



Report to Children's and Education Select Committee

Date: 7 January 2021

Title: Child and Adolescent Mental Health Service (CAMHS) in Buckinghamshire

Presenters:

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Background

1. In 2014/15, the Child and Adolescent Mental Health Service in Buckinghamshire was recommissioned and a new service model was introduced in October 2015. The service is provided by Oxford Health Foundation Trust (OHFT) in partnership with Barnardo's and is jointly commissioned by NHS Buckinghamshire Clinical Commissioning Group (CCG) and Buckinghamshire Council.
2. The service is based on the [Thrive model](#) embracing a whole system approach, promoting resilience, early intervention, prevention and collaboration with the aim of reducing escalation of need, and improving outcomes for children and young people.
3. The service was rated as 'Good' by the Care Quality Commission (CQC) in 2019 and continues to develop in response to the voices of children, young people and parents, stakeholder feedback and the changing needs of Buckinghamshire residents. Developments include: the delivery of mental health into schools through a multi-agency team including children's social care, education and Bucks Mind, as well as enabling children and young people to access digital interventions initially through Kooth and Helios.
4. [Buckinghamshire CAMHS Local Transformation Plan 2019/20](#) was developed to demonstrate the journey taken since 2015 and to show the direction of travel for the next year. The refreshed plan takes account of local developments including changing need and demand as well as reflecting national priorities set out in documents such as the NHS Long Term Plan. It sets out the current local offer and levels of investment into mental health services and outlines our future plans for transformation to help us meet

local need and national expectations. The plan and priorities have been developed in partnership with our stakeholders.

5. Since COVID-19, we have rapidly moved the CAMHS workforce to remote digital intervention/working for all but essential face to face clinical work. There is now an established 24/7 mental health helpline for CAMHS accessed through NHS 111.

Main presenting issues

6. Since the onset of the coronavirus pandemic in March 2020, children and young people have experienced major changes in their lives. These have affected their family situation as well as their access to education, leisure and other services. As a result, we can see a significant rise in the number of referrals in May 2020 and then again in August 2020:



7. More detailed information relating to the referrals received between April and November 2020 is detailed below. It shows that referrals both received and accepted for assessment exceed those nationally whilst the proportion of emergency referrals are significantly below those nationally. In addition, Within CAMHS there was a rapid move to digital working at the beginning of lockdown in March, over double the national average. This has increased significantly since.

	Bucks	Mean	Median
Total CAMHS: referrals received per 100,000 population (0-18)	6016	3872	3645
Total CAMHS: proportion of referrals received marked urgent / emergency	3%	12%	10%
Total CAMHS: referrals accepted per 100,000 population (0-18)	3976	2998	2733
Total CAMHS: referral acceptance rate	66%	79%	78%

	Bucks	Mean	Median
Total CAMHS: conversion rate	60%	70%	69%
Total CAMHS: patients on the caseload per 100,000 population at 31st March 2020 (0-18)	1837	1638	1465
Total CAMHS: contacts per 100,000 population (0-18)	27880	24124	21988
Total CAMHS: proportion of contacts delivered non face to face (telephone or digitally)	30%	24%	24%
Total CAMHS: proportion of non face to face contacts delivered digitally (e.g. video conferencing, telemedicine)	32%	14%	2%
Total CAMHS: discharges per 100,000 population (0-18)	3114	2279	1980
Total CAMHS: DNA rate	6%	10%	9%

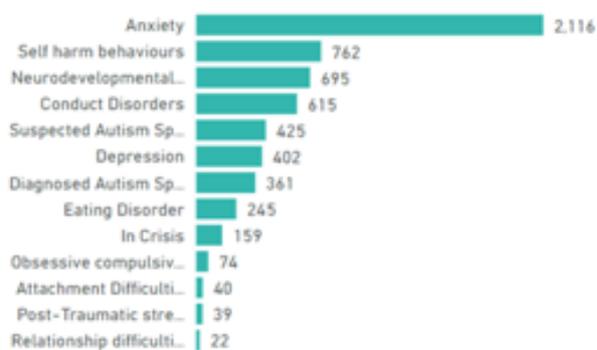
8. The CAMHS Access Indicator is also showing increased demand/activity with Buckinghamshire exceeding the 35% target at 44.5% (this includes Kooth Counselling which is commissioned by CAMHS). Please note due to the national submission and need to verify data only September 2020 data is currently available.

