



Report to Children's and Education Select Committee

Date: January 2023

Title: Oxford Health Child and Adolescent Mental Health Services (CAMHs) Update
Report for Buckinghamshire

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Executive summary

This paper gives an overview of the current position of CAMHs services provided by Oxford Health Foundation Trust in Buckinghamshire as well as updates on key areas of challenge and opportunities for change and improvement.

Introduction

Oxford Health NHS Foundation Trust (OHFT) continues to provide a range of physical health, mental health, specialist mental health, social care and learning disability services for people of all ages across Oxfordshire, Buckinghamshire, Bath and Northeast Somerset, Swindon & Wiltshire. We are rated 'Good' by the Care Quality Commission and are actively involved in research and collaborations with Oxford University. Our Oxford Health Biomedical Research Centre (BRC) is only the second mental health BRC in the country.

The landscape has changed further than anyone could imagine the pandemic has reshaped how we live our lives and the way we deliver health care that many would not have foreseen in March 2020.

Significant pressure has been placed and continues to be placed on mental health services in the Bucks footprint. We continue to experience increases in demand, acuity, and complexity of mental health needs of Children & Young People (CYP) and their families.

Our response is affected, as with other areas of healthcare by workforce shortages, fatigue, and financial restraints. This is overlaid by changes to the governance structure of the local system with the Integrated Care Board developing.

Oxford Health continues to strive to offer excellent, safe, and effective mental healthcare for its population working in new ways, through partnership, using alternative interventions

and seeking smarter, often digital ways of working, with the patient and their family always at its focus.

Throughout this report the data we are reporting is limited in time due to data quality issues for the Trust linked to the national issue of the cyber-attack experienced by many NHS trusts in the summer of 2022. Much of the data will be from financial year 21/22 or up to Q1 (end of June) 2022.

Offer and access to Children and Young People Mental Health Services in Bucks (CAMHS)

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. The service was rated as 'Good' by the 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. We have an active approach to participation of CYP and their families who use the service with the running of groups and forums.

Our Child and Adolescent services (CAMHS) have seen an increase in mental health referrals by 26.5%, from 8,432 to 10,673 between FYs 20/21 and 21/22 with increasing levels of complexity, best evidenced by the increase in crisis demand by 33%, in the Getting More Help service by 26.5% and eating disorder cases by 26% (between FYs 20/21 and 21/22). We have increased staffing levels to meet this demand and our waits for mental health assessment and treatment remain relatively low. We continue to run a Single Point of Access (SPA) - a core part of CAMHS provision where 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).

In 2021/22 financial year 10,673 Children and Young People were referred into our CAMHS Single Point of Access for their mental health needs and 72% were accepted in the service. In summary:

- Through Jan to March 2022, 74% of Routine referral were assessed within 28 days (for mental health services), which were 37 breaches of 144 CYP, and of these, 16 were seen within 4-8 weeks. This is reported nationally.
- The medium wait time for CYP waiting, as of start of June 2022 is 27 days (the average across a range of key services) – the comparison to June 2021 shows we improved the wait time, as in June 2021 it was 33 days, as an average.

This report aims to focus on the mental health service offer for Buckinghamshire's CYP however we recognise that there remains interest and concern regarding the Neuro-developmental pathway offer from both OHFT and Buckinghamshire Healthcare Trust. We completely acknowledge that the waiting times for neurodevelopment assessments remains a significant concern, as demand outstrips health workforce capacity, the same as the regional and national picture. This issue is being dealt with through the scrutiny and assurance processes now linked to the joint SEND inspection in March 2022. There is a clear action plan in place that is being governed by the partnership-based Children Service Continuous Improvement Board with an independent chair. Regular updates are managed on the improvements agreed through this process and so will not form part of this report.

This report will now outline the range of support that is in place for CYP with mental health needs and provide an overview of the challenge and opportunities that the service and partners are currently working together on.

Mental Health Support teams

These teams are part of the NHS approach to delivering early intervention for pupils through their schools. The teams are principally equipped to provide interventions to meet low to moderate anxiety and low mood presentations. In addition, these teams are fast becoming a key vehicle for early identification of needs by training and offering consultation to senior leaders and teachers in schools. More recently Buckinghamshire has added 2 teams (in Aylesbury and High Wycombe) to the existing 3 operational teams, and we are meeting the access target from NHS E. All teams across the country work to a core staffing model but provide some flexibility for local arrangements as well. In Buckinghamshire our approach has been to collaborate with the Local Authority Early Help offer, adding family and youth workers to the service offer.

