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Health & Adult Social Care Select Committee  
Buckinghamshire Council  
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Sent by Email to:

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16<sup>th</sup> April 2021

Dear Jane

Once again, I would like to most sincerely apologise for the delay in responding to the questions and points of clarification raised by Members following our attendance at the Health & Adult Social Care Select Committee. This was solely due to impact of the pandemic on our services and staff.

We needed to redeploy staff between different roles to ensure we maintained capacity to support patient care on wards and in the community. This also meant that many of our performance and corporate support teams had their work re-prioritised. We are very grateful for the committee's patience and for the interest, advocacy and support for Mental Health Services in Buckinghamshire.

We are now able to respond to the questions posed:

**Q1. The Trust was commissioned to see 35% of those who were referred into the service. This percentage feels particularly low and leaves 65% without appropriate treatment. What is the Trust's mid-to-long term plan for accessing more funding to increase the treatment for people who are referred to the service?**

NHS England set an ambition to increase the access to appropriate Mental health support for Children and Young People (CYP) to 35% by 2020/21. This is a national CAMHS (Child and Adolescent Mental Health Services) target set on prevalence and the service has been funded to see this level of increase. You will be pleased to note that the chart below demonstrates that we have been consistently exceeding this target since our recommissioning in 2016.

From March 2020 to March 2021 of the Children and Young People who have been referred to the service 71% have gone on to receive a clinical intervention. The remaining 29%, where a clinical intervention was not indicated, were, following triage by a Senior Mental Health Practitioner, were signposted to an alternative appropriate service or intervention.

In Buckinghamshire we have continued to develop and expand our CYP services in the areas that have been identified as having the most need such as Eating Disorder services. Crisis Services, Looked After Children and Early Intervention. In 2021 and again now for 2021/22, we have received further funding in Buckinghamshire from the Clinical Commissioning Group through the NHS Mental Health Investment Standard (MHIS) and NHS England transformation monies to help with increased demand and improving waits. The Government has recently announced some further non-recurrent mental health recovery

funding in the recent Spending Review and there will be an allocation within this for further CAMHS investment.

Separately, we successfully bid for transformation funds to be an early implementer of Mental Health Support Teams (MHSTs) in schools. We now have two teams who work within 49 schools in the county providing evidence-based interventions and helping the schools to develop Emotionally Healthy environments. The MHSTs are holding focus groups with young people to better understand what the barriers may be to seeking help but also exploring how they keep themselves well and share that learning across peer groups. We are working with schools to make mental health an accessible topic and normalising this for young people as you would with physical health. We have set up consultation and drop-in groups in each of the education settings the MHST's support in Bucks for young people, carers and education colleagues to come and discuss anything they would find helpful, in confidence.

Buckinghamshire has also recently successfully bid to secure funding to establish a Keyworker service for children and young people who have complex needs with a Learning Disability or Autism. The aim of the team is to prevent hospital admission and family breakdown by providing enhanced community care to our most vulnerable young people and their families. This service will be implemented during the coming year.

We will be continuing to develop the overall service as described by the NHS Long-Term Plan (LTP) for improving access further through a blended model using digital consultations and in-person treatments. We are also reviewing our processes to ensure CYP are not waiting unnecessarily through possible inefficiencies within the current system.

**The National access targets set by NHS England are below**

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%
Number of additional CYP treated over 2014/15 baseline	21,000	35,000	49,000	63,000	70,000

**Bucks CAMHS Access Achieved April to February 20/21** – Bucks CAMHS have over-achieved against this target every month so far this year.

Bucks CCG	Target	9082									
	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21
Access % - Last 12mths (all CCG)	42.1%	41.0%	42.7%	43.2%	43.4%	44.7%	45.6%	46.6%	38.8%	40.1%	40.3%

**Q2. The response target of 24 hours for mental health emergency support seems rather liberal in, what can be, extreme times for people. Does the Trust have plans to reduce this time and if so, how will it deliver this?**

In 2021 the Trust set up a 24-hour mental health helpline for all ages. This is a service that has mental health practitioners available 24 hours a day, 7 days a week. We have secured funding for this recurrently and this can be accessed through the 111 service.

