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 refreshed Local Transformation Plan (LTP) builds on the new children and young people’s mental health ambitions and 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, which 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 seen set up to represent the voice of parents and carers. The group meets quarterly and as well as providing feedback on the mental health services, has helped to shape 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.**

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

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

- **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.**
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 the CAMHS website including “what to expect at CAMHS”. 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 (SPA) 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 and young people aged 14 years and over was welcomed. The training offer to professional has been well received.

Suggestions for improvement for the year ahead included:
- Making CAMHS more accessible to young people by using platforms such as social media and WhatsApp groups.
- A dedicated phone line could be available 24/7 and as part of the NHS 101 number.
- More training on understanding mental health issues in schools as part of the curriculum to young people but also as a training need to schools staff.
- Making the CAMHS website more user friendly and easier to navigate, offering a complete resource for young people, parents and professionals, which includes information about mental health issues, training and services available across the Buckinghamshire System.

Communication

The level of communication between CAMHS and partner agencies was recognised as greatly improved compared to the old model, with the SPA being recognised as a key factor in this.

Suggestions for improvement for the year ahead included:
- Notifying schools when a young person has been discharged from CAMHS.
- Better communication about the Single Point of Access and open referral through promotion, sharing with stakeholders, improving google searches.
- Clarity about the Buckinghamshire area of the CAMHS website, clearly identifying this as the Buckinghamshire service 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.

Suggestions for improvement for the year ahead included:
- Early intervention, in particular, collaborative work between front-line social workers and health.
- Closer collaboration with CAMHS to offer early help/intervention to a family could be more effective and reduce the need for more costly interventions.
The needs of young people in Buckinghamshire

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 and young people in Buckinghamshire

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, Buckinghamshire has seen an 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, 43.1% of looked after children who have completed Strengths and Difficulties Questionnaire (SDQ) scored over 17 indicating a cause for concern. Although it is noted that three out of 10 looked after children did not have a SDQ assessment so it is possible that this figure is higher than current estimates. In June 2018, 51% of Buckinghamshire’s looked after children were currently placed out of county.

School exclusions and persistent absenteeism is an issue in the county and work has started in county to address this but needs to be explored further. The proportion of fixed term exclusions for primary school pupils in 15/16 was 1.3% which is higher than the England value of 1.2%. For secondary school pupils this was 5.0% of pupils which is better than the England average.

In 2016/17 14.0% of Buckinghamshire’s secondary school enrolments were classed as persistent absentees; this was an improvement on 2015/16. It has been identified that for a number of young people poor attendance is due to anxiety related difficulties.

The mental health needs of young people who are NEET (not in education, employment or training) needs to be better understood. The refreshed long term plan and key priorities have been presented to the representative from the Clinical Commissioning Group and Local Authority through the Health and Wellbeing Board, Partnership Board, Local Safeguarding Children’s Board, including the Director of Children’s Services, county councillors and Cabinet Members, service-user groups and other stakeholders at our Annual Stakeholder Event held in August 2018.
Key priorities for 2018-2019

- Develop resources and skills in universal services to enable improved early support and advice for children and young people with mental health concerns.

- Further development of mental health awareness – training for parents, website development, publicity for website, increasing use of technology.

- Develop perinatal mental health services to enable increased access for women and their partners.

- Maintain four week wait from referral to assessment and further increase the number of children and young people accessing NHS commissioned mental health services.

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

- Ensuring children and young people in crisis have access to timely support to prevent/minimise escalation to more complex needs.

- To complete comprehensive analysis of under-represented groups such as those groups with historically poor access to mental health services and develop a system wide engagement strategy to raise awareness and develop ways to support the mental health needs of these groups.

- Integrated working across social care and health to ensure the mental health needs of infants, children and young people placed within and outside of county are being identified and responded to in a timely way.

- To ensure that there is a whole system approach with resources to support and care for children and young people with mental health needs, autism or learning disability that exhibit challenging behaviour.

- Improving transitions for young people with complex presentations across children and young people’s services to adult services through establishing all age pathways.

- Continue to develop the system wide pathway for all age neurodevelopment presentations, including autism.

- To develop a more robust system for collecting, analysing and reporting outcomes for children and young people across all services in CAMHS.
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\(^1\), was developed by the provider to utilise the Thrive model\(^2\), the outcome reflects many of the themes identified through Future in Mind\(^3\) 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.\(^4\)

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 two 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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\(^1\) [https://www.bettercommunication.org.uk/the-balanced-system/](https://www.bettercommunication.org.uk/the-balanced-system/)


\(^3\) [https://www.gov.uk/government/publications/improving-mental-health-services-for-young-people](https://www.gov.uk/government/publications/improving-mental-health-services-for-young-people)

2. Ambitions, Progress and Further Plans 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 children and young people, parents and stakeholder on the vision for Buckinghamshire CAMHS.

This is underpinned by the following objectives which were identified in 2015:

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.

- The CAMHS website has been identified as the key source for mental health support. It has been developed with young people and continues to be improved based on stakeholder feedback.
- The single point of access has been developed as a source for mental health advice, signposting and referrals.

To do:
- Further promotional work is needed to ensure everyone knows where and how to access this information.
- Increase system wide parent and professional resources on the CAMHS website and improve navigation links.
- Further identify any groups that are not accessing mental health services and develop an engagement strategy to address this.
b) All children and young people who need mental health services will receive the right help, in the right place when they need it.

- The single point of access has facilitated easier access with signposting to ensure children and young people can receive help when they need it.
- By 31/03/18, 90% of those accepted by the service were seen for an assessment within four weeks.
- From October 2016 to September 2017, 4814 referrals were received. This is an increase of 12% from previous year.

To do:
- Maintain waiting times for assessment and reduce waiting times for treatment and neurodevelopmental assessment.
- Increase identification of mental health needs in children entering care.

c) All services working with children and young people will promote wellbeing across both physical and mental health.

- Increased number of young people accessing mental health services following the initial health assessment for looked after children.
- Making Every Contact Count training has been provided to members of the CAMHS service.

To do:
- Review psychological support for those with long term conditions.

d) All young people who are transitioning between services are supported throughout the process to ensure transfers are managed safely, appropriately and in a timely manner.

- Barnados Buddies provide support to children, young people and their families/carers to enhance and aid understanding of clinical work by offering reassurance to children and young people and families/carers.
- CAMHS have worked with adult mental health services and young people to develop a transitions policy.
- All age pathways are being developed and established for eating disorders, urgent care, complex needs and neurodevelopmental disorders.

To do:
- Further develop and embed all age pathway work across children’s and adult services.
- Continue to develop partnership working across commissioned and voluntary sector providers to promote a system wide mental health offer in Buckinghamshire.
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.

- CAMHS has demonstrated increased recording of outcomes, however the ability to demonstrate change through this has been limited to date.
- Case studies and surveys have been used to demonstrate improved outcomes.

To do:
- Increase use of patient reported outcome measures and ability to report on changes as a result of receiving a mental health service.

f) Children, young people, parents, carers and other stakeholders will influence the development of the service through participation and feedback.

- Active Article 12 Participation Group engaged in service changes and developments.
- Established and engaged Parent Advisory Group (PAG) meet quarterly.
- Surveys continue to be used to obtain feedback on the service from service users, parents/carers and stakeholders.

To do:
- Increase frequency of stakeholder event to twice a year
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 children and young people with mental health concerns.
- Further development of mental health awareness – training for parents, website development, publicity for website, increasing use of technology.
- Develop perinatal mental health services to enable increased access for women and their partners.

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. Applying the prevalence data to this figure would suggest that Buckinghamshire would have approximately 9,082 young people with a diagnosable mental health condition.
- Children and young people under the age of 20 years make up 25.0% of the population of Buckinghamshire. 31.6% of school children are from a minority ethnic group.
- 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. Current prevalence rates would suggest that approximately 1600 infants are at risk of developing mental health difficulties.

NB: for more detailed needs assessment please see Appendix 1

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 stakeholders.
- More information on the CAMHS website 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 as part of the curriculum to young people but also as a training need to school staff.

[5](https://www.oxfordhealth.nhs.uk/camhs/bucks/services/)
Buckinghamshire offers

Developing mental health resilience in children and young people

Buckinghamshire Public Health commissioned two evidence-based resilience training programmes for school staff for universal delivery in schools as a means of promoting mental health and building individual resilience. 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.

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. The Penn Resilience Programme Training continues to be available to secondary schools through the Buckinghamshire Public Health offer.

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. The service deliver Psychological Perspectives in Primary Care (PPEP care) training, 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.

During 2016/17 the service offered 16 Psychological Perspective in Education and Primary Care (PPEP) training events, covering: anxiety, low mood, conduct disorder, eating disorders, attachment issues, post-traumatic stress disorder (PTSD) and self-harm. This free training was provided to over 500 people from different professional backgrounds.

Developing skills and sharing good practice

Buckinghamshire Emotional Wellbeing in Schools Annual Conference

This conference is now in its sixth year with planning underway for November 2018. The last conference was held in 2017 with the theme ‘Schools in Mind’. The conference was organised 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.

The 2017 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.

Aylesbury Vale Teaching Partnership

Aylesbury Vale Teaching Partnership is a designated Teaching School in Buckinghamshire, based at Aylesbury High School. It was designated as a Teaching School in 2016 and is working to develop partnerships across the county with schools to provide appropriate Continuing
Professional Development (CPD), ITT and School to School Support. The partnership has held an initial training session on “Leading a Mentally Healthy School” with a second workshop to be held in January. This training is linked to the Mental Health Lead roles as described in the Green Paper ‘Transforming children and young people’s mental health provision’.

**Schools Wellbeing & Welfare Forum**

The Wellbeing and Welfare Forum aims to provide Buckinghamshire schools with a support network, a platform to share resources and practice, and an opportunity to generate innovative ideas as a team to support the wellbeing and welfare of pupils. It is held once a term at Alfriston School and has been attended by over 30 different schools. Free training is provided, on topics such as managing anxiety or understanding trauma, and there are opportunities for discussion amongst professionals and networking. It is proposed for a second forum to be held in Aylesbury, north of the county to complement the existing one in the south of the county.

**Partnership and liaison between CAMHS and schools**

**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.
Early intervention – perinatal mental health
Perinatal Mental Health Network and Strategy

Buckinghamshire has developed a Perinatal Mental Health Network 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 (see appendix 2) 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.

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.

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

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 during the autumn term 2018.