In 2021/22 financial year (FY) 858 Children and Young People were referred and 735 received support from our MHSTs in Buckinghamshire (86%), up from last FY where we had 594 CYP referred and 509 received support 86%. The majority of these CYP were referred due to concerns with anxiety. 735 of these CYP who received support were discharged in the same year and the average length of stay of those discharged was 112 days.

Targeted/ Getting Help

This offer is run by our key voluntary sector partner, Barnardo's, providing low intensity support as early as possible, mainly with low to moderate mental health needs. This ranges from advice, practical & emotional support as well as specific low-intensity mental health interventions. This includes interventions for CYP in groups or 1:1 as well as offering groups to parents and carers for specific interventions.

In 2021/22 FY 1772 Children and Young People were referred and 1591 (90%) received support from our Getting Help team in Buckinghamshire, up from last FY where we had 1540 CYP referred and 1406 received support 91%. The majority of these CYP were referred due to concerns with Anxiety. 946 of these CYP who received support were discharged in the same financial year and the average length of stay of those discharged was 119 days.

Getting More Help

This offer is for CYP with moderate to severe mental health conditions, from a wide range of presentational difficulties, including Post Traumatic Stress Disorder, self-harm, depression, & bipolar disorder. As a multi-disciplinary team of psychologists, psychiatrists, nurses, and family therapists who work with CYP with complex lives, providing a range of evidence-based treatments (for example Cognitive Behavioural Therapy, systemic family therapy, psychodynamic psychotherapy), medication management as well as care coordination.

In 2021/22 FY 820 Children and Young People were referred and 765 received support (93%) CYP were referred and received support from our Getting More Help teams in Buckinghamshire, up from last FY where we had 648 referred and 686 (94%) received support. The majority of these CYP were referred due to concerns with Anxiety. 333 of these CYP who received support were discharged in the same financial year and the average length of stay of those discharged was 106 days.

Vulnerable CYP offer

Buckinghamshire has a full mental health crisis offer that provides urgent response assessments for CYP that present with serious problems related to their emotional and mental health. A new element to offer is an embedded support worker directly in the Accident and Emergency department and Stoke Mandeville Hospital. Due to the success of this role a second worker is being recruited to ensure there is cover across 7 days. The crisis offer has through COVID continued to provide a 24/7 offer, retaining a face-to-face offer as needed and the team has recently nominated for a Nursing Times national award by Buckinghamshire HealthCare Trust.

In 2021/22 FY 461 Children and Young People were referred and 443 (96%) received support from our Crisis team in Buckinghamshire, up from last FY where we had 347 referrals received and 330 actioned (95%).

If a CYP needs a longer more intense level of support, following the initial stabilisation of a crisis or instead of our GMH offer then the OSCA team will help, OSCA standing for Outreach Service for Children and Adolescents. They use treatments such as Dialectic Behaviour Therapy, as well as brief skill interventions to enable them to tolerate their distress and regulate their emotions with the right practical skills.

In 2021/22 financial year 25 Children and Young People were referred to OSCA and 23 received support (92%), down from last FY where we had 35 referred and 31 received support (89%).

We have a small specialist team focused on Looked After Children service (LAAC) that provides direct work with Children in Care, offering evidence-based treatments with a focus on trauma, as well as advice and support to foster carers, residential and social workers working with the Child in Care through offering therapeutic parenting, psychoeducation, and training.

In 2021/22 financial year 93 Children and Young People referrals were received and 85 received support (91%), up from last FY where we had 92 referrals received and 86 received support (93%). 48 of these CYP were discharged in the same year and the average length of stay of those discharged was 111 days.

In terms of the work of the specific offer to residential homes, key headlines of what has achieved is:

- Direct work with 15 young people between April 2020 and August 2022, offering 10 1:1 intervention's (mainly trauma based) with 5 showing reduced anxiety and depression post intervention, 2 supported into our CAMHs provision and 3 supported indirectly through the network of professionals around them.
- Building staff capacity – delivery of 3-day training course for all staff members within the residential homes on trauma, attachment, mentalization, therapeutic parenting, emotional regulation, and psychological formulation.

Eating Disorders

Eating disorder referrals have increased, placing this service under challenge. Due to demand and complexity of presentations the service like the rest of the country is struggling to meet the national waiting time standard. March 2022 reporting showed Buckinghamshire meeting waiting time standards for 64% of urgent cases (down from 80% in Dec 21) and

33% of routine case (down from 37% in Dec). The following measures are being put in place to support this post COVID recovery.