For referrals directly into the services, CAMHS run a single point of access 8am till 6pm Monday to Friday where anyone can refer into the service. All CYP referrals are triaged by a qualified advanced practitioner who will be able to respond as appropriate to the need of the presenting difficulty. If this is assessed to be an emergency, then a referral to our crisis team would result for which there is an expectation that they will be contacted within 4 hours by a member of the crisis team. Our Bucks crisis team offers services 7 days a week 24 hours a day.

CAMHS Emergency referrals receive an initial response within 4 hours and are assessed as quickly as possible depending on need but within 24 hours of referral unless the patient's medical condition determines otherwise. Children and young people requiring emergency assessment and intervention include those who have been admitted to hospital, or where there is a very high risk of serious harm with a severe impact on functioning, including but not exclusive to:

- Behaviour with severe psychiatric presentation with associated risks.
- Suicidal intent and behaviour including eating disorders with significant low weight/low BMI (body mass index)
- Complex multi-agency cases where urgent decisions are needed for young people with significant mental health problems.
- The waiting standard for urgent referrals is 7 days and routine referrals is 28 days.

**Q3. Has the Trust seen an increase in the need for gender dysphoria services for children? How is the Trust recording the number and the natal sex of children who are referred for these services?**

Oxford Health have a long-standing working relationship working with the National Gender Identity Development Services with shared care as needed for young people with significant gender dysphoria and co-morbid mental health issues. There has not been a notable increase in these cases in the county. We have been doing a lot of work with our Mental Health Support Teams in schools and Participation service to ensure that we are meeting the needs of our Gender Dysphoric community.

We have made adaptations to provision to ensure that we offer gender-neutral options across our services. We have equality and diversity champions working within teams covering a range of issues, gender identity and dysphoria included. We have seen across some of our schools an increase in requests for support around these topics. At this stage it is difficult to differentiate between increase in demand in this area or whether there is now greater awareness therefore young people are more comfortable to identify with these conditions. We have started to capture relevant data.

**Q4. Professor Elaine Fox of the University of Oxford has stated that “it is vitally important to include the voice of young people in our understanding of the impact of the Covid-19 pandemic on the mental health and wellbeing of the young.” The issue is currently being addressed within the Oxford ARC study. Is the Trust aware of this study and how is it addressing the impact of the pandemic on the mental health of the younger generation?**

In May 2020 we joined the South East Group and began liaising with the clinical lead for CYP Mental Health for NHS England, Dr Gavin Lockhart, Consultant Clinical Psychologist & Clinical Lead CYP Mental Health (South East Clinical Delivery Network) to review all available literature. We have been meeting regularly and are constantly reviewing and being guided by the emerging evidence. CAMHS forward planning group, which has been focusing on these areas, along with all of the clinical leads, have been attending these meetings and have access to all National literature searches as it becomes available.

We are looking at Transitions between education settings from Primary to Secondary and the impact COVID has had on the CYP that are moving across into new environments. In response to our CYP voices we have enlisted the help of our voluntary sector organisations to overcome some of these anxieties and other issues in an outdoor environment in preparation for the return to school. We have been running more anxiety groups to encompass learning for parents, CYP and our educational colleagues through our link workers.

**Q5. The report highlights work around digital consultations, especially among service users from BAME communities and the younger populations, with digital offers enhancing access. Can the Trust produce further data (socio-economic, geographical, demographic) around this work and show how they are reaching these conclusions? Can you also reference those groups that digital consultation is not reaching and how you will continue to reach those groups of residents?**

The data is comparable for in person and digital consultations.

We have found that Kooth, our sub-contracted online service, has improved the access to our BAME CYP, the first table is our CAMHS current caseload breakdown and the second table shows the Ethnicity split for the most recent update report from Kooth.

