH condition receive treatment from an NHS-funded community MH service.	28%	30%	32%	34%	35%
Target for Bucks	2543	2725	2906	3088	3179

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Future in Mind focuses on prevention at key moments in life, whereby Children and young people are a priority group for mental health promotion. Future in Mind recommended that by 2020/21 70,000 more children and young people should have access to high quality mental health care they need and that waiting times should be substantially reduced, significant inequalities in access should be addressed and support should be offered while people are waiting for care. In order to provide increased reach Buckinghamshire CAMHS will develop more partnerships with both voluntary and other organisations who offer face to face and telehealth interventions, providing more choice of media for children and young people and families. This will offer a wider system approach and will show measurable improvements in children and young people's mental health outcomes.

We will extend our reach by partnering with other agencies and work into schools to provide wider access for those needing support, and continue to provide timely access for routine assessments for specialist care in CAMHS within 4 weeks.

### **Care for the most vulnerable**

*Ensuring CYP in crisis have access to timely support to prevent/minimise escalation to more complex needs*

People facing a crisis should have access to mental health care 7 days a week and 24 hours a day in the same way that they can get access to urgent physical health care. Getting the right care in the right place at the right time is vital. Future in Mind states that by 2020/21 no acute hospital should be without all-age mental health liaison services in emergency departments and inpatient wards as these are the unit's children and young people go to in the evening, during the night or at weekends. Therefore, we have looked to expand the age range seen by our established PIRLS (Psychiatric In-reach Liaison Service).

This Trust guidance is in line with NICE guidance on EUPD issued in 2009 and with the key messages contained in Safer Care for Patients with Personality Disorder issued by the National Confidential Inquiry into Suicide and Homicide by people with Mental illness in February 2018.

Whilst the Trusts Complex Needs Service offers excellent evidence based treatment, funding is not meeting demand and a lengthy waiting list has developed. Plans are in place to review the clinical pathway for people with emotionally unstable personality disorders across the age range, including involvement of primary care and this review will also include training plans and support mechanisms for staff. In order to help develop a more consistent approach from 14 and through transitions (be that into adulthood or from inpatient to community settings the service will develop clinical nurse specialist roles which will in reach into wards as well as advise, support and actively work with colleagues in the community teams. This will ensure a consistent and therapeutic relationship in which a real sense of partnership can develop

*Continue to embed whole system working to ensure services delivering to CYP work together to meet the mental health needs of children that exhibit challenging behaviour in the context of poor mental health*

Since the Winterbourne report there has been an emphasis on Transforming the care that people with Learning Disability receive, one of the emphasis has been on reducing the time spent in hospital beds and trying to provide care within the persons' community in the least restrictive setting.

Over the last 6 months Buckinghamshire has had several young people who have been in crisis who have been unable to stay in their family home. This has led to difficulties in identifying a suitable placement for the young person when they are assessed as not detainable under the Mental Health Act. In order to address this work is needed to better inform behaviour management in county, additionally commissioners will be working with social care to identify ways of working together to support young people and identifying what provision is needed to prevent the situations that we have been faced with over recent months.

As a priority, we have looked at evidence based approaches to support a Young Person with a LD. Positive Behaviour Support is an evidenced based approach that enables the Young person and their support network to manage their behaviour before it escalates and leads to hospital admission, offending behaviour or exclusion from school. The plan is to work together with our adult colleagues, schools and partner agencies to introduce PBS as an approach that is used to manage our complex challenging users with a learning Disability.

The joint work will include training, research and audit. It will be led by a Consultant Child Psychologist working alongside the other services. The aim is to ensure all age users have the same experience and approach.

#### *Moving towards Integrated Care*

As we continue to work more closely with our partner agencies, we want to build on the work of embedding staff within social care teams so that the mental health needs of young people in vulnerable groups can be identified and responded to at a much earlier stage. By having CAMHS staff in social care and youth offending teams, helps raise awareness of young people's mental health issues and challenges the stigma of mental health which is identified as a factor in "the toxic trio". We are piloting the placement of CAMHS staff in Social Care's Looked After and adoption teams and in their court team as these are teams with the most vulnerable groups of children and young people. We will deliver training in mental health to staff in these groups so that there is a better understanding of a young person's needs. We want to develop a Virtual Mental Health Lead post as recommended by the expert working group at the Social Care Institute for Excellence so that we can ensure that every young person and child in the system is getting the right support for their mental health and emotional well-being.

### *Wider approach to Transitions*

We will continue to develop our work on Transitions not just within mental health services but to broaden this out to consider the mental health needs of care-leavers as they move out of care and into independent or supported living.

### *Understanding the mental health needs of NEET*

The mental health needs of young people who are NEET remains unknown and this is an area for development. CAMHS will contribute to work with social care and education to meet the needs of this group.

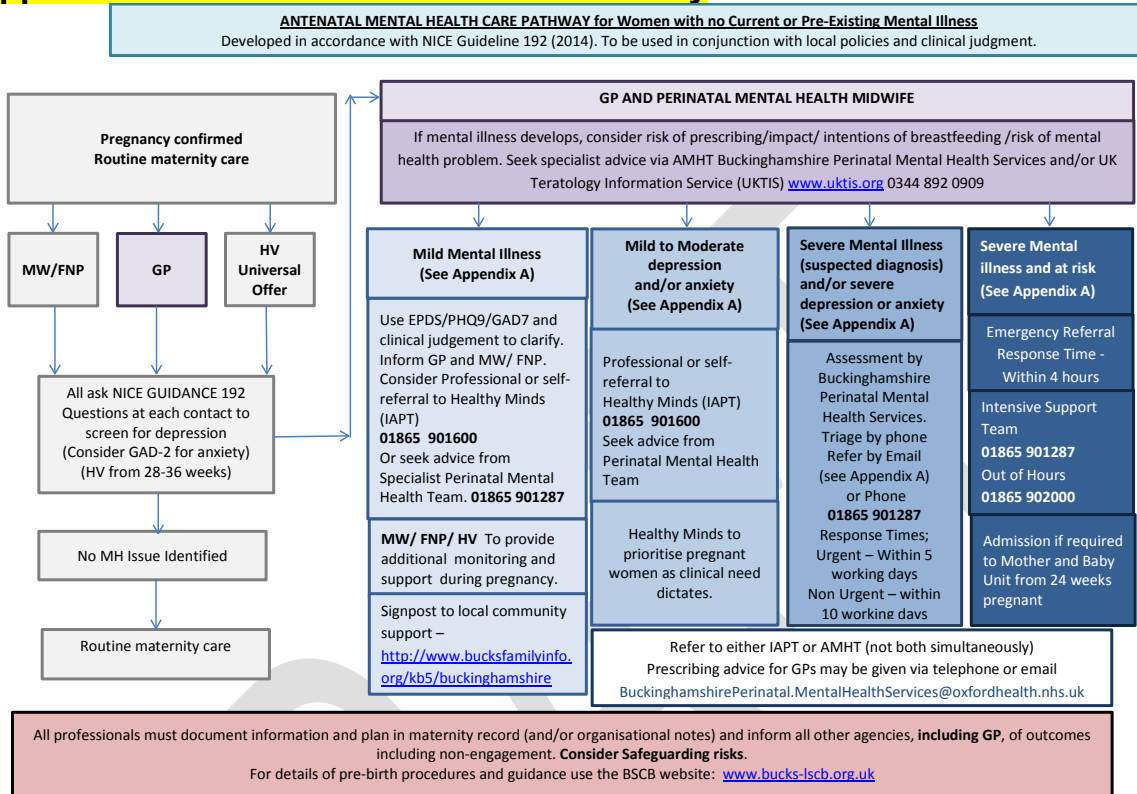
## **11. Priorities and Plans (to be tidied up)**