- Rolling out a hospital at home offer that seeks to support families manage complex eating disorder needs in the community
- Increase intensive meal support at home from community eating disorder teams.
- Increase liaison and training into acute hospitals to support young people on wards to help whilst an inpatient and accelerate discharge.
- The development of an early intervention programme (FREED) for 18 – 25-year-olds that will offer a more rapid assessment and intervention.

There is a significant increase in CYP with an eating disorder needing a bed for physical stabilisation at a general hospital since we last reported. With a jump of 66% (22) from 19/20 to 20/21 noticeable, although returning to similar 19/20 levels in 21/22. However, the total bed days remained high for both 20/21 (302) and 21/22 (297) compared to 19/20 levels, and the per child mean length of stay rising from 4.6 (19/20) to 8.4 (20/21) and peaking at 10.6 in 21/22. This outlines the pressure faced by demand and acuity for the crisis, hospital teams and inpatient services.

Intellectual Disabilities – (ID)

A small specialist team that supports CYP and their families with a mix of learning disability, mental health or challenging behavioural needs. They help people understand more about their diagnosis combinations as well offering support with presentations including trauma, self-harm, depression, sleep disorders as well care coordination and supporting the professionals work in a more informed way with these CYP.

In 2021/22 FY 70 Children and Young People were referred and 65 (93%) received support from the ID team, up from last FY where we had 36 CYP referred and 36 received support. 10 of these CYP that received support were discharged in the same financial year and the average length of stay of those discharged was 114 days.

Dynamic Support Facilitation Team (DSFT)

This offer service has been implemented since Nov 21 to provide support young people (who have a diagnosis of an Intellectual Disability and/or Autism with complex needs) and their Families a joined-up approach to the oversight of their care, spanning the multi-agency disciplines involved. A new NHS E funded approach to tackle a growing number of CYP with their needs at risk of becoming an inpatient in a mental health ward. They do not provide treatments rather form strong relationships with CYP to advocate for their needs and ensure their voices are heard to meet their identified goals. Currently (end of Dec 2022) we are offering this support to 16 CYP in Buckinghamshire and with a new facilitator starting more CYP will be offered support. In addition, a key development for this offer will be to extend its offer to under 25's with diagnosis of an Intellectual Disability and/or Autism with complex needs.

Outcomes summary and reporting

The annual routine outcome measures (ROMs) report was completed in April 2022, with an interim report in September 2022 (attached below this section). Comparisons across groups over time and further analysis will be completed at the end of year report when a larger data set is available. As well as focusing on groups and workshops, individual case studies

(for young people receiving therapy for Post-Traumatic Stress Disorder) are included, as well as more qualitative feedback.

The most used ROMs across all groups are Goal-Based Outcomes (GBOs) and the Revised Children's Anxiety and Depression Scale (RCADS). All interventions show a positive impact; in some cases, these are not clinically significant changes. Analysis of ROMS indicates that for interventions with young people experiencing milder mental health issues (our targeted pathway and Mental Health Support Team), measures such as the RCADS indicate that young people are not necessarily presenting with clinically significant symptoms to start with. Whilst case examples demonstrate the importance of not relying solely on ROMS to measure improvements for young people, this data has been used to review and revise the outcome measures used to see if we are able to improve specificity.



CAMHS ROMs report
April - September 2022

Benchmarking information

This information is taken from the NHS Benchmarking Network's Children and Young People's Mental Health Benchmarking Project. The metrics reported represent either the full year position for the financial year (2021/22) or the position observed on 31st March 2022. The information outlined provides both a Buckinghamshire specific and then a benchmarked position inside the country and region to contextualise that information.

Key headlines are:

- Buckinghamshire's referrals received (6316 per 100,000) is above the national mean (4869) and median (4457) of referrals. Bucks is in the upper quartile nationally for this indicator, 3rd out of 6th regionally.
- The accepted number (4454 per 100,000) of referrals is above the national mean (3759) and median (3559) figures. However, the acceptance % rate (at 74%) is slightly lower than the national mean (77%) and median (76%) rates. 4th out of 6 regionally and just below the upper quartile nationally.
- CAMHS had above the national mean (13%) and median rate (11%) for re-referral, our rate being 22%. Bucks is 1st out of 6 regionally.
- Bucks contacts per 100,000 (34089) was above the national mean (30209) and median (26434), Bucks were 4th of 6 regionally.
- CAMHS face to face contact rate was 28% - this is lower than the national mean (57%) and median (56%), and so the non face to face contacts at 72% is higher than the national mean (35%) and median (31%).
- Bucks discharges per 100,000 (3316) was higher than the National mean (2211) and median (1835). Bucks were 3rd of 6 regionally. Bucks DNA rates was below the national mean (8%) and median (7%)