**CAMHS current caseload**

<b>Ethnicity</b>	<b>Open Referrals</b>	<b>%</b>
<b>Asian or Asian British</b>	<b>153</b>	<b>4%</b>
<b>Black or Black British</b>	<b>54</b>	<b>1%</b>
<b>Mixed</b>	<b>316</b>	<b>7%</b>
<b>Not known/stated/blank</b>	<b>1089</b>	<b>25%</b>
<b>Other Ethnic Groups</b>	<b>27</b>	<b>1%</b>
<b>White</b>	<b>2695</b>	<b>62%</b>
<b>TOTAL</b>	<b>4334</b>	<b>100%</b>

**Kooth online digital consultation**

<b>Ethnicity</b>	<b>Open Referrals</b>	<b>%</b>
<b>Asian or Asian British</b>	<b>399</b>	<b>9%</b>
<b>Black or Black British</b>	<b>111</b>	<b>3%</b>
<b>Mixed</b>	<b>186</b>	<b>4%</b>
<b>Not known/stated/blank</b>	<b>84</b>	<b>2%</b>
<b>Other Ethnic Groups</b>	<b>25</b>	<b>1%</b>
<b>White</b>	<b>2492</b>	<b>57%</b>
<b>TOTAL</b>	<b>3297</b>	<b>100%</b>

Further information around demographics is a specific piece of work that currently our Performance & Information team do not have capacity to provide.

**Q6. In the 12 months from July 2019 to 2020 you received 701 reviews for Bucks Adult & Older Adult Mental Health Services. Can you supply figures for previous years in order to compare year on year trends in number of reviews and average ratings?**

**In the year July 2018 – July 2019** 904 reviews were received for Bucks Adult and Older Adult mental health services. Reviews gave an average rating of 4.57 out of a maximum score of 5 and 89.71% likely to recommend the service

**In the year July 2017 – July 2018** 767 reviews were received for Bucks Adult and Older Adult mental health services. Reviews gave an average rating of 4.58 and 87.48% likely to recommend the service.

**In 2016 I Want Great Care was introduced and in its first year July 2016 - July 2017** 158 reviews were received for Bucks Adult and Older Adult mental health services. Reviews gave an average rating of 4.33 and 86.71 % likely to recommend the service.

**Q7. Patient Feedback – How is patient feedback gathered and where is feedback monitored / reported? How do the details that are gathered drive service improvement?**

This is linked to the answer above. I Want Great Care (IWGC) is the standardised system the Trust uses to offer/collect regular electronic and paper survey feedback from patients and carers for our services and for individual teams. In addition to this method we use a range of other approaches i.e. focus groups, regular patient/carers groups, telephone interviews, complaints, compliments, patient stories, national surveys.

IWGC allows for data analysis and monitoring through its platform 'Tableau'. The data from Tableau has been linked to the Trust Online Business Intelligence Platform (TOBI) allowing for themes and comparisons to be identified with data from complaints/audit for example. Experience and Involvement Champions have been identified in each team who are responsible for accessing the teams report from IWGC monthly and bringing this for discussion at team meetings. Teams record actions from feedback in the form of 'You Said We Did' which can be displayed as a poster in waiting areas to close the feedback loop and show actions that are being taken from feedback. IWGC data is collated monthly for the Experience and involvement section of the Quality report for governance meetings and shared with management teams. The annual community mental health survey generates actions each year. From this year's survey we identified 11 actions, 6 of which are now complete. Service development projects drive feedback gathering in the form of listening events/ focus groups/workshops and this information is directly used in service development at the time of the given project.

**Q8. Complaints – Can the Trust supply data around the number of complaints with details of common themes? How are complaints dealt with, is there a specific pathway, timeframe for responding, etc?**

There were 46 complaints from 1<sup>st</sup> April 2020 to 28<sup>th</sup> February 2021 and approximately one third were upheld, one third partially upheld and the other third not upheld.

There are no National set timescales for the resolution of complaints other than to state that the NHS Trust must send the complainant a written response, signed by the authorised person, as soon as reasonably practicable after completing the investigation. This should be within 6 months of the date the complaint was received or a longer period if agreed with the complainant. If a response is not sent within a 6-month timescale, then the Trust must notify the complainant in writing and explain the reason for the delay. The Trust should send the complainant a response as soon as reasonably practicable after this period.

However, the trust has a policy to manage complaints with deadlines for responses by category. The Trust ensures that all complaints are acknowledged within 3 working days of receipt. The Trust endeavours to respond to all formal complaints graded green and yellow within 35 working days and for orange and red graded complaints (the more complex), within 60 working days. These timescales are indicative and are agreed between the investigating officer and the complainant.