<b>Transformation plan priorities</b>	<b>Plans</b>
<b>Develop resources and skills in universal services to enable improved early support and advice for CYP with mental health concerns.</b>	Produce/Invest in a resource to promote good mental health and self-help resources and self-referral. To be available through schools, youth services and voluntary partners
	Deliver training sessions as requested by parents and support parents in establishment of parent support group
	Delivery of training on mental health to young people through schools
<b>Increase access to NHS commissioned service</b>	32% of CYP with diagnosable MH condition accessing a NHS commissioned service. (300 CYP)
	Work with voluntary sector partners to explore maximising workforce to deliver mental health support into schools particularly to support younger children
	Ensure sustainability of waiting time standard of 90% referral to assessment within 4 weeks
	Continue to develop pathway for all age neurodevelopment presentations with aim to reduce waiting times in CAMHS to offer assessment in less than 6 weeks from receipt of full required pre-referral information
To develop engagement strategy to raise awareness and support under-represented groups to access mental health services.	
<b>Ensuring CYP in crisis have access to timely support to prevent/minimise escalation to more complex needs</b>	Improve and extend the response to CYP in mental crisis – particularly outside of core hours and to include those who may have complex presentations, including young

	<p>people who may have autism and mental health problems leading to severe behavioural difficulties.</p>
	<p>Colocation of CAMHS staff into social care teams (Looked After and adoption teams and court team)</p>
	<p>Work with social care in developing the in county provision and assessment unit to ensure environment and resources to best support young people presenting in crisis who are not detainable within a mental health setting but are unable to stay with their parents/carers.</p>
	<p>To work with BCC in the early help review to consider how MH can be integral to the early help strategy and pathways.</p>
	<p>To review the clinical pathway for young people presenting with emotionally unstable personality disorders and develop an all age pathway to support young people through transition</p>
<p><b>Continue to embed whole system working to ensure services delivering to CYP work together to meet the mental health needs of this group of children and young people</b></p>	<p>Positive behaviour support for Children that exhibit challenging behaviour in the context of poor mental health for those with a learning disability.  – OHFT to lead on project to review the positive behaviour support across Buckinghamshire– working across CYP and Adult LD services to develop a consistent approach across all partners – to support the wider county’s aim to reduce in school exclusions, out of area county placements, involvement in criminal justice processes. Will also have a positive impact on adult CHC spend.</p>
	<p>Develop work on Transitions to consider the mental health needs of care-leavers as they move out of care and into independent or supported living.</p>
	<p>Develop network to support the mental health needs of those not in education, employment or training (NEET) and for those not attending a school through home education or absentees</p>

## 12. Appendices (need to be reordered according to text)

### Appendix A Perinatal Mental Health Pathway



At each and every stage all professionals should ensure that **ALL** other agencies involved in care are informed of referral/outcomes/contact/non engagement. Add documentation plan to maternity record. ??Safeguarding?? ? link to LSCB policy pre-birth practice guidelines and procedures.

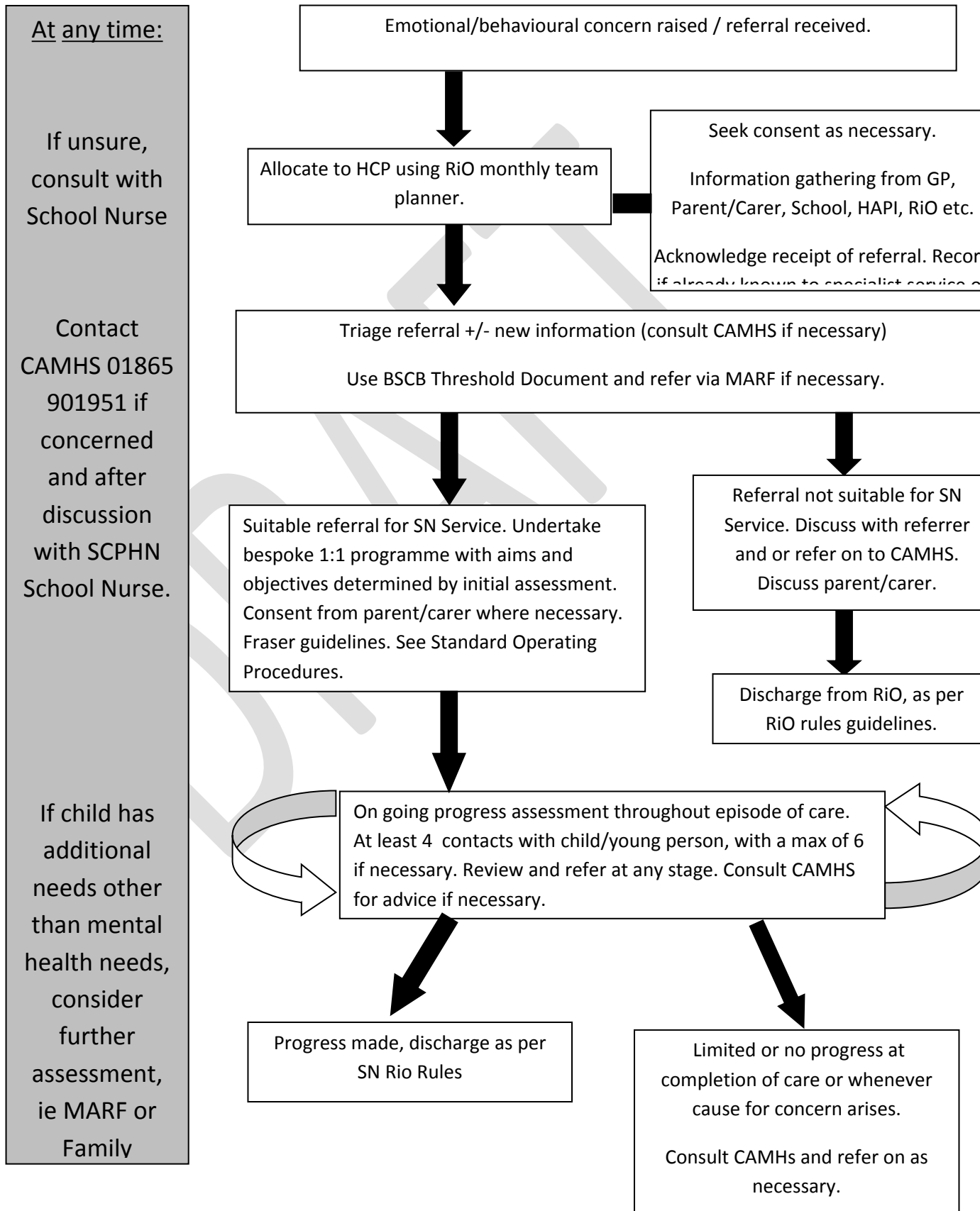
### 1. EWBMH strategy group action plan



CYP Emotional Wellbeing Plan 18.do

## Appendix school Nurse Pathway

### High Impact Area 1: Resilience and wellbeing



## Appendix

### Identification of Needs for Buckinghamshire Childrens Mental Health and Wellbeing Service and the Joint Strategic Needs Assessment (JSNA)

The last Joint Strategic Needs Assessment<sup>23</sup> (JSNA) for Buckinghamshire was completed in October 2016 and a new children and young people's mental health JSNA will be completed in 2018/19 utilising the revised national prevalence data that is due for publication later this year.