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”

Increasing the use of IT will increase the accessibility for parents and stakeholders

Perinatal Mental Health Service

The Buckinghamshire Perinatal Mental Health 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 adult services single point of access, where they triage and undertake specialist assessments on-going support, sign posting and treatment as appropriate.

During 2017/18 338 women accessed perinatal mental health support from the adult services.
who find it difficult to attend groups due to a variety of reasons including carer responsibilities or work commitments. The development of these resources will help to ensure there are fewer barriers to accessing mental health support.

Continue working with the website creators so that carers and young people can book themselves directly onto a training course.

Continue the work with young people to develop more videos, webinars and podcasts to offer training and groups for promoting mental health wellbeing as well as particular conditions. This work has begun with some videos already available.

Provide training sessions to parents and support parents in the 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 already started delivering training with the local schools by inviting schools to host training sessions for parents. It is intended to build on this initiative to develop training in various venues across the county to aid access to these resources.

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 ‘Transforming children and young people’s mental health provision’ Green Paper.

CAMHS are in discussions with the college providers to develop a peer group mentor service to complement existing provision. Link worker roles will be available to the colleges during 2018/19.

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 four week waiting time for NHS children and young people’s mental health services to be piloted in some areas.

Buckinghamshire will be advised in the autumn 2018 if they have been successful in the expression of interest 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, the service has secured funding from NHS England to expand the team to enable increased access for more women. It is anticipated that the new service will increase access to 5% of women giving birth. The service is currently recruiting to the new posts and once recruited and training completed will become fully operational.
4. Improving Access to Effective Support – A System Without Tiers

Our priorities for 2018/2019

• Maintaining a four week wait from referral to assessment and further increasing the number of children and young people accessing NHS commissioned mental health services.
• Continuing to embed whole system working to ensure services delivering to children and young people work together to meet the mental health needs of this group.
• Ensuring children and young people 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 was statistically lower than the England value.
• Buckinghamshire hospital admissions as a result of self-harm was statistically better than the regional and England rate.

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 phoneline 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, which 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.6

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)

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

**Activity data 2014/15 to 2017/18**  
(See Appendix 3 for figures)

The service provides a monthly report to demonstrate activity which includes numbers of referrals, source of referral, caseload sizes, waiting times, maximum waits, did not attend.

Key points from the data:

- The service has seen a 49% increase in referrals received since 2014/15 when there were 3988 to 2017/18 when there have been 5943. This equates to 65% of the estimated number of children and young people with a diagnosable mental health disorder in Buckinghamshire.
- Of the 5943 referrals received in 2017/18, 4821 were accepted to the CAMHS service with 3617 going on to have an assessment. Others received consultation over the phone or signposting to other organisations such as Time to Talk, Youth Concern and Youth Services. This equates to 81% of those who contacted the service accepted with 61% receiving an initial assessment.
- The service has seen an increase in the number of referrals directly from education, carers and self-referrals with a reduction in GP referrals over the last three years which has been encouraging. Further work is needed to promote this message.
- The average total caseload for CAMHS has increased by 53% since 2015 which has been enabled by the increased staffing levels.
- There has been an 80% increase in the number of young people with outcomes recorded between 2016/17 and 2017/18.

**Waiting times 2017/18**

Waiting times for assessment for routine appointments is set as a key performance indicator of 90% within 4 weeks. This target was achieved at end of March 2018 and has largely been maintained year to date for 2018/19. Young People waiting for a diagnosis of autism through the CAMHS service are currently waiting longer (12 weeks) for this assessment due to the increase in demand. However, significant work has been completed over the last two years to reduce this 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 2018/19:**

Getting More Help - average April-July, 95.5% seen within four weeks  
Getting Help - average April-July, 88% seen within four weeks.  
Average total amount of assessments per month: 119
For anyone requiring intervention there is an expectation for intervention to start within six 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

Assessments and interventions are offered at a range of venues, as requested by young people, where appropriate and safe to do so. 34% of CAMHS contacts from April to June 2018 have been in venues outside of mental health clinics.

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. ‘Buddy’ is the term used to describe the Barnados mental health workers. This term was identified by young people as the name for this team of people.

1. Targeted Buddies
Buddies will provide time limited, targeted support for children and young people who have been assessed by a CAMHS clinician as being suitable for this help. For these children and young people 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 children and young people 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 children and young people and families/carers receiving more complex clinical therapy and interventions (specialist). This is achieved by providing planned support with six weekly reviews with the Care Coordinator. In addition, Buddies may be asked to provide step down support to children and young people 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 children and young people and their families/carers when appropriate. They may also be able to support them to attend if necessary.

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;
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 six sessions consisting of two 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 six sessions consisting of two hours’ session for the parent. Age range under 11 with an ASD diagnosis.

**Drop-in sessions**

Since 2016 CAMHS have been offering bookable 15 minute 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.”

**Partner agencies**
School nursing and mental health in schools: The Emotional Health Pathway

Public Health commissions Buckinghamshire 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 developed an emotional wellbeing pathway with CAMHS for children (all age groups) at risk of mental health problems. (See Appendix 4 for pathway)

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 34 secondary schools have utilised the dedicated Time to Talk counsellors commissioned by Buckinghamshire County Council. The contract allowed for all secondary schools to receive three hours of counselling however this has not been taken up by all the schools as many have their own service offer.

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) and Buckinghamshire Mind offer youth counselling in locations across the county.

Peer mentoring

The Peer Support in School 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 Not in Education, Employment or Training (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 youth services 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 & 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 Mental 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 and 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 and 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. The team also have specialist roles 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.
Three 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, two 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. CETRs 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 has developed all age guidelines for the CETR process and has designated leads within Buckinghamshire CAMHS and the commissioning team to ensure that CETR are arranged in a timely way. The next steps are to develop a dynamic risk register to identify those who are potentially at risk of admission.

### Transitions between CAMHS & Adult Services

#### Transitions policy

CAMHS are mindful of a young person’s ongoing mental health needs post 18 years and as such 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 18th 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. Pathways 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 onward we will...

Continue to increase access to ensure that at least 32% of children and young people with a diagnosable mental health condition are accessing a NHS commissioned service by 31/03/2019.

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<tr>
<td>At least 35% of CYP with a diagnosable MH condition (9,082 CYP) receive treatment from an NHS-funded community MH service</td>
<td>28%</td>
<td>30%</td>
<td>32%</td>
<td>34%</td>
<td>35%</td>
</tr>
<tr>
<td>Target number of CYP to be seen to reach access target above</td>
<td>2543</td>
<td>2725</td>
<td>2906</td>
<td>3088</td>
<td>3179</td>
</tr>
<tr>
<td>CYP with at least 2 points of contact</td>
<td>Data not available</td>
<td>3755</td>
<td>47.7%</td>
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Local reported data suggests achievement of this target, however there is a discrepancy with national reporting. Work is underway to understand this and to seek to resolve this. Partnership working, as below, is one of the strands for increasing access in line with the future target.

**Develop further 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.**

Working as the lead provider for children and young people’s mental health, Buckinghamshire CAMHS have made links to pilot using telehealth and to support the offer of face to face counselling interventions and work into schools. Kooth will be available delivering a telehealth offer to Buckinghamshire young people during October 2018.

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7 Access to services for people aged 5-17, Produced 25 July 2018, NHSE
Ensure sustainability of waiting time standard of 90% referral to assessment within four weeks

Ensure sufficient staff and skill mix to enable maintenance of current waiting time for assessment and reduce waiting time for treatment. An expression of interest has been submitted to NHSE for additional pilot funding to achieve referral to evidenced based intervention within 4 weeks. The outcome of this will be known in autumn 2018.

Improve and extend the response to children and young people in mental crisis ensuring a robust 24/7 response

The Five Year Forward View for mental health proposes that people facing a crisis should have access to mental health care in the same way that they can get access to urgent physical health care.

CAMHS offer a response service 24 hours a day, seven days a week, however capacity in this service is limited. The urgent care pathway across all ages is being reviewed to ensure a more robust 24/7 response for all ages to include a night time crisis support SPA. This is particularly important 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. This large scale piece of work is expected to continue into 2019/20.

Wider approach to transitions, further improving the pathway for young people needing mental health services past their 18th birthday

Whilst the commissioners and service agreed a local incentive scheme in place of the national CQUIN for 17/18 work to reduce and manage transitions is ongoing in Buckinghamshire.

The mental health services are developing all age pathways for young people increasing fluidity and reducing transitions between services. Eating disorders and neurodevelopmental services are already developing pathways.

The clinical pathway for people with emotionally unstable personality disorders across the age range and across the system will be reviewed to include training plans and support mechanisms for staff including primary care. The service will develop clinical nurse specialist roles which will in reach into wards, as well as advising, supporting and actively working with colleagues in community teams. This will ensure a consistent approach from 14 years through transitions into adulthood or from inpatient to community settings and a therapeutic relationship in which a real sense of partnership can develop. This work is expected to be started during spring 2019 with completion by the end of 2019.

Buckinghamshire will continue to develop work on transitions not just within mental health services but also to consider the mental health needs of care-leavers as they move out of care and into independent or supported living.

To develop a more robust system for collecting, analysing and reporting outcomes for children and young people across all services in CAMHS.

OHFT has been set a target for 18/19 with regards to developing a mechanism to collect, analyse and report outcomes for children and young people. For 2018/19 it has been agreed that this will focus on outcomes based on group interventions.
5. Care for the Most Vulnerable

Our priorities for 2018/2019

- To complete comprehensive analysis of under-represented groups, such as those groups with historically poor access to mental health services, and develop a system wide engagement strategy to raise awareness and develop ways to support the mental health needs of these groups.
- Integrated working across social care and health to ensure the mental health needs of infants, children and young people placed within and outside of county are being identified and responded to in a timely way.
- To ensure that there is a whole system approach and resources to support and care for children and young people with mental health needs, autism or learning disability that exhibit challenging behaviour.
- Improving transitions for young people with complex presentations across children and young people’s to adult services through establishing all age pathways.
- Continue to develop the system wide pathway for all age neurodevelopment presentations including autism.