### **Response to other observations in relation to the report:**

#### **Non-urgent access to mental health services**

**The report states that non-waiting times for non-urgent pathways and specialities are longer than children and families may expect. Can the Trust expand on how the Bucks CAMHS are participating in the new waiting time standards pilot and what is the Trust's mid-to-long term plan to address long waiting times?**

Bucks CAMHS were 90% compliant with the 4-week waiting time standard for initial assessment in 20/21 for getting Help and Getting More Help. We have been part of the Waiting Time Standard pilot which is aiming to identify a standardised waiting time nationally for CAMHS. We have used the funding to recruit staff and employ an online provider to ensure patients are offered assessment and treatment in a timely way. We now have a clear idea as to the demand for assessment for all aspects of the service and are working with our commissioners to ensuring they are aware of any shortfalls where the service does not have the resources to meet the demand.

**The number of residents seeking access to services in March, April and May was lower compared to previous years. The report states that services are most commonly accessed through the GP. With the current restrictions on face-to-face GP appointments, do you think the lower rates are linked to accessibility or a genuine lower need? How is the Trust working with primary care to identify and support those people who are more vulnerable?**

It is difficult to be fully confident upon the reasons for the lower rates of referrals during March to May 2020. In general terms there was a reduction in the use of services across all primary and secondary health services, not solely mental health services, and some studies suggest that the general levels of stress and anxiety in the population at large reduced during these months. However, the marked increase in referrals towards the end of the year suggest that there has been a delayed response to expressed need during the early stages of the pandemic and as people's life circumstances are undergoing more permanent change the need is increasing.

#### **Emergency access to mental health services**

**The report outlines the pathway for patients requiring access to emergency mental health services. How is an urgent referral made when a patient calls the mental health helpline? What is the average waiting time for a patient to be seen by the PIRLs team at Stoke Mandeville Hospital? We would like to see a breakdown of the different urgent patient referral routes.**

The caller calls 111/999 and speaks to a SCAS call handler, the call handler determines the urgency of the call using the South Central Ambulance Service NHS Foundation Trust (SCAS) pathways system. Oxford Health Mental health practitioners call back within the given timeframe – 10mins, 30mins, 120 mins, 240 mins and complete a triage assessment with the caller. They then determine if a referral is needed for a full assessment, they would make a phone call to the Crisis Resolution and Home Treatment Team (CRHTT) for emergency referrals, followed by an email from the team email. The triage assessment is then recorded on care notes.

Urgent and Emergency referral routes from the mental health helpline would be to the CRHTT or to the Emergency Department if there was a physical health need.