The population of 0-17 year olds registered with a GP in Buckinghamshire is 122,520 with 90,824 young people between 5 and 17 years.

Key statistics from Child Health profile<sup>24</sup> June 2018 provides the following high level sociodemographic data.

Demographic	Buckinghamshire	Buckinghamshire (%)	South East (%)	England (%)
Livebirths (2016)	6,102			
Children 0- 4 years (2016)	33,100	6.2%	6.0%	6.2%
Children 0 – 19 (2016)	133,500	25%	23.8%	23.7%
Children 0 – 19 (2026 - projected)	144,300	25.0%	23.8%	23.8%
School Children from minority ethnic groups (2017)	24,007	33.1%	23.5%	31.0%
Child living in low income families under 16 (2015)	1 in 10	8.9%	12.5%	16.8%
Life Expectancy at birth (2014-16)				
Boys		81.9yrs	80.6 yrs	79.5 yrs
Girls		84.9yrs	84.0 yrs	83.1yrs

Buckinghamshire is the second least deprived county council in England according to the 2015 index of multiple deprivation. However there are areas of deprivation centred around the towns of High Wycombe, Aylesbury and Chesham as indicated in the Income Deprivation Affecting Children Index Map below.

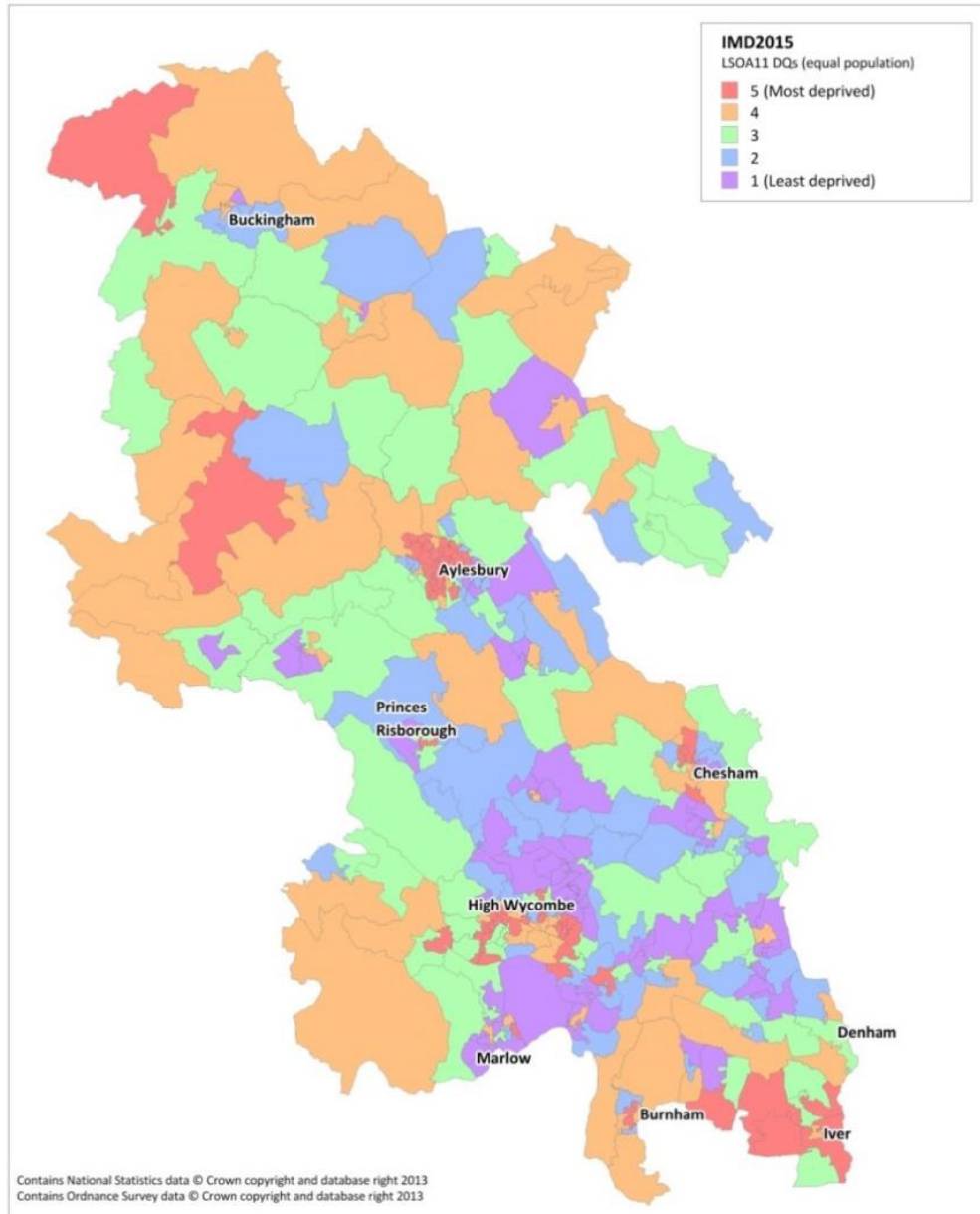
<sup>23</sup> <http://www.healthandwellbeingbucks.org/what-is-the-jsna>

<sup>24</sup> <https://fingertips.phe.org.uk/profile/child-health-profiles/supporting-information/overview-of-child-health>



2. Map showing deprivation quintile of LL-SOAs in Buckinghamshire compared with the rest of the county, Index of Multiple Deprivation 2015.

*Buckinghamshire County, showing LSOA11 IMD2015 quintiles*



General mental health prevalence data can only be estimated, and unfortunately this is based on data which is now in need of updating. Further breakdown such as by gender is available in the existing JSNA chapter.

The table below compares Buckinghamshire to the South East and England and shows lower than average rates of mental health in the area.

<b>Estimated prevalence in percentage for population aged 5-16 years</b>	<b>Buckinghamshire</b>	<b>South East</b>	<b>England</b>
Mental health disorders in children and young	7.9%	8.5%	9.2%
Emotional disorders in children and young people	3.1%	3.3%	3.6%
Conduct disorders in children and young people	4.6%	5.0%	5.6%
Hyperkinetic disorders in children and young people	1.2%	1.4%	1.5%

Estimates Based on ONS survey *Mental Health of children and young people in Great Britain* (2004)

Whilst the above table indicates that overall child mental health compares well to national figures, analysis of the data shows evidence of a social gradient and that some young people are at greater risk of mental ill health.