Our population

- Research in 2013 identified that two children in the average primary class have experienced abuse\(^8\). 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 three years. There was a peak in 2016 with 245 children entering care, an increase of 50% compared to the previous year in 2015 (160).
- In Buckinghamshire, 43.1% of looked after children who have completed Strengths and Difficulties Questionnaire (SDQ) scored over 17 indicating a cause for concern.
- The UK estimate is that approximately one in 100 children has autism\(^9\). Applying this to the Buckinghamshire population would suggest that 1225 children in Buckinghamshire have autism.
- In 2016/17 Buckinghamshire CAMHS received 105 referrals for young people to the eating disorder service.
- In 2016/17, 16% of the referrals to the early help panel identified mental health as the primary reason for referral. Behaviour was identified as the primary reason for referral in 28% of referrals.
- In 2016/17 referrals to the Multi-Agency Safeguarding Hub identified behaviour as the fourth and sexual assault as the fifth highest reason for referral to social care.

You said we need:

- Shorter waiting times and higher priority for looked after children 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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\(^9\) 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:

Adverse Childhood Experiences have been linked to:

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

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.

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

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 looked after children/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 offer

**Awareness of vulnerability factors**

**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. The services 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.

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

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.

All staff within CAMHS receive mandatory training in recognising abuse and neglect during assessments of children and young people referred to the service. The service has developed 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. The service has developed the role of domestic abuse champions within the teams to raise further awareness of young people who may have experienced or witnessed domestic abuse. Links have been developed 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 the service has 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.

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10 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)
**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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<tr>
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<th>2014/15</th>
<th>2015/16</th>
<th>2016/17</th>
<th>2017/18</th>
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</thead>
<tbody>
<tr>
<td>Non-attendance rates (DNA)</td>
<td>9.29%</td>
<td>7.86%</td>
<td>6.31%</td>
<td>7.79%</td>
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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 slight increase in the rate of non-attendance is linked to increased use of group intervention and reduced attendance during school holidays, this will be considered for future planning. The slight increase in the rate of non-attendance is linked to increased use of group intervention and reduced attendance during school holidays; this will be considered for future planning.

**Attachment and vulnerable young people pathway**

**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 two years.

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 looked after children and young people including care-leavers. The service offers a fast, responsive and flexible service which centres on 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 five 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.

- 93% (25/28) of looked after children referred to Buckinghamshire CAMHS in contract Q3 (Apr-Jun 2018) were contacted within five working days of referral; a slight increase from 92% in contract Q2 (Jan-Mar 2018).
- 100% (28/28) of looked after children referred to Buckinghamshire CAMHS in contract Q3 (Apr-Jun 2018) had a plan of care put in place within 30 working days of referral (including arranging assessments/appointments); a slight increase from 92% in contract Q2 (Jan-Mar 2018).

**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.

**Embedding CAMHS practitioners in other services**

**Sexual Assault Referral Centres**

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.

**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.

**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 that diagnostic needs can be addressed.

**Early help panel**

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

**Specialist health and justice services**

*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.

During 2017/18 the service provided support and training in risk assessment and case formulation to colleagues in CAMHS, social care and the wider network. In addition they worked with the Buckinghamshire Safeguarding in Education Team to provide training on awareness and risk management of sexually problematic or harmful behaviours within education settings to schools.

The service are part of Buckinghamshire Safeguarding Children Board’s training agenda, providing sessions on sexual knowledge, harmful behaviour, risk assessment and formulation.

**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 behaviour 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 by offering professional advice on the spot, accessing health information systems, and helping to liaise with other care services to identify the support required.

The service provides timely interventions and works to avoid unnecessary detention either in a police station or hospital. The Street Triage service supports Thames Valley Police (TVP) in managing any incident that may be related to mental health concerns and has no age restrictions. The hours of operation are 13:00 to 00:15.
### Eating disorders service

<table>
<thead>
<tr>
<th></th>
<th>2015/16</th>
<th>2016/17</th>
<th>2017/18</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Number of referrals received</strong></td>
<td>42</td>
<td>77</td>
<td>109</td>
</tr>
<tr>
<td><strong>Average waiting times urgent referrals (1 week target)</strong></td>
<td>0 urgent referrals</td>
<td>60% of urgent referrals seen within 1 week</td>
<td>100% of urgent referrals seen within 1 week</td>
</tr>
<tr>
<td><strong>Average waiting times non-urgent</strong></td>
<td>67% of non-urgent referrals seen</td>
<td>95% of non-urgent referrals seen</td>
<td>84% of non-urgent referrals seen</td>
</tr>
</tbody>
</table>

Prior to establishing the specialist service in 2016 Buckinghamshire CAMHS received approximately 70 referrals per year for young people with eating disorders. The CAMHS service had dedicated eating disorder clinical lead time, however, these young people were seen across the Tier 3 service and waiting times were up to six weeks for routine. The data suggests that there was an average caseload of approximately 75 young people, which has remained fairly static to date. The transformation funding has enabled the development of the specialist team and pathway for young people presenting with eating disorders.

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 four 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 the 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 the interface with paediatrics, enabling better and seamless care for those at high medical risk. This year the team has re-designed clinical and management leadership structures to develop a Buckinghamshire All-Age Directorate. The Eating Disorders Service is Buckinghamshire’s 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 and 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 Eating Disorder Conference in London in March 2018 for presenting its work.

The service is registered with the national quality improvement programme for child and adolescent eating disorder services under the Quality Network for Community CAMHS. The team completed the 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 four 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 to support the clinicians in diagnosing autism and ADHD. A specialist worker has also been appointed to 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 and 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 additional 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.

### Early Intervention in Psychosis Service (EIP)

An early intervention service for psychosis has been set up based on NICE guidance for young people aged 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.

Since December 2017 100% of those referred have started treatment within two weeks of referral.

### 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 there is already 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 built 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.

### Adoption Support Fund (ASF)

Since the ASF came in to affect in 2015 Bucks has made approximately 324 applications for approximately 152 families. Some of these interventions are happening alongside CAMHS involvement. To date since 2015 Buckinghamshire has applied for £1,237,473.14. The most commonly applied for interventions are: specialist assessments, therapeutic parenting, Dyadic Developmental Psychotherapy, Theraplay, Therapeutic Life Story, Sensory integration Therapy, creative therapies (play therapy, art therapy) work and family therapy work. Over the last two years the demand for intervention through the ASF has doubled.
For 2018/19 and onward we will...

Complete analysis of under-represented groups

Complete a comprehensive analysis of under-represented groups such as those groups with historically poor access to mental health services and develop a system wide engagement strategy to raise awareness and develop ways to support the mental health needs of these groups.

To include work with youth services, social care and education colleagues to identify those with mental health needs who are not in education, employment or training (NEET) or are absentees and establish ways to support this vulnerable group.

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.

Working together – social care and mental health services

Restorative Practice training

Buckinghamshire CAMHS and children’s social care have been given the opportunity to bid for Restorative Practice training through Health Education England. This multilevel training will provide a platform to develop more collaborative working in line with the integrated care system where there are increasing pressures and demands across health and local authority.

Colocation

During 2018/19 it is planned that partnerships with social care will be enhanced through colocation of CAMHS workers with the social care teams.

Assessing and supporting mental health in Buckinghamshire new care homes

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.

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

Social care is developing the in-county care provision to include an assessment unit to support young people presenting in crisis who are not detainable within a mental health setting but are unable to remain within their current setting due to escalating behaviour. Psychological support will be integral to this offer to support the provision and ensure environment and resources to best meet the needs of young people accessing this. It is anticipated that the new provision will open by the end of February 2018.

Review learning from escalated complex cases across mental health services and social care

Buckinghamshire Safeguarding Children’s Board (BSCB) to complete a review of recent complex cases that have been escalated through the system.

Ensure mental health is an integral part of the Buckinghamshire early help review

To work with Buckinghamshire County Council in the early help review to consider how mental health can be integral to the early help strategy and pathways.

To develop a pre-birth strategy to identify mothers and infants at risk of poor mental health

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.
Further develop all age eating disorder services

Complete further implementation of the clinical and management structures underpinning the move to an all-age service. In 2019, the child and adolescent team is due to complete the next, peer-review, stage of QNCC accreditation. 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, however, the service aims to facilitate earlier access to treatment through other groups, namely school staff and parents through further stakeholder liaison, training events and website development. 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 programme approach

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/caregivers and the county’s special education provision and social care. 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. In line with the Transforming Care Agenda the programme will ensure that this vulnerable group of young people receive the appropriate support to remain with their families reducing the need for residential or hospital placements. The joint work will include training, research and audit led by a consultant child psychologist with adult colleagues, schools and partner agencies to introduce Positive Behaviour Support as an approach to manage young people presenting with complex needs and challenging behaviour.

Continue to develop the system wide pathway for all age neurodevelopment presentations including autism

This is an ongoing project across paediatric services, (Buckinghamshire Healthcare Trust) and CAMHS and adult mental health services with aim to reduce waiting times to offer diagnostic assessment from receipt of full required pre-referral information across CAMHS and paediatricians. Initial steps have included sharing of staff to complete collation of screening information and schools visits, with the plan for a single point of access for children and young people referrals for neurodevelopmental diagnosis.

Co-production work has been ongoing to develop an autism “toolbox” with advice and guidance to support professionals, parents and carers of young people with autism. The toolbox is available through the Buckinghamshire Local Offer11. 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.

11 https://www.bucksfamilyinfo.org/kb5/buckinghamshire/fsd/localoffer.page
Identification of Needs for Buckinghamshire Children’s Mental Health and Wellbeing Service and the Joint Strategic Needs Assessment (JSNA)

The last Joint Strategic Needs Assessment\(^{12}\) (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.

It is recognised across Buckinghamshire that there is evidence of a social gradient and that some young people are at greater risk of mental ill health. There are identified areas of deprivation centred on High Wycombe, Aylesbury and Chesham, which in part account for a higher level of referrals in those areas; however, this does not entirely reflect the areas of need across the range of mental ill health.

A refresh of needs has been completed and is included in Appendix 1.

Budgets

<table>
<thead>
<tr>
<th></th>
<th>2015/16</th>
<th>2016/17</th>
<th>2017/18</th>
<th>2018/19</th>
</tr>
</thead>
<tbody>
<tr>
<td>CAMHS pooled budget (BCC and BCCG)</td>
<td>£5,423,400</td>
<td>£5,423,400</td>
<td>£5,423,400</td>
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<td>Additional CCG investment</td>
<td>£784,426</td>
<td>£1,298,426</td>
<td>£1,140,426*</td>
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<tr>
<td>BCC Youth Counselling</td>
<td>£270,000</td>
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<td>Public Health MH support</td>
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<td>Total CYP MH Budget</td>
<td>£6,535,826</td>
<td>£7,049,826</td>
<td>£6,891,826</td>
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</tbody>
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* Includes £56,000 from NHSE Health and Justice

Budget and funding for 2019/20 are still to be agreed depending on allocations. These will be informed by systemwide ICS discussions and agreements; however, the FYFV financial planning indicates CCG allocation for investment of approximately £180,000 for 2019/20.