<i>Buckinghamshire</i>	<i>Apr-20</i>	<i>May-20</i>	<i>Jun-20</i>	<i>Jul-20</i>	<i>Aug-20</i>	<i>Sep-20</i>
<i>Access % - Last 12 months</i>	<i>42.1%</i>	<i>41.0%</i>	<i>42.7%</i>	<i>43.2%</i>	<i>43.4%</i>	<i>44.5%</i>

9. Anxiety, Neurodevelopmental (numbers inflated by a change in service provision), self harm and conduct are the top reasons for referral so far this year. This is also consistent with 2019-20 data. In addition to the overall total, a further breakdown of the referrals received by Mental Health Support Teams (MHST) is provided. Further information relating to the MHST is provided below the reason or referral breakdown.

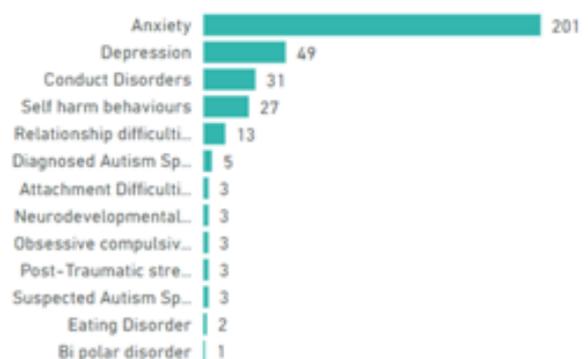
Reason for referrals Total

Why are patients being referred?



Reason for referral MHST

Why are patients being referred?



10. The MHST into school's service was set up as part of the original green paper trailblazer to support the delivery of the long-term plan ambitions for children and young people. They were set up to ensure all children and young people have access to high quality mental health and wellbeing support linked to their school or college. The MHST support links into more specialist services (within and beyond the NHS) where this is needed. In Buckinghamshire, our partnership was set up with Oxford Health NHS Foundation Trust, Buckinghamshire Council and Bucks Mind to deliver the trailblazer to education settings in Buckinghamshire. 32 schools were originally involved; however, during the pandemic the offer was opened up to any schools within Buckinghamshire who remained open. This opportunity was used to identify additional schools requiring MHST services and an additional 8 schools became part of the trailblazer. 15 additional schools which were part of a collaborative or group have been included, allowing the MHST service to widen the reach from 16.5% to 28% of all young people in Bucks who attend a state-run education setting.
11. Unfortunately, as a result of the COVID-19 pandemic, there has been an increase in Self Harm presentations amongst children and young people. We have carried out data analysis looking at both our care notes recorded data and data recorded by our Psychiatric Liaison service at BHT. The data is somewhat unclear, although looking at the time period in question there is an increase in presentations via A and E (29.5% in same period 2019 v 2020), looking at the pattern of referrals for the last 3 years there have been similar peaks throughout this period of time. There has been an increase (67%) in presentations reporting suicidality which may offer some indication of why this peak is generating concern. It is also important to acknowledge the data we have will not pick up increases that are not seen in A and E or generate a new referral.
12. Some examples of best practice in Buckinghamshire is shown below:
- a) Partnership working:
- Single Point of Access (SPA) - a core part of CAMHS provision. Any professionals or families with concerns regarding a young person's emotional well-being can call into SPA for a consultation with a mental health clinician Monday-Friday 8am-6pm (consent required for this to become a referral).
 - Child Protection and links with MASH - CAMHS are actively working with Social Care to review processes where a child has attempted to end their own life or caused themselves significant harm. Responding to MASH enquiries and taking part in strategy discussions where appropriate.
 - Links with the Family Support Service (FSS) and the NEET solutions panel - CAMHS attend the multi agency NEET solutions meetings and work with Bucks FSS in relation to the NEET offer and developing appropriate multi-agency processes and support.
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- FSS have an identified Lead Practitioner for Mental Health whose role includes strengthening connections between FSS and relevant partner agencies. They are currently attending CAMHS team meeting to introduce this role, learn more about what each other do, and think together about how the organisations can work more closely together.
 - Looked After and Adopted Children's CAMHS Team – a Clinical Psychologist embedded within Buckinghamshire CC children's homes allows joined up, person centred care for these young people.
 - Dynamic Support Register – part of the nationally led transforming care programme for people with learning disabilities and / or Autism. A multiagency group aimed at proactively managing adults, children and young people who are deemed to be at risk of admission. The Clinical Lead for the CAMHS intellectual disabilities pathway attends these meetings regularly and co-ordinates the CAMHS input.
- b) Support to schools including special schools – This is delivered in a variety of ways, including from our neurodevelopmental and intellectual disabilities specialists, CAMHS and Barnardo's link workers, Kooth and the Mental Health Support Teams (MHST). Bucks CAMHS has a close partnership with Aspire, the Pupil Referral Unit in Buckinghamshire. A senior Clinical Psychologist employed by Oxford Health has been seconded to work 27 hours a week directly into Aspire during term time. This post is co funded between Aspire and Oxford Health.
- c) Specialist Practitioner for Neurodevelopmental conditions within CAMHS - This role is community facing with the aim of improving awareness of services for children and young people with Neuro-developmental conditions including:
- how to access services and awareness of how to support within mainstream provisions.
 - advice to stakeholders including parents, schools, and community services regarding reasonable adjustments and understanding ways to support children and young people with ASD/ADHD including those who may not yet have been diagnosed.
 - support with early identification of neuro-developmental needs through a raising awareness of indicators including behaviours that challenge.
 - encouraging families and professionals to use proactive measures in line with positive behaviour support approaches; hopefully encouraging longer term strategies to be in place rather than reactive responses resulting in families reaching crisis.
 - promoting a needs led approach rather than adjustments once a diagnosis has been made.