### **Prevalence of Perinatal MH disorders 2015/16 in Buckinghamshire**

<b>Perinatal MH disorders based on 6100 live births</b>	
Post-partum psychosis	15
Chronic serious mental illness	15
Severe Depression	190
Mild/moderate anxiety/depression	610 - 915
Post-Traumatic Stress Disorder	190
Adjustment Disorder/Distress	915 – 1,825

Source: *Public Health England Fingertips Data*

### **Eating Disorders Prevalence**

The onset of eating disorders typically occurs in adolescence or young adulthood and they are a serious cause of mental ill-health in this age group. It is estimated that about 1 in 250 females and 1 in 2000 males will experience anorexia nervosa in their lifetime, and about five times that number will suffer from bulimia nervosa. (NICE Guidance 2004).

Applying this to the Buckinghamshire population, it is estimated that:

Eating Disorder	Females	Males
Anorexia nervosa	123	16
Bulimia nervosa	615	

### Autism prevalence

The UK estimate is that approximately one in 100 children has autism<sup>25</sup>. Applying this to the Buckinghamshire population would suggest that 1225 children in Buckinghamshire have autism. The diagnostic services have received an increasing number of referrals over the last 3 years, resulting in increased waits despite increased investment.

### Hospital Admissions for mental health conditions

In 2016/17 84 children and young people in Buckinghamshire under the age of 18 were admitted to hospital for a mental health condition, a rate of 68.7 per 100,000 populations compared with the national rate of 81.5 admissions per 100,000 and South East regional rate of 82.0 admissions per 100,000. Although there appears to be an upward trend there is no statistical significance in these changes due to small numbers and rates for Buckinghamshire have remained below or similar to the national average.

**Table 1 Hospital admissions for mental health conditions, 0-17 year olds, rate per 100,000 population, 2011/12 - 2016/17**

	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17
<b>Buckinghamshire</b>	28.6	59.0	46.7	46.3	66.3	68.7
<b>South East</b>	119.1	106.2	96.1	76.7	81.1	82.0
<b>England</b>	91.3	87.6	87.2	87.4	85.9	81.5

Source: PHE fingertips, Child Health profile 2018

<sup>25</sup> Office of National Statistics (2005), Mental health of children and young people in Great Britain, London: Palgrave Macmillan[1

*Note: this is admissions NOT persons so a young person presenting more than once will be counted at each presentation*

The hospital admission rate for mental health conditions in under 18 year olds is higher in the least deprived population quintile in Buckinghamshire than that in the most deprived quintile, although this is not a statistically significant difference.

In 2016/17 there were 294 hospital admissions as a result of self-harm among those aged 10-24 years in Buckinghamshire . This gives an age-standardised rate of 329.2 per 100,000 people aged 10-24 years. This rate is than the rate in England of 409.3. In 2016/17, Buckinghamshire had the 3rd lowest rate among its CIPFA<sup>26</sup> peers.

The admission rate has been consistently higher in the most deprived areas (DQ5 **see map** above) compared to the least deprived (DQ1). Although the difference between areas has become less marked over the last 10 years, there was still a 41% higher admission rate in the most deprived areas (232 per 100,000 population) compared with the least (137 per 100,000 population) over the three year period 2010/11 to 2012/13, which was a statistically significant difference.

#### **Hospital admissions for substance misuse 2016/17 (per 100,000 population)**

	Buckinghamshire	South East	England
Admission episodes for alcohol-specific conditions - under 18s	24.6	34.2	100.0
Hospital admissions due to substance misuse (15-24 years)	53.8	89.8	339.0

**Child Health Profile June 2018**

#### **School Pupils with Education, Health and Care Plans where social, emotional and mental health (SEMH) needs is identified as the primary need.**

<b>Primary school</b> % of school pupils with social, emotional and mental health needs.	2016 Buckinghamshire 1.41% South East 2.05% England 2.08%	2017 Buckinghamshire 1.44% South East 2.08% England 2.12%
<b>Secondary Schools</b> % of school pupils with social, emotional and mental health needs.	2016 Buckinghamshire 1.37% South East 2.39% England 2.36%	2017 Buckinghamshire 1.29% South East 2.25% England 2.27%
<b>School Age</b>	2016	2017

<sup>26</sup> Chartered Institute of Public Finance and Accountability benchmark against 15 similar local authorities

% of school pupils with social, emotional and mental health needs. (NB number of pupils with statements of SEN where primary diagnosis is SEMH needs divided by total all school pupils x100)	Buckinghamshire 1.53% South East 2.37 % England 2.34%	Buckinghamshire 1.54% South East 2.32% England 2.33 %
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The proportion of school pupils with social, emotional and mental health needs in Buckinghamshire in 2018 was 1.7%, which corresponds to 1,434 pupils. This is statistically lower (by 33.8%) than the England value of 2.39%.

Disabled children are significantly at greater risk of physical, emotional and sexual abuse and neglect than non-disabled children (NSPCC report “We have the right to be safe” 2014). In particular, disabled children who display challenging behaviour or conduct problems are the most at risk of abuse.

#### 5.4 Life Satisfaction

##### What About Youth (WAY) Survey (conducted by HSCIC, 2015)

In Buckinghamshire the What About youth (WAY)<sup>27</sup> Survey on 15 year olds in 2014/15, revealed the percentage of 15 year olds reporting low life satisfaction as 11% compared to a national average of 13.7%. The proportion reporting having been bullied in the last couple of months was 54.2% compared to a national average of 55% and the proportion that had bullied others was 10.5% compared to a national average of 10.1%.

##### Percentage of children in Buckinghamshire Primary Schools Year 6 (aged 10-11yrs) with possible cause for concern

The school nurse health surveillance data collected through TLM/HAPI allows collation of anonymised aggregated data.

The year 6 (age 10-11yrs) aggregated Strengths and Difficulties Questionnaire (SDQ) score card data is shown below. (NB this is completed by young people themselves and so is indicative data)

Item	2014/15	2015/16	2016/17
Completion rate Bucks	80.4%	75.7%	79.1%
Cause for Concern	6.6%	6.8%	7.9%

<sup>27</sup> The WAY survey was designed to produce data on young people's wellbeing at LA level as such estimates are not available elsewhere

An increasing number (6.6%, 6.8% and 7.9%) had 'cause for concern' scores and this was a significant increasing trend. There was a significant social gradient in 2014/15 and 2015/16 where this was higher in more deprived areas.

Comparing these figures with the mental health findings from the Millennium Cohort Study published in 2015 (UCL 2015), it can be seen that overall children (of approximately 11 years) in Buckinghamshire compare favourably. It was found in the MCS, based on the SDQ scores reported by parents in 2012, the proportion of 11-year-old children in the UK with "cause for concern" regarding mental health problems in 2012 was just over 10%.