Buckinghamshire is committed to delivering the Five Year Forward View for Mental Health (FYFVMH) in relation to children and young people. Investment in the service since 2015 has been retained and it is the belief of the ICS FYFVMH Delivery group that we need to work with children and young people to address needs earlier to prevent escalation and minimise the impact of long term mental health conditions.

\(^{12}\) [http://www.healthandwellbeingbucks.org/what-is-the-jsna](http://www.healthandwellbeingbucks.org/what-is-the-jsna)
### Buckinghamshire CAMHS pooled budget

The designated pooled budget for the 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. This additional investment has enabled a range of service developments across the areas of need including the specialist eating disorder service, reduced waiting times assessments, including neurodevelopmental assessments, a specialist autism worker within the SPA, development of link workers and training programme to schools.

The CAMHS contract holds a 5% local incentive scheme paid on the achievement of 5 annually agreed key performance indicators.

The indicators for 2018/19 have been agreed as:

- Maintaining four week referral to assessment.
- Increasing access in line with the requirements of the FYFVMH.
- Reporting on outcomes to demonstrate how CAMHS has made a difference.
- Delivery of the parent training and support offer.
- Development of positive behaviour support offer in Buckinghamshire.

### NHSE Health and Justice

NHSE Health and Justice has 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 is 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

The Public Health emotional wellbeing budget supports emotional wellbeing training and programmes including the production and dissemination of resources to support schools.

### 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 continue 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)

The CAMHS Tier 4 New Care Model, led by Oxford Health, will be one of four New Care Models in the NHSE South Region, expected to go live in February 2019. The Network is a collaboration of Oxford Health NHSFT, Berkshire Healthcare NHSFT, 2Gether NHSFT, The Huntercombe Group and The Priory Group and will cover a geographical
area of eight CCG’s and three STPs. The units involved will work together to join up the pathways between NHSE specialist commissioned inpatient units and the local community pathways and has mixed bed provision designed to better meet the needs of those CYP who require access to general adolescent units, Psychiatric Intensive Care Units and Specialist CAMHS eating disorder beds.

Key aims of the network are to:

- Manage beds across the NCM.
- Keep care closer to home by reducing out of area placements.
- Reduce length of stay for CYP.
- Improve clinical outcomes.
- Create system accountability.
- Improve connections between community and inpatient care.
- Strengthen the entire clinical pathway.
- Work together to address current gaps in service provision.

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 an intellectual disability. The Eating Disorder Service for children and young people has an emphasis on treatment in the community and crisis support built 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 CAMHS service is now in year three of a five year contract. Monthly project meetings are held to track continued transformation through an extensive project plan. Monthly performance monitoring meetings are held to review the service against access, waiting times and annually agreed key performance indicators (KPIs), with quarterly meetings to review quality indicators. This includes reporting of compliments, complaints and incidents as well as a patient engagement and feedback report. The service uses the ‘I Want Great Care’ service user evaluation to review and shape the service an example report is included in Appendix 5.

Outcomes

The Buckinghamshire CAMHS service uses ‘True Colours’ as a clinical tool to measure patient reported outcomes. The app is used by the young people to show change which is then recorded in the clinical record. Whilst the young people and clinicians find this a useful tool to see individual progress, there is a difficulty in translating the data to a reportable format for the purpose of demonstrating high level outcomes for monitoring.

The service has been set a target for 18/19 with regards to developing a mechanism to show outcomes and for 2018/19 it has been agreed that this will focus on outcomes based on group interventions. Outcome reports to date are included in Appendix 6.

Improved data and the National Mental Health Minimum Dataset

The National Minimum Mental Health Data Set (MHSDS) has been mandatory from April 2017 and commissioners 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.

Buckinghamshire has experienced an issue with data recording for quarter 1 of 2018/19. As a result the local access performance is showing well below expected and locally reported (0.7%). The commissioners have asked the provider to show a local report of access where the contacts have not be counted in the MHSDS.
The Performance and Information Team within Oxford Health NHS Foundation Trust has initiated a Data Quality improvement plan in relation to MHSDS. This utilises the latest Data Quality Maturity Index published by NHS Digital to identify areas of priority for improvement.

Oxford Health NHS Foundation Trust Information Management and Technology Service is working with operational services to undertake an options appraisal in relation to the most appropriate system to capture CYP outcome information. The Trust is engaged in the regional and national programme to improve the recording and reporting of outcomes.

Oxford Health NHS Foundation Trust routinely monitor CYP access times and validate local information against the nationally published information. This has included working with NHSI and the SCN to improve the validity of the information being reported. The Trust has initiated an improvement plan in relation to Eating Disorder waits, again working with the SCN to keep it appraised of progress.

OHFT routinely provides a range of dashboards/performance reports locally, which are used to improve performance/delivery of care. The Trust is working on enhancing Business Intelligence solutions to develop dashboards to support operational services in monitoring delivery of care.

The Trust is fully engaged with the regional Strategy Clinical Network programme to improve data and reporting. The Performance and Information Team regularly provide updates to Rebecca Furlong, Network Manager Children & Maternity, and participate in regional workshops.

The Trust is utilising the DQMI to review the completeness and validity of information being reported. The collaborative work with the SCN in relation to data quality-validity will also offer further oversight.

Development of the plan and Governance

The Five Year Forward View for mental health is led across the Buckinghamshire Integrated Care System (ICS) through a multiagency group, using expertise from Buckinghamshire CCG, 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 children and young people’s mental health transformation plan is supported by the Emotional Wellbeing and Mental Health Strategic Group whose own plan supports the delivery of the transformation plan (Appendix 7).

Monitoring and oversight is provided through:

- CAMHS monthly project group meetings attended by commissioners and provider, which provides oversight and assurance of 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.
- The Health and Wellbeing Board.
- The Children’s Partnership Board.
- Buckinghamshire Safeguarding Children’s Board.

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, BCC Children and Adult services and Public Health.
Whilst the Health and Wellbeing Board has delegated responsibility for oversight of the plans to ICET, the board has mental health as an identified priority and receives regular updates on progress alongside general updates on mental health needs, performance and services.

The draft 2018/19 Plan was presented to the Health and Wellbeing board on 27th September 2018 and the Children’s Partnership Board on 10th October 2018, with members of these boards invited to further inform the plan. High level briefings have been provided to the lead member for Children’s Services and the Director for Children’s Services. The updated and finalised plan is expected to be presented to the Safeguarding Children’s Board in November 2018.

In 2014, when the service model was being developed, the commissioning team led a workshop with the purpose of developing the model and for stakeholders to identify how we could measure that the new model was successful. The outcomes from this discussion will be used during 2018/19 as a benchmark to measure the success of the service offer and the wider implications across the system.

Governance structure

Evaluation of the new model

The new model of CAMHS service delivery is being independently evaluated. This will involve collaboration between OHFT, the Academic Health Sciences Network and Oxford University. The aim of this evaluation is to understand CAMHS transformations and evaluate the impact on the use of mental health services, patient care, satisfaction, health outcomes and health resource utilisation costs. The evaluation will help Buckinghamshire and Oxfordshire CCGs validate the model, identify areas for development and share learning to promote effective and evidence based mental health services for children and young people. (See Appendix 8 for interim report)
## Risks to delivery of transformation

<table>
<thead>
<tr>
<th>Risk</th>
<th>Mitigation</th>
</tr>
</thead>
</table>
| Difficulty in recruitment and retention of workforce will lead to insufficient staff, resulting in limited ability to deliver the required transformation. | • Workforce strategy has been developed for OHFT.  
• Working with wider partners to develop third sector providers.  
• ICS partners are developing workforce initiatives. |
| Financial pressures in the system will lead to reduced investment in mental health resulting in limited ability to deliver the required transformation. | • Transparency between CCG and NHSE has maintained investment in CAMHS.  
• As an ICS, funding decisions will be made as a systemwide offer. |
| Emotional health and wellbeing needs of CYP is not fully understood or owned across the wider system, leading to lack of priority and parity between mental health and physical health. | MH delivery board meets monthly and OHFT representation on the ICS boards ensure a MH voice at ICS executive and provider collaborative meetings. |
| The ability to accurately report access and outcomes will be limited by data input/technology issues, resulting in poor reporting against the standards and negative national publication of performance. | • Reporting of outcomes is a concern for all the CAMHS delivery areas nationally and work is being completed to address this.  
• The Performance and Information Team within OHFT has initiated a Data Quality improvement plan in relation to MHSDS and is engaged in the regional and national programme to improve the recording and reporting of outcomes.  
• Commissioner is aware of the issues and actively monitoring progress to ensure resolution and accurate reporting. |
| High numbers of young people placed out of county, and refusal by some mental health providers to see children who are placed in their county, will lead to inability to offer a mental health service in a timely way. | • Virtual panel process to fund external provider.  
• CAMHS support to identify providers close to placement.  
• Provision of additional in-county provision with psychological support. |
| Complex case presentations with insufficient preplanning or lack of suitable alternative provision will lead to crisis management, resulting in difficulties securing timely placements for those in need. | • Restorative practice training across the system.  
• Sharing learning from complex cases through LSCB review.  
• Development of dynamic risk register for young people at risk of placement breakdown.  
• Provision of additional in-county provision with psychological support. |
7. Developing the Workforce

OHFT continue to work with Health Education England (HEE) on the FYFV workforce plan. The national HEE plan is to support the development of the following workforce for 2021:

**Agreed areas of growth to deliver the Five Year Forward View for Mental Health**

<table>
<thead>
<tr>
<th>Current Posts + Expansion Posts</th>
<th>Medical *</th>
<th>Nursing and Midwifery</th>
<th>Allied Health Professional and Scientific, Therapeutic and Technical Staff</th>
<th>Total Professionally Qualified Clinical Staff</th>
<th>Support to Clinical Staff</th>
<th>Administrative and Infrastructure Staff</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>CYP</td>
<td>800</td>
<td>3000</td>
<td>4000</td>
<td>7900</td>
<td>1800</td>
<td>1700</td>
<td>11400</td>
</tr>
<tr>
<td>Adult IAPT</td>
<td>0</td>
<td>0</td>
<td>5200</td>
<td>5200</td>
<td>2600</td>
<td>2000</td>
<td>9700</td>
</tr>
<tr>
<td>Perinatal</td>
<td>100</td>
<td>200</td>
<td>100</td>
<td>300</td>
<td>100</td>
<td>100</td>
<td>500</td>
</tr>
<tr>
<td>Crisis ^</td>
<td>400</td>
<td>3300</td>
<td>500</td>
<td>4200</td>
<td>1000</td>
<td>300</td>
<td>7100</td>
</tr>
<tr>
<td>Liaison MH</td>
<td>400</td>
<td>1600</td>
<td>100</td>
<td>2100</td>
<td>100</td>
<td>300</td>
<td>2500</td>
</tr>
<tr>
<td>EIP</td>
<td>100</td>
<td>800</td>
<td>100</td>
<td>100</td>
<td>300</td>
<td>100</td>
<td>500</td>
</tr>
<tr>
<td>Liaison &amp; diversion</td>
<td>0</td>
<td>200</td>
<td>100</td>
<td>300</td>
<td>0</td>
<td>400</td>
<td>400</td>
</tr>
<tr>
<td>Total T.A.s</td>
<td>1900</td>
<td>9200</td>
<td>10400</td>
<td>21400</td>
<td>5800</td>
<td>4400</td>
<td>31600</td>
</tr>
</tbody>
</table>


Established by NHS England, to support service transformation, the education commissioning piece of the CYP IAPT Mental Health programmes was taken over by HEE in 2015-16, working to a centralised model. There are six regional collaboratives across the country. Over 2018/2019 there will be a transition period to enable the shift from centrally commissioned HEE collaborative model for CYP IAPT and well-being practitioners’ programmes, to a HEE local and regional one aligned with other HEE regions across the country (it must be noted that these collaborative geographies do not align completely to the NHSE regions as currently presented.)

The underlying key principles of the mental health workforce expansion will remain the same, to support the FYFV deliverables and the Long Term Plan. These are designed to change existing services, not develop new ones, by embedding the principles across the whole delivery of CYP mental health care by providing improved access to:

- Evidence based best practice
- Strong supervision
- Regular outcome and feedback monitoring
- Shared decision making with children and young people and/or carers
- Access through self-referral
- Improving awareness and reducing stigma
Over the coming year HEE TV will seek to further develop the relationships across the existing Collaborative geography for Central and South and partner HEI provider, University of Reading, where relevant to BOB and Frimley STPs and ICSs. This will continue to support the provision of quality health and care through developing a workforce with the right skills, knowledge, behaviours, and attitudes. Key enablers such as looking at sustainable workforce supply and upskilling e.g. careers and voluntary sector; modality training; recruit to train and strong supervision; looking at new ways of working and new roles, including CYP well-being practitioners and Education Mental Health Support Teams arising from the Green Paper, will assist this.

HEE TV workforce transformation and data intelligence teams, along with other NHS ALBs (arm's length bodies), aim to facilitate collaborative conversations supporting local service and CCG colleagues’ engagement with collaboratives. This will be key to sustainability in identification of workforce gaps (by sharing data) and upskilling existing workforce, where funding is allocated to CCGs via NHSE, supporting true expansion rather than replacement training through recruit to train alone and assist in developing the skills of the workforce to provide quality health and care.

The transition to a local and regional model will seek to strengthen and further align objectives to those of BOB and Frimley STP and ICSs and the populations they serve. Following initial scoping conversations on what would assist, the development of a cross organisational HEE TV MH workforce group was identified. An initial meeting with key stakeholders to agree terms of reference is being planned for Quarter 3. HEE National funding has been identified for the provision of a seconded CYP MH Lead for HEE local offices and regions. Work is underway developing job descriptions and recruiting timelines, however it is hoped that this post will be in place by March 2019 and will provide strategic coordination and assistance to local systems.

The Trust has been fully involved in the BOB STP workforce plan covering Oxfordshire and Buckinghamshire. The waterfall diagram is shown in Appendix 9.

The CAMHS service through Oxford Health’s partnership with Barnardo’s consists of a skill mixed team. This has built on the recruitment success of an alternative workforce which can offer short term interventions to low-moderate mental health concerns. This is an excellent new workforce for CAMHS and staff report they are attracted to Barnardo’s for its values and its commitment to helping young people’s voices to be heard. The organisation is also attracting staff with qualifications such as art therapists, play therapists and counsellors, who have worked in specialist schools as well as organisations such as young carers and children’s centres. The Barnardo’s staff receive training and regular supervision through the Oxford Health staff team. Working with Barnardo’s has also brought opportunities to develop a volunteer workforce with an average of 22 volunteers collectively providing 627 hours support over the last six months.

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

Please refer to Appendix 9 for more details of CAMHS overall establishment.

For the year to date April to September 2018 the turnover rate for Buckinghamshire CAMHS staff was 12%. The vacancy rate (year to date) across the service is 8%. 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 in 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 Buckinghamshire to review workforce and consider ways to attract employees to the area. The Trust have adopted several strategies to improve...
retention and better support newly qualified staff into appropriate posts.

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 the key areas of CYP IAPT, Early Intervention in Psychosis, PPEPcare and eating disorders, while the scope of the wider system is being considered (STP and Integrated Care Systems13).

Doing this with the Thames Valley NHSE Strategic Clinical Network will also ensure that this will align with the work being undertaken by the STP and Integrated Care Systems14.

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 continues 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 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 have the skills to deal with children and young people who show signs of distress or emotional difficulties and know 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 Approach15. The training plan aims to support more CAMHS staff (including in-patient services) to develop skills, knowledge and evidence based interventions for children and young people with LD and/or ASD with behaviours that challenge. The plan will look to develop the trainer model to ensure sustainability. The plan will also include training for specific Children’s Services to develop capacity in the wider system.

Every year Public Health holds a system wide event based on raising awareness and sharing good practice around the emotional health and wellbeing of children and young people. This event is well attended from both statutory and non-statutory organisations. This November the focus will be around PHSE.

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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 partnerships 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.

The below graphs shows the percentage of targets met for indices of CYP IAPT service transformation for Oxfordshire and Buckinghamshire by quarter and indicates the Buckinghamshire CAMHS commitment to delivery of CYP IAPT. Whilst the graph does not show the level of self-referrals, the CAMHS service has been taking self-referrals since 2015 and since that time has received 948 self-referrals.

Oxford Health NHS Foundation Trust (Oxford and Bucks) CYP IAPT Implementation
Perinatal Mental Health Team

The Buckinghamshire Perinatal Mental Health Team is a specialist team that supports women who are experiencing moderate to severe mental health difficulties within the perinatal period. 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.

The team is expanding due to additional investment utilising a skill mixed team including voluntary sector.

Part of the remit of the team is to raise awareness of perinatal mental health across the system. Further training has been offered across Thames Valley through the wider perinatal mental health network.

Future workforce requirements

Buckinghamshire CAMHS advertised for Cognitive Behaviour Therapy (CBT) trainee posts for 2017/18 (through CYP IAPT recruit to train) but unfortunately were not successful in appointing to these. Two CBT trainee posts are being recruited to for 2018/19 as well as three children and young people's Psychological Wellbeing Practitioner (PWP) posts. One member of CAMHS staff is completing the Systemic Family Practice training.

Five Barnardo's staff completed the Enhanced Evidence Based Practice (EEBP) training in 2017/18, and three are currently undertaking this for 2018/19.

Buckinghamshire will continue to build capacity and capability across the system so that by 2020, 454 more children/young people can be offered an evidence-based intervention.
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 were 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, has provided input to the transformation plans and has become an integral part of the CAMHS service.

A member of Article 12 who was involved in the original consultation in 2015, has written an outline of Article 12 involvement since that time which is attached as appendix 10.

Article 12 meets on a monthly basis and has been busy on a number of projects which are outlined in the annual review.

Buckinghamshire Youth Voice

Youth Voice is for young people 11 to 19 years old (or up to 25 years old for young people with a disability or intellectual 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 it has 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 four 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 parent and 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’16 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 (Appendix 11) 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 Buckinghamshire, 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 Strategic Group

The Emotional Wellbeing (EWB) and Mental Health (MH) strategic group is a multi-agency group established to link the work around emotional wellbeing and mental health in Buckinghamshire. The group enables links between organisations and a forum to identify priorities for development.

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 31st October 2018, with awareness raising through a variety of media across the providers, BCC and the CCGs.

If you have any comments or would like to contribute to developing the mental health services for children and young people in Buckinghamshire, please contact:

Caroline Hart
Specialist Commissioning Manager
All Age Mental Health Services
caroline.hart7@nhs.net

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9. 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
- The Buckinghamshire Children’s Strategy 2015-18
- Buckinghamshire Suicide Prevention Plan (still to be published)
- Buckinghamshire Crisis Care Concordat
- Special Educational Needs and Disability (SEND) Strategy
- Adult Mental Health Strategy (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 and the Transforming Care Partnership Board.

Mental Health is a key work stream for the BOB (Berkshire West, Oxfordshire and Buckinghamshire) STP. The Chief Executive sponsor for Mental Health is Stuart Bell (CEO Oxford Health NHS FT) and the SRO is Bev Searle (Director of Corporate Affairs BHFT). The BOB STP has established a Mental Health delivery board which aims to provide an overarching STP level view of the state of mental health care across the STP area, built up from the three local systems. This group will not duplicate the role of local multi-agency programme boards, which exist within the three systems and which review progress against the FYFV deliverables but the MH Delivery Board for the BOB STP aims to ‘Improve outcomes, experience and use of resources’ for its population. The Board reports into the BOB STP CEOs group.

Buckinghamshire ICS is a member of the BOB STP MH Delivery Board. The SCN children and young people’s MH strategic group will provide progress specifically on the children and young people’s mental health programme against the FYFV to give that overarching STP level view but acknowledging that Buckinghamshire ICS has a local multi agency board looking at place-based services in line with Future in Mind for children and young people’s mental health.

19 https://www.crisiscareconcordat.org.uk/areas/buckinghamshire/#action-plans-content
22 http://www.bucks-lscb.org.uk/
10. 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)
Appendix 1 Identification of Needs for Buckinghamshire Children’s Mental Health and Wellbeing Service and the Joint Strategic Needs Assessment (JSNA)

The last Joint Strategic Needs Assessment\(^{23}\) (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\(^{24}\) June 2018 provides the following high level sociodemographic data.

