1. Executive Summary

The 2019-2020 refreshed Local Transformation Plan (LTP) builds on the model set out in the original 2015 plan. It has been developed in accordance with feedback from service users, stakeholders and the changing needs of the local population within Buckinghamshire. The plan provides updates on development areas delivered in the past 12 months. It also outlines priority areas for transformation in the next 12 months and beyond in line with the recently published *NHS Long Term Plan* – providing a commitment to increased investment and improved quality in children and young people’s mental health services across the next 10 years.

Our achievements and areas for further work are mapped against the following priorities:

- All those living and working in Buckinghamshire will know where to find mental health and emotional wellbeing help and advice that they can trust.
- All children and young people who need mental health services will receive the right help, in the right place when they need it.
- All services working with children and young people will promote wellbeing across both physical and mental health.
- All young people who are transitioning between service are supported throughout the process to ensure transfers are managed safely, appropriately and in a timely manner.
- 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.
- Children, young people, parents, carers and other stakeholders will influence the development of the service through participation and feedback.

The experience of young people, parents and carers has been central in developing this plan. 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. An active Parent Advisory Group (PAG) is running 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.

Engagement has also been carried out with stakeholders in the county including:

- 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 Children Board
- Youth Service
- Third sector organisations
- National Youth Advocacy Service

The annual stakeholder event was last held on the 11th September 2019. This focused on sharing CAMHS developments over the past 12 months and canvassing feedback from stakeholders on how to continue to improve over the next 12 months. Three key themes were discussed; Accessibility, Communication and Collaboration and stakeholders identified ways to progress services in this context.
Key messages from young people and families in 2019 have highlighted the following areas for development. This plan will look to address how locally we will tackle these and other areas for development over the next 12 months:

- “There needs to be more awareness among minority groups as awareness and understanding of mental health is poor in some communities. This makes it much harder for young people to get help”.
- “Staff in schools needs regular and up to date training for Mental Health”.
- “There needs to be more support for young people in their transition process to other services, especially the Adult Services. Also we need to ask the young person for their opinion and thoughts on transfer wants/needs”.
- “Reducing the waiting lists in CAMHS”.

1. Introduction

The mental health needs of children and young people in Buckinghamshire are met through a number of services and organisations. Some of these are formally commissioned as mental health services by the Local Authority and Clinical Commissioning Group, for example the Child and Adolescent Mental Health Service (CAMHS). Support is also offered through a range of statutory and non-statutory agencies such as youth services, schools, voluntary and community sector organisations. Effective support requires strong joint working across all of these partners to help children and their families access the right advice and support when they need it.

The Child and Adolescent Mental Health Service in Buckinghamshire was recommissioned in 2014/15 with a new service model which started 1 October 2015. The service is provided by Oxford Health NHS Foundation Trust in partnership with Barnardo’s. It 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 developed based on assessment of local need, stakeholder feedback including children and young people, parents 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 service, based on The Balanced System Model, was developed by the provider to utilise the Thrive model. It reflects many of the themes identified through Future in Mind and there is ongoing engagement with young people and stakeholders to continue developing the service. As of October 2019, the service is in year four of a five year contract. A decision has been taken locally to exercise an allowable two year extension meaning the current commissioned service will continue through to September 2022.

Investment through Future in Mind has enabled a faster pace of change for the service. It has also enabled more children and young people to access a service in line with the expectations of the Five Year Forward View for Mental Health. Transformation funding received in 2018 (as part of a national trailblazer project) has also enabled the service to increase reach into schools, working with partners to deliver mental health interventions for children and young people that have low to moderate needs (anxiety or depression).

On 7 January, the NHS Long-Term Plan (formerly known as the 10-year plan) was published setting out key ambitions over the next 10 years. The plan builds on the policy platform laid out in the NHS Five Year Forward View for Mental Health which articulated the need to integrate care to meet the needs of a changing population. The NHS Long Term Plan identifies several priorities including improving mental health

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1 For further information see: www.bettercommunication.org.uk/the-balanced-system/
2 For further information see: www.annafreud.org/media/3214/thrive-elaborated-2nd-edition29042016.pdf
services. It also commits to a significant expansion of services for children and young people in line with the proposals outlined in the Green Paper *Transforming Children and Young People’s Mental Health Provision*, for example, the creation of mental health support teams in schools. To support these changes, the plan mandates that investment in children and young people’s mental health provision will grow faster than the overall NHS budget and total mental health spending.

Our 2019/20 Buckinghamshire Local Transformation Plan has been developed to demonstrate the journey taken since 2015 and to show the direction of travel for the next year. Our refreshed plan takes account of local developments including changing need and demand as well as reflecting national priorities set out in documents such as the *NHS Long Term Plan*. It sets out our current local offer and levels of investment into mental health services and outlines our future plans for transformation to help us meet local need and national expectations.

Our plan and our priorities have been developed in partnership with our stakeholders. We are proud to be able to share our achievements over the last 12 months and excited to articulate our future plans which will support more children to access services and achieve positive mental health outcomes.

Our plan will be published on the Buckinghamshire CCG, Buckinghamshire County Council and Buckinghamshire Family Information Service websites by 31 October 2019.