### **School Exclusions**

The proportion of primary school pupils with fixed period exclusions in 2015/16 was 1.3%, equivalent to 595 pupils. This is 11.4% higher than the England value of 1.2% and the difference is statistically significant. In 2015/16, Buckinghamshire had the 8th lowest proportion of fixed period exclusions among its CIPFA peers. Provisional data for 2016/17 suggests that this figure has risen slightly to 617 pupils.

The proportion of secondary school pupils with fixed period exclusions in 2015/16 was 5.0%, or 1,847 pupils. This is statistically lower (by 40.9%) than the England value of 8.5%. In 2015/16, Buckinghamshire had the lowest proportion of fixed-period exclusions among its CIPFA peers. Provisional data for 2016/17 indicates a rise to 2288 pupils which suggests that this figure has risen slightly.

### **Persistent absentees – secondary school**

In 2016/17, 14.0% of secondary school enrolments were classed as persistent absentees (defined as missing 10% or more of possible sessions) which was worse than the national average (13.5%). For a number of young people poor attendance is due to anxiety related difficulties.

### **Children attending school in other local education authorities (OLEA) and Independent placements as at July 2016, 2017 & 2018.**

**July 18 - BCC Funded EHCPs**

	OLEA mainstream	OLEA Special	Independent/ Non-maintained	Independent Specialist Post 16	Total
ASD	37	37	67	11	152
MLD	8	37	10	6	61
SEMH	14	18	35		67
Other	8	17	4		29

**July 18 - BCC Maintained EHCPs**

	OLEA mainstream	OLEA Special	Independent/ Non-maintained	Independent Specialist Post 16	Total
ASD	37	36	67	10	150
MLD	8	33	10	6	57
SEMH	14	16	32		62
Other	3		1		4

**July 17 - BCC Funded Statements/EHCPs**

	OLEA mainstream	OLEA Special	Independent/ Non-maintained	Independent Specialist Post 16	Total
ASD	28	42	56	8	134
MLD	5	48	11	3	67
SEMH	10	19	39	2	70
Other	1	1			2

**July 17 - BCC Maintained Statements/EHCPs**

	OLEA mainstream	OLEA Special	Independent/ Non-maintained	Independent Specialist Post 16	Total
ASD	28	41	54	8	131
MLD	5	37	10	3	55
SEMH	7	13	35	2	57
Other	1	1			2

**July 16 - BCC Funded Statements/EHCPs**

	OLEA mainstream	OLEA Special	Independent/ Non-maintained	Independent Specialist Post 16	Total
ASD	31	33	50	5	119
MLD	7	41	11	1	60
SEMH	14	19	39	2	74
Other			2		2

**July 16 - BCC Maintained Statements/EHCPs**

	OLEA mainstream	OLEA Special	Independent/ Non-maintained	Independent Specialist Post 16	Total
ASD	32	32	49	5	118
MLD	6	31	10	1	48
SEMH	11	17	33	2	63
Other			2		2

The figures above demonstrate a slight increase in children with autism placed outside of Bucks. There is a fairly static picture for those with social, emotional and mental health (previous categorised as Behaviour, emotional and social difficulties')

## **Children Looked After, on Child Protection Plans and Children in Need**

Research in 2013 identified that two children in the average primary class have experienced abuse<sup>28</sup>. The impact of this abuse on a child increases their risk of developing mental health problems.

A study<sup>29</sup> in 2003 estimated that 45% of Children Looked After (CLA) (aged 5 -17) had a mental health disorder, 37% had clinically significant conduct disorders, 12% had emotional disorders such as anxiety or depression and 7% were hyperkinetic. This indicates a level of need higher than the population overall.

### **Number of Buckinghamshire Children on Child Protection plans**

At the end of March 2018, 639 children were subject to a Child Protection Plan, an increase from 564 at March 2017.

### **Number of Buckinghamshire Children in Need**

At the end of March 2018, 2560 children were identified as children in need (including those on CP plans and CLA). There were 1456 not including CP and CLA.

Further details are included in the BSCB annual report<sup>30</sup> and Children Looked After and Placement Sufficiency Strategy<sup>31</sup>

### **Number of Buckinghamshire Children Looked After at 31<sup>st</sup> March 2018**

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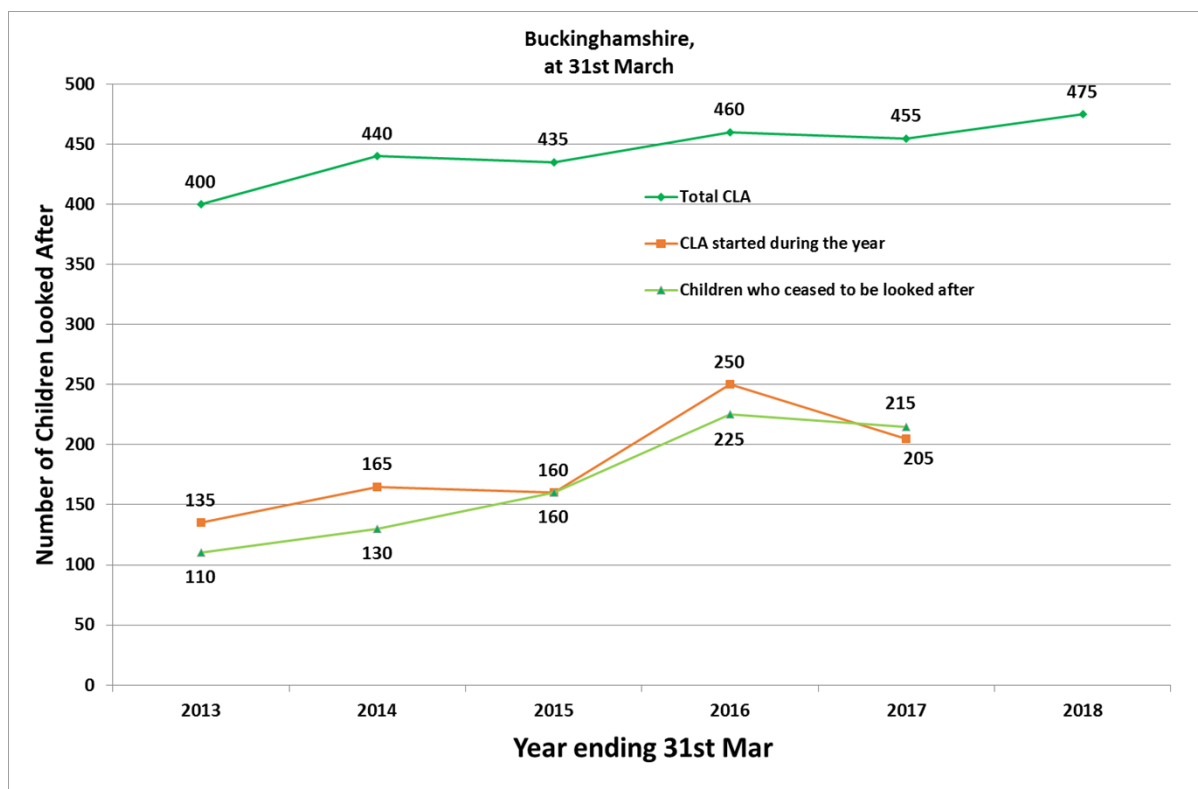
<sup>28</sup> Radford, L., Corral, S., Bradley, C., & Fisher, H. L. (2013). The prevalence and impact of child maltreatment and other types of victimization in the UK: findings from a population survey of caregivers, children and young people and young adults. , 37(10), 801-813.