<table>
<thead>
<tr>
<th>Demographic</th>
<th>Buckinghamshire (</th>
<th>Buckinghamshire (%)</th>
<th>South East (%)</th>
<th>England (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Livebirths (2016)</td>
<td>6,102</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Children 0-4 years (2016)</td>
<td>33,100</td>
<td>6.2%</td>
<td>6.0%</td>
<td>6.2%</td>
</tr>
<tr>
<td>Children 0-19 years (2016)</td>
<td>133,500</td>
<td>25%</td>
<td>23.8%</td>
<td>23.7%</td>
</tr>
<tr>
<td>Children 0-19 (2026-projected)</td>
<td>144,300</td>
<td>25%</td>
<td>23.8%</td>
<td>23.8%</td>
</tr>
<tr>
<td>School children from minority ethnic groups (2017)</td>
<td>24,007</td>
<td>33.1%</td>
<td>23.5%</td>
<td>31%</td>
</tr>
<tr>
<td>Child living in low income families under 16 (2015)</td>
<td>1 in 10</td>
<td>8.9%</td>
<td>12.5%</td>
<td>16.8%</td>
</tr>
<tr>
<td>Life expectancy at birth (2014-16)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Boys</td>
<td></td>
<td>81.9yrs</td>
<td>80.6 yrs</td>
<td>79.5 yrs</td>
</tr>
<tr>
<td>Girls</td>
<td></td>
<td>84.9yrs</td>
<td>84.0 yrs</td>
<td>83.1yrs</td>
</tr>
</tbody>
</table>

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.

\(^{23}\) [http://www.healthandwellbeingbucks.org/what-is-the-jsna](http://www.healthandwellbeingbucks.org/what-is-the-jsna)

General mental health prevalence

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.

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

*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.

Perinatal MH prevalence and importance
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, and history of childhood trauma, domestic abuse or substance misuse need to be offered services to ensure positive outcomes for their children.

The table below is relevant for mothers requiring perinatal mental health support but also in relation to the impact on the child.

Estimated prevalence of Perinatal Mental Health Disorders in Buckinghamshire

<table>
<thead>
<tr>
<th>Perinatal MH disorders based on 6100 live births</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Post-partum psychosis</td>
<td>15</td>
</tr>
<tr>
<td>Chronic serious mental illness</td>
<td>15</td>
</tr>
<tr>
<td>Severe depression</td>
<td>190</td>
</tr>
<tr>
<td>Mild/moderate anxiety/depression</td>
<td>610-915</td>
</tr>
<tr>
<td>Post-Traumatic Stress Disorder</td>
<td>190</td>
</tr>
<tr>
<td>Adjustment disorder/distress</td>
<td>915-1825</td>
</tr>
</tbody>
</table>

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 one in 250 females and one in 2000 males will experience anorexia nervosa in their lifetime, and about five times that number will suffer from bulimia nervosa. (NICE Guidance 2004). The Public Health England finger tips tool raises significant concerns about the robustness of the prevalence data available with regards to eating disorders.

Buckinghamshire CAMHS received 105 referrals to the eating disorder service in 2016/17.

Autism prevalence
The UK estimate is that approximately one in 100 children has autism\(^{25}\). 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.

---

\(^{25}\) Office of National Statistics (2005), Mental health of children and young people in Great Britain, London: Palgrave Macmillan
In 2016/17 Buckinghamshire CAMHS received 957 referrals for neurodevelopmental disorders including autism, attention deficit hyperactivity disorder (ADHD) and Tourette syndrome. This is predominantly for young people from 11-17 years. The referral figures for the paediatricians who also provide a diagnostic service for young people under 11 years are not available.

**Hospital Admissions**

**Hospital admissions for mental health conditions**

In 2016/17, there were 84 admissions for children and young people under the age of 18 for a mental health condition, a rate of 68.7 per 100,000 population 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>
<thead>
<tr>
<th>Year</th>
<th>Buckinghamshire</th>
<th>South East</th>
<th>England</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011/12</td>
<td>28.6</td>
<td>119.1</td>
<td>91.3</td>
</tr>
<tr>
<td>2012/13</td>
<td>59.0</td>
<td>106.2</td>
<td>87.6</td>
</tr>
<tr>
<td>2013/14</td>
<td>46.7</td>
<td>96.1</td>
<td>87.2</td>
</tr>
<tr>
<td>2014/15</td>
<td>46.3</td>
<td>76.7</td>
<td>87.4</td>
</tr>
<tr>
<td>2015/16</td>
<td>66.3</td>
<td>81.1</td>
<td>85.9</td>
</tr>
<tr>
<td>2016/17</td>
<td>68.7</td>
<td>82.0</td>
<td>81.5</td>
</tr>
</tbody>
</table>

*Source: PHE fingertips, Child Health profile 2018*  
*Note: this is admissions NOT persons so a young person presenting more than once will be counted at each presentation*

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 CIPFA26 peers.

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

<table>
<thead>
<tr>
<th></th>
<th>Buckinghamshire</th>
<th>South East</th>
<th>England</th>
</tr>
</thead>
<tbody>
<tr>
<td>Admission episodes for alcohol-specific conditions - under 18s</td>
<td>24.6</td>
<td>34.2</td>
<td>100.0</td>
</tr>
<tr>
<td>Hospital admissions due to substance misuse (15-24 years)</td>
<td>53.8</td>
<td>89.8</td>
<td>339.0</td>
</tr>
</tbody>
</table>

*Child Health Profile June 2018*

Buckinghamshire is better than the South East and England average with regards to admissions for substance misuse.

26 Chartered Institute of Public Finance and Accountability benchmark against 15 similar local authorities
School Pupils with Education, Health and Care Plans where social, emotional and mental health (SEMH) needs is identified as the primary need.

<table>
<thead>
<tr>
<th></th>
<th>2016</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Primary School</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% of school pupils with social, emotional and mental health needs.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Buckinghamshire - 1.41%</td>
<td>Buckinghamshire - 1.44%</td>
</tr>
<tr>
<td></td>
<td>South East - 2.05%</td>
<td>South East - 2.08%</td>
</tr>
<tr>
<td></td>
<td>England - 2.08%</td>
<td>England - 2.12%</td>
</tr>
<tr>
<td><strong>Secondary Schools</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% of school pupils with social, emotional and mental health needs.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Buckinghamshire - 1.37%</td>
<td>Buckinghamshire - 1.29 %</td>
</tr>
<tr>
<td></td>
<td>South East - 2.39%</td>
<td>South East - 2.25 %</td>
</tr>
<tr>
<td></td>
<td>England - 2.36%</td>
<td>England - 2.27%</td>
</tr>
<tr>
<td><strong>School Age</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% of school pupils with social, emotional and mental health needs.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Buckinghamshire - 1.53%</td>
<td>Buckinghamshire - 1.54%</td>
</tr>
<tr>
<td></td>
<td>South East - 2.37%</td>
<td>South East - 2.32%</td>
</tr>
<tr>
<td></td>
<td>England - 2.34%</td>
<td>England - 2.33%</td>
</tr>
</tbody>
</table>

(NB number of pupils with statements of SEN where primary diagnosis is SEMH needs divided by total all school pupils x100)

The proportion of school pupils with social, emotional and mental health needs in Bucks in 2017 was 1.5%, which corresponds to 1,286 pupils. This is statistically lower (by 33.8%) than the England value of 2.3%.

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)27 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)

27 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.

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

<table>
<thead>
<tr>
<th>Item</th>
<th>2014/15</th>
<th>2015/16</th>
<th>2016/17</th>
</tr>
</thead>
<tbody>
<tr>
<td>Completion rate Buckinghamshire</td>
<td>80.4%</td>
<td>75.7%</td>
<td>79.1%</td>
</tr>
<tr>
<td>Cause for Concern</td>
<td>6.6%</td>
<td>6.8%</td>
<td>7.9%</td>
</tr>
</tbody>
</table>
### July 18 - BCC Maintained EHCPs

<table>
<thead>
<tr>
<th></th>
<th>OLEA mainstream</th>
<th>OLEA Special</th>
<th>Independent/Non-maintained</th>
<th>Independent Specialist Post 16</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>ASD</td>
<td>37</td>
<td>36</td>
<td>67</td>
<td>10</td>
<td>150</td>
</tr>
<tr>
<td>MLD</td>
<td>8</td>
<td>33</td>
<td>10</td>
<td>6</td>
<td>57</td>
</tr>
<tr>
<td>SEMH</td>
<td>14</td>
<td>16</td>
<td>32</td>
<td>6</td>
<td>62</td>
</tr>
<tr>
<td>Other</td>
<td>3</td>
<td></td>
<td>1</td>
<td></td>
<td>4</td>
</tr>
</tbody>
</table>

### July 17 - BCC Funded Statements/EHCPs

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

### July 17 - BCC Maintained Statements/EHCPs

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

### July 16 - BCC Funded Statements/EHCPs

<table>
<thead>
<tr>
<th></th>
<th>OLEA mainstream</th>
<th>OLEA Special</th>
<th>Independent/Non-maintained</th>
<th>Independent Specialist Post 16</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>ASD</td>
<td>31</td>
<td>33</td>
<td>50</td>
<td>5</td>
<td>119</td>
</tr>
<tr>
<td>MLD</td>
<td>7</td>
<td>41</td>
<td>11</td>
<td>1</td>
<td>60</td>
</tr>
<tr>
<td>SEMH</td>
<td>14</td>
<td>19</td>
<td>39</td>
<td>2</td>
<td>74</td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>2</td>
</tr>
</tbody>
</table>

### July 16 - BCC Maintained Statements/EHCPs

<table>
<thead>
<tr>
<th></th>
<th>OLEA mainstream</th>
<th>OLEA Special</th>
<th>Independent/Non-maintained</th>
<th>Independent Specialist Post 16</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>ASD</td>
<td>32</td>
<td>32</td>
<td>49</td>
<td>5</td>
<td>118</td>
</tr>
<tr>
<td>MLD</td>
<td>6</td>
<td>31</td>
<td>10</td>
<td>1</td>
<td>48</td>
</tr>
<tr>
<td>SEMH</td>
<td>11</td>
<td>17</td>
<td>33</td>
<td>2</td>
<td>63</td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>2</td>
</tr>
</tbody>
</table>
Social Care

Looked after children, on Child Protection Plans and children in need

Research in 2013 identified that two children in the average primary class have experienced abuse\(^{28}\). The impact of this abuse on a child increases their risk of developing mental health problems.