- facilitated through consultation to a range of stakeholders and by running training directly to education and other professionals.
- d) School Link workers - Every Primary School and Secondary school within Buckinghamshire has a CAMHS link worker who provides:
- Support and advice
 - Non-urgent Consultations
 - Updates within CAMHS
 - Information regarding relevant training and services
- e) Training for schools:
- PPEPCare has been designed to help staff in primary care and education to recognise and understand mental health difficulties in children and young people and offer appropriate support and guidance to children, young people and their families using psycho-education and relevant psychological techniques (e.g. using a cognitive behavioural framework). Training consists of didactic teaching, experiential learning, group discussion and DVD material and is delivered by appropriately qualified staff from local CAMHS services. It aims to:
 - Enhance primary care consultations skills so that children and young people receive better quality, integrated care and so that health professionals can make more effective use of brief consultation sessions
 - Enhance knowledge and skill of staff working within the school setting to help them more readily identify mental health issues in their students and support them and their families
 - We presently provide 15 locality training events a year. On top of this, we provide free training directly into schools as requested (8 bespoke events since February 2020).
- f) Support after suicide - If there has been a suicide within a school, then support via CAMHS has been provided by our SPA and Crisis Team into the school. This may involve additional training for teachers or offering direct consultations / assessments with young people.
- g) Buckinghamshire Special Schools:
- Clinicians, Medics and Leads from the service continue to build on positive relationships with senior leaders, teaching staff and other key professionals in each of the special schools to develop effective multiagency working, as well as improving access to the service by having a positive and regular presence in each of the Special Schools. For example:

- Clinical lead and Head of Service attended Special Heads Meeting at beginning of last academic year to improve understanding of CAHMS provision for different groups of children with SEN and to establish a named person (Clinical Lead) for any of the Special School Heads to contact with questions.
- Clinical Lead has established termly meetings with 4 Special Schools who refer the most cases to CAMHS. This allows for efficient monitoring of cases open to CAMHS, as well as providing a consultation service to allow for early intervention and preventative work for children who may not meet the threshold for a CAMHS service.
- All the other Special Schools in the county have a named CAMHS link worker allocated from the CAHMS-ID pathway to provide specialist link worker support to meet the needs of children with SEND.

Outcomes for children

13. Outcomes are measured, monitored and reported in a variety of ways, both locally and nationally. For example, the outcome of interventions delivered by Bucks Wellbeing Practitioners for children and young people are included in the national CAMHS reports prepared for the National Adviser on Child Mental Health. Locally we provide commissioners with regular case studies across our clinical pathways. We have also reported the use of Routine Outcome measures across groups and workshops delivered within CAMHS between April 2019 - March 2020. Goal-Based Outcomes (designed to evaluate progress towards a goal by comparing how far a young person believes they have moved along a 10-point scale towards reaching their target) across all groups demonstrated significant improvements in progress towards goals.
14. The Revised Children's Anxiety and Depression Scale (RCADS) was also commonly used across many groups. The RCADS showed an improvement in symptoms in the majority of groups; however, there was a slight increase in average symptoms for 1 out of 6 Autism Spectrum Disorder Anxiety groups and 1 out of 6 Teen Anxiety groups.
15. Other routine outcome measures used within CAMHS also demonstrated positive results. Within the Looked After Children pathway there were significant increases in carer-reported knowledge and understanding of different topics, and a reduction in carer-reported difficulties experienced by looked after children. The Re-Connect pathway demonstrated a decrease in symptoms of both anxiety and depression following the 20-week group for parents. The Multiple Family Therapy group for Eating Disorders showed an increase in parents' self-reported caregiver skills, and in one out of two groups this was also sustained at follow-up.
16. Example feedback from a school consultation is shown below:



'I really wanted to thank you on behalf of both of us for coming in to chat to us about ways we can support some of our most vulnerable pupils in school. We are becoming increasingly concerned about the mental health of our pupils and the impact anxiety and low self-esteem is having on their education and ability to enjoy school and their childhood. The training schedule that you shared with us is really helpful as staff in the school really want to be doing the right thing to support these children. Having the confidence to deal with situations and know when to make a referral is so important.

The advice you were able to give us on strategies to support our pupil who has a diagnosis of ADHD, and demonstrates traits of ASD was incredibly useful, and you were also great at explaining how he may be feeling in certain situations and ways we can understand how to identify triggers and challenges he may be experiencing.

It is not always easy to access advice and we know that professionals are always really busy, so we appreciate the time you gave us and the advice is already making a positive impact.'

Wellbeing Support for Buckinghamshire Schools

17. It was well understood that following the full return to school in September 2020 , children and young people may be presenting with a range of mental health and wellbeing issues. To help, the Department for Education worked with the Department of Health and Social Care, Health Education England, Public Health England, NHS England and Improvement and an expert advisory group to develop "Wellbeing for Education Return" - a new, national training package for education staff. The aim was to help schools and colleges to provide wellbeing support for children and young people, preventing as many as possible from developing mental health problems and ensure those with pre-existing or emerging difficulties access the right support.
18. Aspire School was commissioned by Buckinghamshire Council to deliver this project that focused on increasing Buckinghamshire schools' ability to respond to the challenges that many of our young people and their families will be facing as a result of COVID-19. The specific objectives of the project were to:
 - Increase the knowledge and expertise of the school workforce, so that staff feel confident and competent in dealing with the challenges raised by Covid-19, such as trauma, emotional self-regulation and community expectations.
 - Provide opportunities for meaningful peer to peer collaboration and support, and champion best practice so that models of excellent practice are widely accessible and adaptable for other schools.
 - Create agile and adaptive processes for getting support to those children and young people who need it the most, and the teachers and school leaders who work with them so that our most vulnerable children are fully supported by an integrated system.

19. Between September and October 2020, Aspire and Buckinghamshire Council ran five expert sessions (free to schools) for school leaders, including heads, SLT and SENDCos. The content of these sessions were based on the needs and priorities identified from a survey of headteachers in June 2020. The sessions were advertised through communications with headteachers and Teaching Schools and run by Zoom. The below provides an overview of the key themes covered:

- Looking after staff wellbeing
- Emotional regulation
- Trauma and PTSD
- Attachment Disorder
- Loss, bereavement and anxiety

20. Approximately 250 staff attended the sessions and feedback survey links were sent out with the resources from each session. Participants were asked to rate their overall satisfaction with the session(s) they had attended on a scale of 1-5, with 1 being 'very dissatisfied' and 5 being 'very satisfied'. All respondents rated themselves at a 4 or a 5, with 67% reporting satisfaction rates at the highest level. Participants were asked to be specific about how they will use the training. Again, responses were overwhelmingly positive and included:

- Practical strategies staff had already started using with staff and specific students and groups (e.g. nurture groups)
- Use of materials shared by speakers with staff (Powerpoint, videos of sessions)
- An intention to disseminate

21. In addition to the support provided through the Wellbeing Support Project, Buckinghamshire Council's Educational Psychology Team has introduced a dedicated 'Well-being Support and Advice Line'. The helpline is primarily intended to provide school leaders (including headteachers, deputy and assistant headteachers, SENCOs and other members of each senior leadership team) with a safe and confidential space in which they can talk through the challenges, stresses and frustrations of operating schools and settings during this unprecedented situation. Although many conversations through the helpline will stand alone, more regular contact can be established if both parties feel this would be appropriate and beneficial. Furthermore, where necessary the Educational Psychologists can provide guidance on accessing more intensive medium- and long-term support. The Educational Psychology team has also curated some really helpful for schools on how best to manage bereavement and grief during the COVID-19 pandemic. It covers different situations and the difficult emotions bereaved people may have to deal with.