<sup>29</sup> Meltzer M, Gatward R, Corbin T et al. The Mental Health of Young People Looked After by Local Authorities in England. TSO (The Stationary Office), 2003.

<sup>30</sup> <http://www.bucks-lscb.org.uk/wp-content/uploads/About%20the%20BSCB/Annual%20Reports/BSCB-Annual-Report-2016-17.pdf>

<sup>31</sup> <https://www.buckscc.gov.uk/media/4509821/looked-after-children-and-placement-strategy.pdf>





Although the net number of children in care has seen a relatively stable increase the number of children coming into care and leaving care has increased over the last 3 years. There was a peak in 2016 with 245 children entering care, an increase of 50% compared to the previous year in 2015 (160).

#### Reason for Referral to Children's Social Care (April 2016 – March 2017)

Percentage of Referrals with MASH Enquiries Reason	No of referrals	% of referrals
Domestic abuse	1199	15.93%
Physical abuse	923	12.27%
Neglect	641	8.52%
Behavioural problems	619	8.23%
Sexual abuse	472	6.27%
Socially unacceptable behaviour	347	4.61%
Mental health (another person)	302	4.01%
Drug misuse (parent/carer)	242	3.22%
Child sexual exploitation	205	2.72%
Emotional abuse	183	2.43%

#### Unaccompanied asylum-seeking children (UASC)

Children Looked After at 31 March, who were unaccompanied asylum-seeking children (UASC) during the years ending 31<sup>st</sup> mar 2013-2017

	2013	2014	2015	2016	2017
<b>England</b>	1,950	2,060	2,750	4,300	4,560
<b>South East</b>	410	450	680	1,360	1,070
<b>Buckinghamshire</b>	10	15	15	20	15

### Strengths and Difficulties Questionnaire for Children looked after in Buckinghamshire

The proportion of children with an SDQ over 17 indicating cause for concern is higher than the average for the South East and England.

	2014	2015	2016	2017	2018
Percentage of children aged 5 to 16 looked after continuously for at least 12 months with an SDQ completed	41%	73%	50%	69%	70%
Proportion of children with a score of 13 or less	58.8%	51.1%	46.7%	46.2%	44.4%
Proportion of children with a score between 14 and 16	7.2%	13.7%	15.6%	12.4%	12.7%
Proportion of children with a score of 17 or more	34.0%	35.2%	37.7%	41.4%	42.9%

Interpretation considers a score of 13 and below as normal, 17 or above as a cause for concern and 14 – 16 as borderline.

### Percentage of children in care with SDQ completed who show cause for concern (PHE mental health profile for Buckinghamshire) 2016/17

% of children aged 5-16yrs who have been in care for at least 12months on 31<sup>st</sup> March whose score in SDQ indicates cause for concern.

Item	Buckinghamshire	England	South East
% cause for concern	43.1%	38.1%	41.3%

NB there is **no statistical difference** between local regional and national figures.

The proportion of children with an SDQ over 17 indicating cause for concern is higher than the average for the South East and England and all our statistical neighbours except for Cambridgeshire (44.6%)

## **Percentage of Children Looked After (CLA) known to Buckinghamshire CAMHS**

In June 2018 49% of the 481 CLA were placed in county, 113 of these children (20%) were known to Buckinghamshire CAMHS, this is an increase from 11% in 2015. This figure suggests that over 40% of the CLA placed in Buckinghamshire were receiving intervention from CAMHS. Work is in progress with Social Care to further increase the referrals in line with the SDQ evidence of need.

## **Mental Health of Young Offenders**

The mental health of young offenders has been found to be three times higher than that in the general population with prevalence rates ranging from 25% to 81% with the highest being associated with those held in custody (Mental Health Foundation, 2000). The needs of this group of young people are complex with difficulties such as extremely low IQ (23% with an IQ under 70 and 36% IQ 70-79), speech and language difficulties, poor literacy, ¼ being victims of crime themselves, and substance misuse. A review of young offenders needs by the Prison Reform Trust & Young Minds “Turning Young Lives Around” has found that young people who offend often have complex background histories with exposure to domestic abuse and child maltreatment. A large proportion of young offenders have experienced being in care (42%) or known to social care by being placed on a child protection plan (17%). Early detection of mental health problems can reduce repeat offending behaviour and chronic mental health difficulties.

## **Early Help Panels**

The early help panel is a multiagency panel whose aim is to enable positive outcomes for children and families with complex issues, who require a co-ordinated multi-agency response. This is achieved by creating tailored plans that strengthen protective factors in the family and mitigate against risk factors. The panel aims to offer help and support to a family to prevent the need for statutory intervention. A member of the CAMHS team is on the panel and is one of the panel chairs.

In the year June 2015 to June 2016 a total of 459 families, including 1,113 children, were considered at the Early Help Panels. Ethnicity and location were in line with the population data and its geographical spread across the county.

Whilst behaviour was identified as the primary reason for referral in 28.57% of referrals, there was an average of 5.11 problems in the Level 3 Early Help Panel families.

<b>Primary Reason for referral to Early Help Panel</b>	<b>Proportion</b>
<b>Behavioural Problems</b>	28.57%
<b>Mental Health</b>	14.71%

<b>Parenting</b>	9.24%
<b>Domestic Abuse</b>	6.72%
<b>Risk of Family Relationship Breakdown / Family Relationship Breakdown</b>	6.09%
<b>School Attendance</b>	5.04%
<b>Substance Misuse</b>	2.94%

### **Changes to data**

Any changes to need identified through the revised JSNA or through new data on prevalence will be reflected in the service developments.

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## Appendix

### The voice of the young person in transformation plan

#### We said, we did...

Three years ago, as volunteers of the Article 12 Youth Forum we were involved in giving our feedback on what the future of Buckinghamshire CAMHS looked like to us. We had to think about what needed to change to make it a better experience for young people visiting CAMHS. We all had different experiences of CAMHS, some good and some not so good but because of this we were able to give lots of ideas to the Commissioner for CAMHS who listened to our feedback when writing the Transformation Plan for Buckinghamshire CAMHS. We all wanted to help with making our ideas happen so since then we've worked on lots of different projects to help improve CAMHS and also raising awareness about mental health in schools and our community. Three years later, we have looked back at what we said to see if our ideas have been put into action through our own projects as well as through the work Buckinghamshire CAMHS have been doing over the last few years.

"We would like a person in school to raise awareness, offer support for young people and training for teaching staff on understanding mental health and how to support students with mental health needs.