A study\(^{29}\) in 2003 estimated that 45\% of Looked after Children (LAC) (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\(^{30}\) and Looked after Children and Placement Sufficiency Strategy\(^{31}\)

Number of Buckinghamshire looked after children at 31st March 2018


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 three 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)

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

(MASH) Multi-Agency Safeguarding Hub
The above data identifies behaviour as the fourth highest and sexual assault as the fifth highest reason for referral to social care.

Unaccompanied asylum-seeking children (UASC)
Looked after children at 31 March, who were unaccompanied asylum-seeking children (UASC) during the year ending 31 March 2013-2017

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

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 12 months on 31st March 2017 whose score in SDQ indicates cause for concern.

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

<table>
<thead>
<tr>
<th>Item</th>
<th>Buckinghamshire</th>
<th>England</th>
<th>South East</th>
</tr>
</thead>
<tbody>
<tr>
<td>% Cause for Concern</td>
<td>43.1%</td>
<td>38.1%</td>
<td>41.3%</td>
</tr>
</tbody>
</table>

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

There has been a steady rise in those who score indicated a cause for concern since 2014 when 34% of young people scored above 17. A similar increase has been seen in the borderline category with a change from 7% in 2014 to 11.9 in 2017.

Percentage of looked after children (LAC) known to Buckinghamshire CAMHS
In June 2018 113 of the looked after children placed in county (49% of 481) were known to Buckinghamshire CAMHS, this is an increase from 11% in 2015. Work is in progress.
with Social Care to further increase the referrals in line with the Strengths and Difficulties Questionnaire 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. The panel aims to offer help and support to a family to prevent the need for statutory intervention.

In 2016/17 a total of 429 families, including 980 children, were considered at the Early Help Panels. Education: 5+ was the primary referrer to the panel with 43% of the total referrals and children displaying signs of emotional and behaviour disorder was the main reason for referral. However, it is recognised that behavioural problems in children rarely exist in isolation and are often a symptom of an external pressure in the home environment, such as domestic abuse or parental mental health.

As indicated in the table below behaviour was identified as the primary reason for referral in 28% of referrals.

<table>
<thead>
<tr>
<th>Primary Reason</th>
<th>No. of Families (15 -16)</th>
<th>Percentage (15-16)</th>
<th>No. of Families (16-17)</th>
<th>Percentage (16-17)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Behavioural Problems</td>
<td>136</td>
<td>28%</td>
<td>134</td>
<td>28%</td>
</tr>
<tr>
<td>Mental Health (Self-Harm, Attempted Suicide, Overdose)</td>
<td>76</td>
<td>16%</td>
<td>77</td>
<td>16%</td>
</tr>
<tr>
<td>Parenting (Neglect Concerns, Care Arrangements, Poor Attachments, Child Undertaking Caring Role)</td>
<td>72</td>
<td>15%</td>
<td>65</td>
<td>13%</td>
</tr>
<tr>
<td>Domestic Abuse (16 &amp; over)</td>
<td>34</td>
<td>7%</td>
<td>37</td>
<td>8%</td>
</tr>
<tr>
<td>School Attendance / School Attainment / Development Concerns</td>
<td>31</td>
<td>6%</td>
<td>35</td>
<td>7%</td>
</tr>
<tr>
<td>Risk of Family Relationship Breakdown / Family Relationship Breakdown / Family in Acute Stress</td>
<td>38</td>
<td>8%</td>
<td>28</td>
<td>6%</td>
</tr>
<tr>
<td>Physical Abuse / Emotional Abuse (16 &amp; Under)</td>
<td>18</td>
<td>4%</td>
<td>28</td>
<td>6%</td>
</tr>
<tr>
<td>Chronic Recurring Health Problems / Physical Health / Physical Injury / Bereavement</td>
<td>20</td>
<td>4%</td>
<td>22</td>
<td>5%</td>
</tr>
<tr>
<td>Sexual Abuse / Risk of CSE / Sexualised Behaviour</td>
<td>18</td>
<td>4%</td>
<td>18</td>
<td>4%</td>
</tr>
<tr>
<td>Substance Misuse</td>
<td>16</td>
<td>3%</td>
<td>18</td>
<td>4%</td>
</tr>
<tr>
<td>Crime / Missing Person Report</td>
<td>11</td>
<td>2%</td>
<td>14</td>
<td>3%</td>
</tr>
<tr>
<td>Worklessness / Risk of Financial Exclusion / Housing</td>
<td>12</td>
<td>2%</td>
<td>9</td>
<td>2%</td>
</tr>
<tr>
<td>TOTAL</td>
<td>482</td>
<td>485</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**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.
Appendix 2 Perinatal Mental Health Pathway

ANTENATAL MENTAL HEALTH CARE PATHWAY for Women with no Current or Pre-Existing Mental Illness
Developed in accordance with NICE Guideline 192 (2014). To be used in conjunction with local policies and clinical judgment.

Pregnancy confirmed
Routine maternity care

MW/FNP
GP
HM Universal Offer

Mild Mental Illness (See Appendix A)
Use EPDS/PHQ-9/GAD-7 and clinical judgement to clarify. Inform GP and MW/ FNP.
Consider Professional or self-referral to Healthy Minds (IAPT) 01865 901600
Or seek advice from Specialist Perinatal Mental Health Team. 01865 901287

No MH issue identified
Routine maternity care

All ask NICE GUIDANCE 192 Questions at each contact to screen for depression (Consider GAD-7 for anxiety) (M from 18-36 weeks)

MW/ FNP / HM To provide additional monitoring and support during pregnancy.
Signpost to local community support – http://www.buckfamilyinfo.org/kcb/buckinghamshire

GP AND PERINATAL MENTAL HEALTH MIDWIFE
If mental illness develops, consider risk of prescribing/impact/intentions of breastfeeding /risk of mental health problem. Seek specialist advice via AMHT Buckinghamshire Perinatal Mental Health Services and/or UK Teratology Information Service (UKTIS) www.uktis.org 0344 382 0909

Mild to Moderate depression and/or anxiety (See Appendix A)
Professional or self-referral to Healthy Minds (IAPT) 01865 901600
Or seek advice from Specialist Perinatal Mental Health Team. 01865 901287

Severe Mental Illness (suspected diagnosis) and/or severe depression or anxiety (See Appendix A)
Assessment by Buckinghamshire Perinatal Mental Health Services. Triage by phone. Referral by Email (See Appendix A) or Phone 01865 901287
Response Time: Urgent – within 5 working days. Non Urgent – within 10 working days

Healthy Minds to provide pregnant women as clinically need dictates.

Refer to either IAPT or AMHT (not both simultaneously)
Prescribing advice for GPs may be given via telephone or email Buckinghamshire Perinatal Mental Health Services info@buckinghamshre.nhs.uk

All professionals must document information and plan in maternity record (and/or organisational notes) and inform all other agencies, including GP, of outcomes including non-engagement. Consider Safeguarding risks.

For details of pre-birth procedures and guidance use the BSBE website: www.bucks-lscb.org.uk

At each and every stage all professionals should ensure that all other agencies involved in care are informed of referral/outcome/contact/non- engagement. Add documentation plan to maternity record. If Safeguarding?? link to LSCB policy pre-birth practice guidelines and procedures.
### Appendix 3 CAMHS data

<table>
<thead>
<tr>
<th></th>
<th>2014/15</th>
<th>2015/16</th>
<th>2016/17</th>
<th>2017/18</th>
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<td><strong>Total number of referrals made</strong></td>
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<td><strong>Number of referrals accepted-all pathways</strong></td>
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<td><strong>Average total caseload (as at 31st March end of FY)</strong></td>
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<td>3089</td>
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<td><strong>Waiting times (routine)</strong></td>
<td>57% of referrals seen within 4 weeks</td>
<td>48% of referrals seen within 4 weeks</td>
<td>50% of referrals seen within 4 weeks</td>
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<td>76% tier 2 (targeted) referrals seen within 8 weeks of referral</td>
<td>69% getting help referrals seen within 8 weeks of referral</td>
<td>42% getting help referrals seen within 8 weeks of referral</td>
<td>54% getting help referrals seen within 8 weeks of referral</td>
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<td>88% of tier 3 (specialist) referrals seen within 8 weeks</td>
<td>60% of getting more help referrals seen within 8 weeks</td>
<td>90% of getting more help referrals seen within 8 weeks</td>
<td>90% of getting more help referrals seen within 8 weeks</td>
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<tr>
<td><strong>Waiting times urgent (7 days)</strong></td>
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<td><strong>Waiting times Emergency (24)</strong></td>
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<td><strong>Outcomes</strong></td>
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<tr>
<td>Number of Routine Outcome Measures completed</td>
<td>No data</td>
<td>4413 ROMS completed</td>
<td>7925 ROMS</td>
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</table>
Appendix 4 School Nurse Pathway

Appendix 5 I Want Great Care (IWGC) Example report

Appendix 6 Outcomes

CYP IAPT recorded outcome measures
The below graphs show indices associated with the use of routine outcome measures (e.g. the % of cases for which there were paired outcomes at discharge that were recorded on the MHSDS).
Obsessive Compulsive Disorder workshop for young people with parents/carers – summary of outcomes - Getting More Help
Six sessions run between June and August 2018. Psychoeducation group – all cases reviewed post group to ascertain further therapy needs (currently gathering follow up data).

10 families opted in, nine completed (one moved out of area)

Goal based outcomes completed pre and post group – 0 indicates no progress towards goal, 10 indicates goal achieved

Parent/Carer goals included: to understand how to help X manage OCD and strategies to help break it; to understand more and how to help; how to help X break the cycle and to support X in the best way; to learn one new thing I can do to help make X’s daily life better; to understand OCD better so I can be more supportive; to help manage compulsions and reduce stress

Young person goals included: stop listening to OCD by roughly half the number of times daily; more strategies and how to stop worries as much; to be able to control my symptoms/develop coping strategies; limit the intensity and/or the frequency of OCD; be able to miss parts of my routine at home; to know achievable ways of managing / controlling OCD.