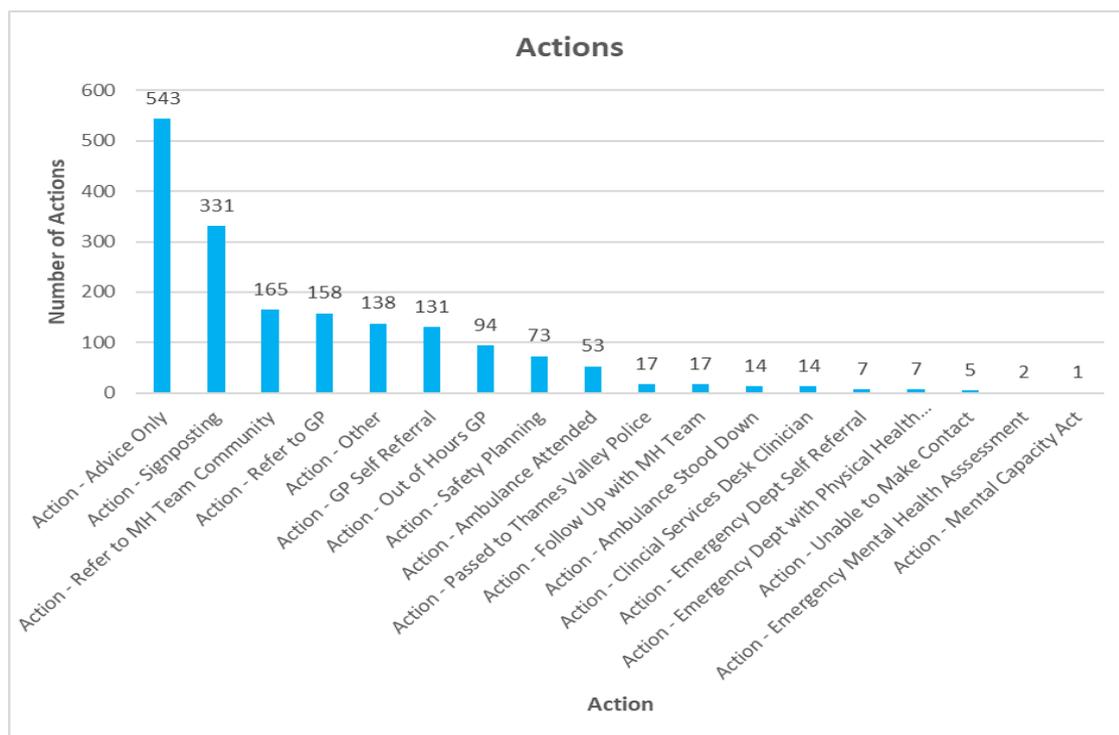
95% of patients are seen in the Emergency Department within one hour by the Psychiatric Liaison Service (PIRLS), with the average wait time from referral being 31 minutes and 10 seconds.

**With the establishment of the 24/7 mental health telephone line, are calls recorded so that they can be monitored for quality? Who is responsible for monitoring service improvements in this area and how often is it reviewed?**

Calls are monitored and audited every quarter; each clinician should have 9 calls audited per quarter. The clinical team lead and team manager are responsible for carrying out these audits and addressing any areas for improvement with team members.

**We would like to know more about the follow-up care that patients who call the mental health line receive.**

Between 04/01/2021 and 28/03/2021 the 111 triage service received 1383 calls, 478 of those were from Buckinghamshire post codes The chart below records the follow-up actions resulting from the triage assessment. Please note this is for both Buckinghamshire and Oxfordshire.



## Whiteleaf Centre

**The report indicates that the Whiteleaf Centre is a busy facility and, at times, has to rely on temporary/agency staff. What is the Trust's recruitment plans for this Centre? Does the Trust gather staff feedback on a regular basis to assess the impact of staff shortages and address their concerns?**

The Buckinghamshire Directorate has a plan in place that focuses on Attraction, Retention & Involvement.

We have developed a brand to support an identity for Bucks based services and attract staff to work for Oxford Health, in Buckinghamshire. The visual will be used to launch virtual open days in the coming months. Whilst we have been successful in attracting staff to work in our Bucks based services there are still clinical posts that present a challenge, particularly in South Bucks. We have just agreed an incentive to support recruiting to the most 'hard to fill' posts in South Bucks and we are hopeful that this will help us in filling some of the posts where we are relying on a temporary workforce.

We have a programme of listening events 'Bucks Big Listen' that are led by members of the Senior Management Team. These events take place with every team in Bucks on a roughly 4-6-month basis and are focused on:

- *LISTENING* - Listening to the views of staff; Understanding more about the issues and challenges our staff face and enabling our staff to make changes locally.
- *CONNECTING* – Bringing our staff together to make connections across the directorate.
- *CELEBRATING* – Celebrating what has gone well and telling stories to inspire others
- *ACTION* – Shared ownership and responsibility to make our organisation a better place for our patients and staff.

Actions that come from these events are monitored via bi-weekly meetings to ensure that teams receive feedback or have the support they need based upon the actions/concerns raised.

We have Health & Wellbeing Champions in many of our teams in Bucks who are empowered to support their teams with activities and raise awareness of the various programmes and initiatives that the Organisational Health & Wellbeing team have set in place. This has been more challenging during the pandemic, therefore, the Bucks Big Listen events have ensured that this forms part of the discussion with teams at every event.