As well as CAMHS doing lots of useful training for school staff across Buckinghamshire and the school link workers offering support to staff in schools. Some of us from the Article 12 Youth forum have also trained teachers and support staff through the Emotional Wellbeing Conference. We wanted to help teachers understand a bit more from a student's perspective, what it's like being in school whilst being under CAMHS as it can be really tough especially when teachers treat mental health more like a behaviour issue. A young person from our group wrote a poem about what it's like coming for a day in school suffering from anxiety, depression and self-harm. We had lots of really positive feedback from teachers who were there. We also got them to pledge to celebrate Mental Health Awareness Week 2018 in their schools and gave them some of our ideas on how they could do this like assemblies, mindfulness activities etc.

"More support and information for 16-18 years old's who will be moving to adult services is really important for their transition so they know what to expect. If there's an official process on how it should be done, then make sure it is followed".

A few of us in Article 12 have experienced leaving CAMHS and going to Adult Services and some of us are about to transition and have heard that the transition between CAMHS and adult's services is really difficult and a big jump. To try and make a difference to this, we have been working as a group to review the transitions process with the CAMHS lead for Transitions who has been working with adult services to put some of our ideas into action. We suggested ideas such as having joint appointments in the adult mental health team building so young people have a chance to get used to the new setting. We also suggested having letters from young people who have already made the transition to help put the person transitioning more at ease

and know what to expect. As a result of this, feedback from Article 12 has been incorporated in to the new Transitions Policy.

“We need more resources like apps, websites, films, self-help online and a self-help podcast designed with young people and staff together.

We’ve researched and tested out resources to develop to be used in schools across Buckinghamshire as well as created our own films, handouts and lesson plans that can be used as resources in schools or by anyone who works with young people. We have put lots of information on the CAMHS website around apps and useful self-help info. At the start of Article 12 we spent time reviewing the current website, we put forward our ideas for a new website and then helped test out the new website to make sure it was user friendly. This is something we are always doing work on as it’s important to keep information up to date and relevant. We also have an eating disorder youth forum and we’ve been involved in creating and designing our own eating disorder area for the website with information that we would have found helpful when we started with CAMHS. We also created letters by young people for young people explaining what CAMHS is all about. This letter is used by GPs’ and SPA as well as being available for referrers to print from the website.

“Review the service young people/parents/guardians/professionals are receiving over the phone.

When the SPA first started up a few of us from Article 12 volunteered to ring the SPA with our questions and scenarios to help train the staff so we could give them our feedback of how useful we found the support offered over the phone and if any improvements could be made. Since then, we have helped the SPA with creating a new online self-referral form which we tested out and helped with the wording to make sure it didn’t put off any young people who might be referring themselves to CAMHS. We have also helped the SPA in creating presentations to deliver in school assemblies so it’s not clinical and makes CAMHS and the SPA seem more approachable for young people. We think it’s great that the SPA will be using our presentation to raise awareness about CAMHS in assemblies as it might make more young people feel comfortable about making self-referrals or contacting CAMHS if they need help. Our next project with the SPA is helping them to create their own logo.

“Need to make sure that young people have the chance to give their feedback on this”.

In the waiting rooms there is an electronic survey set up on an ipad for children, young people and their families to confidentially and anonymously leave feedback and suggestions on the support they’ve received

from CAMHS. Article 12 feedback this is a better way of asking for feedback rather than in an appointment in front of your worker as you feel more able to be honest.

To promote the importance of confidential feedback, we also made a video about this to share at a training session held at the Royal College of Psychiatrists.

#### **What it's like being a member of Article 12:**

"It's nice to know that you can use your past experience to make a difference to a new service. I attend monthly meetings as well as getting involved with other opportunities that interest me such as; interviewing staff, specialist forums such as the Eating Disorder Forum, training and reviewing resources. You can be as involved as you want to be, there is no pressure and it's good to meet other people who have had similar experiences to me. The group is like a big family where you can share your opinions without feeling judged".

#### **What's next for Article 12:**

"I would like to see a more friendly waiting area for young people at the Sue Nicholls Centre and feel like the Article 12 group could help with this from our experience doing the Harlow House waiting area. I would like to be more involved in training and giving assemblies in schools, I think this is important because young people will relate more to young people/young adults who have experienced a mental health condition and been supported by CAMHS during their time at school".

## **Appendix**

### **Article 12 Youth Forum engagement report 2018/19**

The commissioned service includes a requirement for engagement of Children and Young People and a full time participation worker supports this work with children and young people and parents and carers. The service user group, Article 12, have provided input to the transformation plans and have become an integral part of the CAMHS service.

Article 12 meets on a monthly basis and have been busy working on some of the following projects this year:

#### ***Article 12 Youth Forum present at the Royal College of Psychiatry -***

Article 12 Youth Forum had a very exciting opportunity to deliver some training at the Royal College of Psychiatrists. The training they delivered was around services who work with young people using participation to engage the young people to improve their services. They delivered presentations, videos and speeches around the benefits of participation. Their presentation was called "the smallest changes make the biggest of differences."

#### ***Outside therapeutic space at Harlow House***

The Forum re-designed the Harlow House waiting area, and whilst working on the project the group saw the potential of using some outdoor space at the back of Harlow House for children and young people who might need a break or some time out during a session. Article 12 came up with some ideas of how the space could be made into a calm environment including: a small water feature, stepping stones representing steps young people take, a curved seating area, and scented plants

### ***Eating Disorder Young People's Forum***

The Eating Disorder Team has been working with a small group of young people around improving information and communication within the eating disorder pathway. Young people have been reviewing letters and information booklets distributed at the initial assessment stages.

For example, as a young person, would YOU know what multi-disciplinary meant? Or what was the difference between seeing a psychologist and psychiatrist? Simple vocabulary should be used to ease understanding for patients.

The young people also feedback that videos should be shown more as resources for helping patients because they are simple to understand and easy to watch.

***Experts by experience*** - Young people speak out at a key European Parliamentary conference on Mental Health:

In November 2017 Young Ambassadors from Article 12 participated in a seminar on Children's Mental Health and Child-Friendly Justice in Parliament bringing together young people, legislators, experts and practitioners. The event was organised by the UK Parliament led by Baroness Doreen Massey in cooperation with the Parliamentary Assembly of the Council of Europe. It was opened by the Rt Hon John Bercow MP, Speaker of the House of Commons with a keynote address by Jackie Doyle-Price M.P Parliamentary Under-Secretary of State for Health, and Chaired by Stella Kyriakides, President of the Parliamentary Assembly of the Council of Europe (PACE).

- *Training in mental health for non-specialists and for professionals such as GPs and social workers; more funding for training mental health professionals. Young people should be involved in delivering the training.*
- *There should be up-to-date Apps and virtual training for teachers*
- *More counsellors in schools (in one of the schools there was one counsellor for 1000 children)*
- *Awareness campaigns on a regular basis for the public; schools and other agencies matched by funding -one off big campaigns were not enough*
- *Information for schools and G.P surgeries which is in an accessible form that helps young people recognise their symptoms and those of their friends and siblings which ask questions such as 'do you feel sad on most days?' These should be placed in accessible places in schools such as the reception and the canteen.*
- *Every school should have a full-time nurse with the option of an educational psychologist who is full-time*
- *Young people need to be adequately supported to participate in forums locally and nationally. In the UK there needs to be a coming together of the various youth forums so that there is opportunity for structured dialogue which can influence policy.*



One of the young people said that young people must be listened to and were “experts by experience”

**Article 12 Youth Forum Member wins a Teen Award!**

Ellie inspires others by sharing her story about her transgender journey and first presented her story at an emotional wellbeing conference to over 100 staff from primary and secondary schools. Ellie wants schools to be more inclusive environments for children having explorative thoughts around gender and sexuality. Oxford Health’s Equality and Diversity Lead is working with Ellie and Buckinghamshire CAMHS to help the service in become more inclusive in implementing gender neutral facilities at our CAMHS centres.