Children’s Obsessive Compulsive Inventory (ChOCI-R) – categorises into sub-clinical, mild, moderate or severe OCD
## Appendix 9 Workforce

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Appendix 10 The voice of the young person in transforming the service

You 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 though the work Buckinghamshire CAMHS have been doing over the last few years.

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.

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.

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 assembles 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.

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 fed back 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 11 Buckinghamshire CAMHS Annual Review

The Annual review event 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 sign-posting.
- Set targets for waiting times.
- 90% within four weeks of routine referral (year three 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 the 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.

**Buckinghamshire CAMHS Annual Review 2016/17**

**Priorities to meet ambitions set out in Future in Mind**
The 5 key themes across Future in Mind are:

1. Resilience, prevention and early intervention
2. Improving access to effective support
3. Care for the most vulnerable
4. Accountability and Transparency
5. Developing the workforce

Each of these themes are mapped against plans for future development to enhance the mental health and emotional wellbeing services in Buckinghamshire.
**Resilience, prevention and early intervention**

Our aim is to act early to prevent harm, by investing in the early years, supporting families and those who care for children and building resilience through to adulthood. Strategies should be developed in partnership with children and young people to support self-care. This will reduce the burden of mental and physical ill health over the whole life course.

<table>
<thead>
<tr>
<th>Priority</th>
<th>Future Plans/Priorities</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>2018/19</strong></td>
<td><strong>2019/20</strong></td>
</tr>
<tr>
<td><strong>Develop resources and skills in universal services to enable improved early support and advice for children and young people with mental health concerns.</strong></td>
<td>Further development of website including use of videos, webinars and training material</td>
</tr>
<tr>
<td></td>
<td>Development of MH support group for parents</td>
</tr>
<tr>
<td></td>
<td>Development of MH training for parents/carers and for young people</td>
</tr>
<tr>
<td></td>
<td>Application for trailblazer for mental health support teams (MHST) to deliver to CYP in schools and colleges</td>
</tr>
<tr>
<td></td>
<td>Develop CAMHS website as the “go to place” for MH training and advice</td>
</tr>
<tr>
<td></td>
<td>Publish Autism Toolbox to provide resources to support parent/carers and schools</td>
</tr>
<tr>
<td><strong>Further development of mental health awareness – training for parents, website development, publicity for website, increasing use of technology.</strong></td>
<td>Development of promotional materials for website and self-referral</td>
</tr>
<tr>
<td></td>
<td>Continue to work with CYP to explore ways to promote MH awareness.</td>
</tr>
<tr>
<td></td>
<td>CYP engagement in MH strategy</td>
</tr>
<tr>
<td><strong>Develop perinatal mental health services to enable increased access for women and their partners.</strong></td>
<td>Successful bid to enhance existing pathway - Service to be further developed in line with funding and guidance from NHSE</td>
</tr>
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</table>
Improving access to effective support

Our aim is to change how care is delivered and build it around the needs of children and young people and families. This means moving away from a system of care defined in terms of the services provided, to ensure that children and young people have easy access to the right support from the right service at the right time.

<table>
<thead>
<tr>
<th>Priority</th>
<th>2018/19</th>
<th>2019/20</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maintaining 4 week wait from referral to assessment and further increasing the number of children and young people accessing NHS commissioned mental health services.</td>
<td>Work with Youth Counselling services to support a sustainable service and pathway to/from specialist CAMHS service. Work with online counselling provider to offer alternative ways to support CYP MH</td>
<td>Continue to work with other providers and across the wider system to explore options for alternative early support delivery</td>
</tr>
<tr>
<td>Continue to embed whole system working to ensure services delivering to children and young people work together to meet the mental health needs of this group of children and young people.</td>
<td>Public health investment in peer mentoring programme to further schools Continue to reduce the transition through children and adult services by developing more all age pathways Colocation of CAMHS and social care to enhance links between services</td>
<td>Continue to work with partners to develop pathways across the system to include youth services, education and voluntary sector providers Review training offer to identify current needs and update training programme accordingly</td>
</tr>
<tr>
<td>Ensuring children and young people in crisis have access to timely support to prevent/minimise escalation to more complex needs.</td>
<td>Review all age urgent care pathway working with partners in acute physical health setting</td>
<td>Establish and embed all age pathway for those presenting in MH crisis</td>
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</table>
Caring for the most vulnerable

Current service constructs present barriers making it difficult for many vulnerable children, young people and those who care for them to get the support they need. Our aim is to dismantle these barriers and reach out to children and young people in need.

<table>
<thead>
<tr>
<th>Priority</th>
<th>Future Plans/Priorities</th>
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</thead>
</table>
| **To complete comprehensive analysis of under-represented groups such as those groups with historically poor access to mental health services and develop a system wide engagement strategy to raise awareness and develop ways to support the mental health needs of these groups.** | **2018/19**
Complete analysis of under – represented groups and develop engagement strategy to consider impact across all age and whole system. | **2019/20**
Work with youth services, social care and education colleagues to identify and establish ways to support those with mental health needs who are not in education, employment or training (NEET) |

| **Integrated working across social care and health to ensure the mental health needs of infants, children and young people placed within and outside of county are being identified and responded to in a timely way.** | **2018/19**
Colocation CAMHS and social care. BSCB to review learning from escalated complex cases across mental health services and social care. Develop psychological support offer to new care homes being developed in county. To develop a pre-birth strategy to identify mothers and infants at risk of poor mental health. Complete restorative practice training. | **2019/20**

| **To ensure that there is a whole system approach and resources to support and care for children and young people with mental health needs, autism or learning disability that exhibit challenging behaviour.** | **2018/19**
Review current systemwide services available to support this group of young people. Develop behaviour management strategy and training plan. | **2019/20**
Embed and review plans to evaluate impact across whole system. |

| **Improving transitions for young people with complex presentations across children and young people’s to adult services through establishing all age pathways.** | **2018/19**
Provision of service to support young people with complex needs through to 25 years to reduce impact of transitions and to allow greater alignment of delivery models. | **2019/20**
Review impact of changes to complex needs service and develop further plans based on evaluation. |
Continue to develop the system wide pathway for all age neurodevelopment presentations including autism.

- Colocation CAMHS and paediatricians for CYP neurodevelopmental pathway
- Develop SPA for all CYP neurodevelopmental referrals
- Establish pathway for neurodevelopmental assessments removing current barriers relating to age to ensure equity of access and most efficient and effective service
- Embed changes to neurodevelopmental pathway
- Review and consider any further changes and skill mix within the pathway.
- Review and consider wider training needs

**Accountability and Transparency**
Far too often, a lack of accountability and transparency defeats the best of intentions and hides the need for action in a fog of uncertainty. Our aim is to drive improvements in the delivery of care, and standards of performance to ensure we have a much better understanding of how to get the best outcomes for children, young people and families/carers and value from our investment.

<table>
<thead>
<tr>
<th>Priority</th>
<th>Future Plans/Priorities</th>
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<tbody>
<tr>
<td><strong>2018/19</strong></td>
<td><strong>2019/20</strong></td>
</tr>
<tr>
<td>Complete review of Bucks JSNA utilising refreshed prevalence data</td>
<td>JSNA to be refreshed using prevalence data due for 18/19 publication</td>
</tr>
<tr>
<td>To include vulnerable groups and variations to further identify local variations in need.</td>
<td>To utilise LAC data from health assessments to inform needs of this group of young people</td>
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<tr>
<td>Update S75 agreement following budget agreements across BCC and CCGs and agree KPIs.</td>
<td>KPIs to be agreed with service provider for 19/20.</td>
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<td>Review alignment with adult contract and outcomes based contract</td>
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<td></td>
<td>CAMHS contract to be monitored alongside adult contract to ensure quality and governance in line with adult contract</td>
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<td></td>
<td>Review contract in line with end of year 5 (Oct 2020) to consider 2 year extension or retender</td>
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<td>Consider options for contract alignment with Oxfordshire CCG and wider STP footprint</td>
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<tr>
<td>Ensure compliance with data submissions and ability to report on outcomes for service users.</td>
<td>Service providers to work with NHSE to ensure data compliance and develop system to report outcomes</td>
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<td>Embed ability to demonstrate change and outcome reporting and ensure accurate reporting in line with MHSDS</td>
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</tbody>
</table>
Work with OHFT to embed New Care Models for inpatient CAMHS beds.

Work with OHFT and NHSE specialist commissioning to consider impact of changes on tier 4 admissions

Review urgent care response for CYP and ensure links to new care models

Ongoing system working with regards to minimising tier 4 admissions by ensuring adequate partnership working and alternatives to admission are fully explored

Developing the workforce
It is our aim that everyone who works with children, young people and their families is ambitious for every child and young person to achieve goals that are meaningful and achievable for them. They should be excellent in their practice and able to deliver the best evidenced care, be committed to partnership and integrated working with children, young people, families and their fellow professionals and be respected and valued as professional themselves.

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<td><strong>MH awareness training programme to be offered to staff in universal and targeted services including colleges, mainstream and special schools and primary care, school nurses.</strong></td>
<td>Extend training across wider children’s workforce to include social care, youth workers, and voluntary organisations. Work with schools to further develop MH support through initiatives such as the wellbeing and welfare forum and Teaching Partnership</td>
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<tr>
<td><strong>Further extend training offer to enhance awareness and skills in universal services such as sports and activity providers</strong></td>
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<tr>
<td><strong>Develop training opportunities for parents/carers and CYP to include web based resources.</strong></td>
<td>Provide training sessions for parents/carers through schools and colleges. Develop web based resources such as podcasts</td>
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<tr>
<td><strong>Ongoing</strong></td>
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<tr>
<td><strong>Participate in CYP IAPT training.</strong></td>
<td>3 Barnados staff training in Enhanced Evidenced based Practice. Recruitment for CBT and PWPs to start training</td>
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<td><strong>Ongoing training to further extend skills in teams</strong></td>
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<tr>
<td><strong>Contribute to Buckinghamshire ICS Workforce strategy.</strong></td>
<td>Identify workforce and training needs working with Health education England/Thames Valley</td>
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<td><strong>Continue to develop and embed recruitment and retention strategies and partnership working opportunities</strong></td>
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<tr>
<td><strong>Partnership working.</strong></td>
<td>Contract with 3rd sector providers to deliver MH support developed in year</td>
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<tr>
<td><strong>Continue to develop partnership working opportunities across ICS</strong></td>
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Provision of Targeted Tier 2 and Specialist Tier3, Child and Adolescent Mental Health Services In Buckinghamshire