## Funding

**The NHS Long-Term Plan made a renewed commitment to grow investment in mental health services. Can the Trust supply a detailed improvement plan with key performance indicators. How has Covid-19 affected the plan – what revisions have had to be made?**

The NHS Long-Term Plan (LTP) did indeed commit to grow investment in mental health services across the country and it also contained details of the objectives or KPI's associated with the increase in funding. The LTP analytical tool contains details of **indicative** investment, workforce and activity projections at a national (England), system (BOB) and place (Bucks CCG) basis. In Buckinghamshire this tool is utilised to inform commissioning decisions and forms part of ongoing assurance arrangements involving healthcare providers, commissioners and regulatory bodies.

Although the LTP objectives cover off a broad range of services, they are not an exhaustive list of activity or quality indicators that need to be addressed or considered by mental health services and commissioners. Service development and expansion plans in Buckinghamshire are largely based on the LTP objectives and trajectories but there are several instances where variation takes place. The LTP does not take into account

the start position that services are operating from meaning that some areas of the country have more ground to make up than others in order to meet the trajectories. It should also be noted that there are critical clinical priorities to be considered alongside the quantified LTP objectives and trajectories, examples of these include increasing acuity and waiting times for the treatment of eating disorders or neuro diversity diagnostic services.

The NHS Operating Plan guidance has recently been published and we are in the midst of working through our finances, activity and improvement trajectories for 2021/22.

**We understand that an additional £15m has been allocated to Buckinghamshire over the next 4 years enabling expansion of CAMHS, mental health teams in schools and services for looked after children. Can the Trust provide details on how this additional money will be apportioned to the different service areas, what targets are in place to ensure value for money and better outcomes for patients.**

It is not clear where the figure of £15 million has come from. The LTP analytical tool outlines funding increases below that but funding for MH Support Teams in Schools and the waiting time pilot is in addition of that.

LTP objectives associated with CYP include waiting time standard for eating disorder, CYP crisis coverage and the general CAMHS access indicator. As well as these areas, Buckinghamshire have already committed additional funding to NDC Diagnostic services and Looked After Children services.

As described above, we have received funding to provide 2 MHST teams in 19/20 which are now fully functioning and offer services to a population of 24,000. We have just received confirmation that we will receive further unding for another team for a further 8,000 population. Each team produces data with regards to clinical outcomes, it may take some time before we can measure the full impact of the MHSTs.

### **Additional background information requested**

#### **Street Triage**

The Buckinghamshire Street Triage service have been working in partnership with Thames Valley Police since 2015 to provide a triage service to those who present to the police with a mental health crisis. The team is based in police stations (Amersham, Aylesbury and High Wycombe) responding to 999 calls where there is a mental health element.

They attend situations with a police officer and, between them and the service user, they work hard to collaboratively resolve crises and plan the most appropriate care, helping the person to access the most appropriate pathway for their needs.

The team is currently made up of three nurses, a team lead, a manager and an administrator. By providing immediate access to a trained mental health professional the service is able to offer advice, assessment, information and appropriate support, reducing the need for members of the public to be taken to a custody suite as a place of safety.

#### **Continuing Healthcare (CHC)**

OHFT is commissioned to deliver the Continuing Healthcare service on behalf of the CCGs in both Buckinghamshire and Oxfordshire.

The service follows the NHSE national frameworks for continuing care for both children and adults. The service supports all Bucks residents who have a primary health (not just mental health) need by conducting appropriate clinical assessments to identify ongoing NHS funded healthcare needs and support requirements- we work closely with county council colleagues, acute, community and mental health teams across the county. Based on the CHC assessment, eligibility decisions are made- in line with the national process and care is prescribed. Nursing home, other placements or domiciliary care packages are commissioned accordingly.

In Bucks, there is higher CHC caseload compared to peer groups with a monthly average of 415. Since OHFT took over the management of CHC in Bucks, work priorities revolved around clearing a historical backlog and case management of the caseload to ensure equity in funding and support across the county. The key challenge was recruitment of CHC nurses due to proximity to London and nationally there is a high demand for CHC nurses.

In conclusion, we hope that the questions posed by members have been addressed in these responses and if further clarification is required can I ask that we book a call.

Yours sincerely



**Debbie Richards**  
**Executive Managing Director Mental Health & Learning Disabilities**