**Buckinghamshire County Council’s Emotional Wellbeing Conference:**

For the second year running, young people from our CAMHS service planned and designed their own workshop which they delivered to primary and secondary school representatives from across the County. The young people’s workshop educated participants on:

- ☑ Spotting the signs of mental health early
- ☑ How school can support young people around mental health and LGBT
- ☑ Ideas for celebrating mental health awareness week and LGBT week in school

**Appendix CAMHS Evaluation Research**



CAMHS evaluation  
1st report October 2018

**CAMHS Workforce (CAMHS to update)**

Year	2015/16		2016/17		2017/2018	
A&C	Band	WTE	Band	WTE	Band	WTE
Band	WTE	6.9	3	3		
3	3	1	4	6.9		
4	6.9	1	5	1		
5	1	7.3	Consultant	7.3		
Consultant	7.3	0.4	6	0.4		
6	0.4	0.5	7	0.5		
7	0.5	1.2	8a	1.2		
8a	1.2	0.8	8c	0.8		
8c	0.8	5.6	6	5.6		
6	5.6	12.16	7	12.16		
7	12.16	0.5	8a	0.5		

8a	0.5	0.7	5	0.7		
5	0.7	6	7	6		
7	6	5.3	8a	5.3		
8a	5.3	2.2	8b	2.2		
8b	2.2	2.38	8c	2.38		
8c	2.38	1	8d	1		
8d	1	0.5	7	0.5		
7	0.5	1.2	8a	1.2		
8a	1.2	0.8	8b	0.8		
8b	0.8	3.6	8a	3.6		
8a	3.6	1	8b	2		
8b	2	1				
		4	6	4		
6	4	0.5	4	0.5		
4	0.5		4	4		
4	4	36		36		
	36 110.54	103.54		110.54		

### 2018 Staffing

POST	BAND	WTE
A&C	3	3
	4	10.3
	5	1
Consultant Psychiatrist	Consultant	7.4
Dietician	6	0.4
Family Therapist	7	1.5
	8a	0.6
	8c	1
Nurse	6	7
	7	10.6
Primary Hlth worker	5	0.7
Nurse Consultants	8a	2.5
Specialist Practioner	7	1

<b>Psychologist</b>	<b>7</b>	<b>2</b>
	<b>8a</b>	<b>5.5</b>
	<b>8b</b>	<b>3</b>
	<b>8c</b>	<b>2.95</b>
	<b>8d</b>	<b>1</b>
<b>Psychotherapist</b>	<b>7</b>	<b>0.5</b>
	<b>8a</b>	<b>0.8</b>
	<b>8b</b>	<b>0.8</b>
<b>CBT THEARAPIST</b>	<b>7</b>	<b>1.6</b>
<b>Snr Mgr.</b>	<b>8a</b>	<b>3.9</b>
	<b>8b</b>	<b>2</b>
<b>Social Worker</b>	<b>6</b>	<b>1.5</b>
	<b>7</b>	<b>6.5</b>
	<b>8a</b>	<b>1</b>
<b>Ass Psychologist</b>	<b>4</b>	<b>4.5</b>
	<b>5</b>	<b>1</b>
<b>PWP</b>	<b>4</b>	<b>0</b>
<b>Barnardos</b>		<b>32</b>
<b>Grand Total</b>		<b>117.55</b>

### 13. Bibliography

- Future in Mind (March 2015)
- Tier 4 CAMHS Specification (2013/14)
- Model Specification for Child and Adolescent Mental Health Services: Targeted and Specialist levels (Tiers 2/3) (Dec 2014)
- Model Specification for Transition from CAMHS (Jan 2015)
- Supporting people with a learning disability and / or autism who have a mental health condition or display behaviour that challenges - draft service model (July 2015)
- Mental Health Crisis Care Concordat - Improving outcomes for people experiencing mental health crisis (Feb 2014)
- Buckinghamshire Crisis Care Concordat Action Plan
- Access and Waiting Time Standard for Children and Young People with an Eating Disorder (July 2015)
- DfE Counselling in schools: a blueprint for the future (March 2016)
- DfE Behaviour and discipline in schools: guidance for headteachers and staff (Jan 2016)
- Five Year Forward View (Oct 2015)
- Achieving Better Access to Mental Health Service by 2020 (Oct 2014)
- Local Transformation Plan Toolkit (March 2018) [www.nspcc.org.uk](http://www.nspcc.org.uk)
- Transforming Mental Health Services Children Experienced Abuse [www.nspcc.org.uk](http://www.nspcc.org.uk)

The workshop covered the 3 key themes that have been standing themes since the initial stakeholder engagement in 2015; Accessibility, Communication, Collaboration.

In response to the concerns raised through the recommission and subsequent stakeholder engagement opportunities, the following actions were taken.

### **Accessibility – thresholds for access and waiting times**

**You said ..... There are long waits and it's difficult to know who will be seen.**

**We....**

- Established a Single Point of Access (SPA) – for consultation and advice, referrals and signposting
- Set targets for waiting times
- 90% within 4 weeks of routine referral (year 3 of contract onwards)
- Allowed anyone to refer including young people (14+)
- Expanded the designated Looked after children and Adoption team
- Provided short bookable “drop in” appointments

**Communication – parents reported they were unable to speak to the clinicians and stakeholders indicated that they didn't know the outcome of referrals**

**You said ..... It's hard to find out what is happening and to speak to CAMHS**

**We provided....**

- SPA – one number to call
- E-referrals through the website
- Newsletters
- Named Link mental health workers to all schools
- Link consultant to GPs – Dr Pal
- More consistent feedback to referrer by letter after referral

**Collaboration – it was felt the service was working in isolation**

**You said ..... We need to work together more**

**We**

- Enabled direct conversations with clinicians through the SPA
- Established a training offer to all workforce through planned programme and adhoc requests
- Established a Parent advisory group (PAG)
- Provided a designated worker in Swan (CSE) unit
- Maintained link workers into Youth Offending Service (YOS) and substance misuse services

- Improved transition pathway into adult services
- Facilitated very active engagement with Article 12 young person participation
- Reviewed and began changes to the Autism pathway

The recent Stakeholder workshop focused on the same 3 themes and identified ways to further progress services in this context. Suggestions have included further publicising the SPA and self-referrals/consultation, working in primary care and school settings, increased and closer working with children's social care. These suggestions are being developed and built into plans for 18/19 and beyond.

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