Overall, this presents a positive picture of the service offer in comparison to other regional and national CAMHs offers. The one area that requires further attention is the re-referral rate and the service will complete a piece of more in-depth quality audit work on this in the next financial year once our new recording system is fully operational.

Our Staff

Our teams are highly skilled and experienced people that provide excellent services. We have multi-disciplinary teams, that include a wide range of clinical expertise. We pride ourselves on being a good place to work but both locally. Nationally CAMHs Services often struggle to recruit – this is reflected in our vacancy rates. The table is data pulled together at the end of Dec 2022 and outlines the budgeted and actual whole-time equivalence per service area in Buckinghamshire CAMHs. The overall rate of permanent staff in post is at 79%, in Dec 2022. As a trust we do use agency members of staff, to help manage our vacancies. Currently we have 13% of posts filled by agency members of staff.

The Trust is working hard to improve its recruitment success including its use of social media, for example recent campaign to increase eating disorder workforce, seeking to recruit people from overseas as well as reviewing the incentive packages to attract more people to work with Oxford Health, for example our refer a friend scheme. Within CAMHs we are being creative with our roles, testing new ways of building teams with the range of people that are available from our local areas, e.g., social prescribers and teachers working in the in the DSFT team. We are creating development posts investing in their training and support to enable them to progress within the service to more specialist roles.

Strengthen what we offer and meeting our challenges

With the support of commissioners, Partners, Children, Young People, and their Families, acknowledging that the current model has been in place since original commissioning arrangement set up in 2015, the Trust has started a review of its Buckinghamshire CAMHs offer.

The proposed aims of the review are to create a shared understanding of the current strengths and weaknesses of the current offer and its ability to meet the national NHS and Buckinghamshire specific service requirements as informed by the needs of CYP and their families. We expect the review to recognise service requirements for the next 2 years as transformation opportunities and secondly to identify areas that can further strengthen the offer in areas of integration/ partnerships with other agencies, how to support workforce recruitment/ retention, where service gaps are and how to communicate and engage with families on where to get help and how that help will be delivered.

The review continues now, but emerging headlines and where we think improvements can be made are:

- a) Changing our current separate Getting Help (GH) and Getting More Help (GMH) teams in a single pathway.
- b) Establish an alternative balance of direct and indirect work in the Neuro/ ID teams to support CYP and find a system wide solution to their needs in crisis, when there is no clear mental health need.
- c) Need to investment and build the right workforce in the ED service to meet volume and acuity of demand and the Long-Term Plan expectation.

- d) Strengthen the understanding of our Crisis offer to families/ partners and develop shared roles with the Local Authority seeking to co-locate people from agencies together, seeking to strengthen joint assessments and interventions.
- e) Develop and consistently deliver (both in and out of the CAMHS service) a consultation model across the service that supports people in their work with CYP with mental health and neurodiversity needs.

There continues to be significant pressures in the system related to increasingly complex young people whose level of risk is beyond what was seen historically. The number of young people who require extraordinary levels of support is beyond what could have been predicted, the number of young people who are unable to be housed safely at home with classical CAMHS and social care support. The lack of availability of placements means that there is a high degree of pressure on all partners within the system, either due to inability to discharge from CAMHS inpatient beds, or use of unregulated or unregistered placements. This pressure is causing clinical, financial, and regulatory issues for all partners, and we need to continue to work and support each other to both investigate local solutions on an individual case and systemic basis and continue to work regionally and nationally to highlight the effects of this absence of provision.

There is an important system wide opportunity to support the transformation of the multi-agency collaboration when working with complex young people's presentations, within the youth justice system, in the child protection & care system or in mental health crisis. Oxford Health has been awarded 3 years of funding (circa 1.5m a year) as one of 7 vanguard sites nationally. The funding will enable us to learn how to achieve better outcomes for these young people as well as improving the response of services to meet their needs. Buckinghamshire will begin mobilising its staff and a voluntary sector partner will be working closely with our clinical team to implement this pilot programme in the coming months.