If you have any comments or would like to contribute to developing our mental health services for children and young people in Buckinghamshire, please contact, the Mental Health Commissioning Team at: ccgcomms@buckscc.gov.uk

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2. Our Vision

POSITIVE MENTAL HEALTH FOR YOUNG PEOPLE

This is our overarching ambition, agreed following consultation with children and young people, parents and stakeholders.

This ambition is underpinned by the following objectives, which were identified in 2015. These are used as headings within this document to help us demonstrate what progress we have made and where we still need to do more.

- All those living and working in Buckinghamshire will know where to find mental health and emotional wellbeing help and advice that they can trust.
- All children and young people who need mental health services will receive the right help, in the right place when they need it.
- All services working with children and young people will promote wellbeing across both physical and mental health.
- All young people who are transitioning between services are supported throughout the process to ensure transfers are managed safely, timely and appropriately.
- 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.
- Children, young people, parents, carers and other stakeholders will influence the development of the service through participation and feedback.

All Age Mental Health Strategy

Consultation and engagement work has been undertaken to inform the development of a Buckinghamshire All Age Mental Health Strategy. We worked with people that have lived experience of mental ill health, including young people, carers and staff across a variety of settings. In total, 200 people were involved through five workshops and two mental health conferences that were held in December 2017 and November 2018 respectively (Dementia and Crisis). Out of the consultation work a Buckinghamshire wide vision for all age mental health was produced. This is supported by five values which run through the All Age Mental Health Strategy.
The vision set out in our All Age Mental Health Strategy is set out below. We have kept this and the values in mind as we have developed this refreshed plan to support a consistent and cohesive approach to addressing mental health in Buckinghamshire.

Our vision

- People will feel listened to and can easily access services, care and support. Stigma will be removed and it will be understood that we are all unique and that:

  "Not one hat fits all"

- Support to live a healthy and happy life will start early through education and by providing interventions to young people within the school setting.

  "Addressing mental health from the start"

- Everyone will have the skills to facilitate recovery and live well with their mental health. In a crisis they will know how to access support, recognising that:

  "Sometimes I just need somebody to talk to, to help me get things back into perspective"
3. The Needs of Children and Young People in Buckinghamshire

- Mental health and wellbeing is a fundamental part of young people’s general wellbeing, and is closely bound up with physical health, life experience and life chances.
- Mental health problems not only cause distress, but can be associated with significant problems in other aspects of life.
- It is estimated that half of all lifetime cases of psychiatric disorders start by age 14 and three quarters start by age 24 years.
- A number of risk factors exist for poor mental health (see Figure 2). However, to enable protective factors our response to mental health must have a contextual focus that extends beyond dedicated mental health services.

Children and young people - population overview

In 2017 the estimated population of children aged 0-19 years in Buckinghamshire was 134,000, which is 25% of the total Buckinghamshire population (ONS mid-year estimates\(^7\)). The total child population 0-19 years is projected to grow to 145,300 (25.2% of the Buckinghamshire population) by 2027. This is a higher proportion of the population as a whole when compared to both the South East (23.8%) and England (23.8%).

The number of school age children aged 5-16 years in Buckinghamshire in 2017 was 83,746 (ONS mid-year estimates). There were 17,687 children and young people aged 17-19 years and 101,443 aged between 5-19 years. The proportion of school children from a minority ethnic group in Buckinghamshire is 34.7% - or 28,462 children in 2018\(^8\). This is higher than both the regional proportion at 24.8% and the England proportion at 32.3%.

Deprivation

Buckinghamshire is ranked as one of the least deprived counties in England. In 2015, 8.9% of children in Buckinghamshire lived in poverty, compared to 12.5% in the South East and 16.8% in England as a whole. Overall, a number of favourable socio-economic circumstances contribute to better health and wellbeing in Buckinghamshire compared to nationally. However, Buckinghamshire also has a number of significant pockets of deprivation. 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. Socio-economic factors can have a significant and lasting impact on children, including adversely impacting on child mental health. For example recent data from the Office for National Statistics suggests a link between child mental ill health and families in social housing or those supported by benefits.\(^9\) Whilst child mental health in Buckinghamshire compares well to national figures, analysis of the data does show evidence of a social gradient, with some young people at greater risk of mental ill health.

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\(^7\) Available from: [www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates](www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates)


Figure 1: Map showing deprivation quintile of LL-SOAs in Buckinghamshire compared with the rest of the county (Index of Multiple Deprivation 2019).
Key statistics from the 2018 Child Health Profile June 2018 provide the following high level sociodemographic data.

Table 1: The Buckinghamshire Child Population: Key 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>Under 1 years (2019)</td>
<td>6,100</td>
<td>1.1%</td>
<td>not available</td>
<td>not available</td>
</tr>
<tr>
<td>Children 0-4 years (2019)</td>
<td>33,100</td>
<td>6.1%</td>
<td>5.7%</td>
<td>6.0%</td>
</tr>
<tr>
<td>Children 0-19 years (2019)</td>
<td>137,000</td>
<td>25.1%</td>
<td>23.7%</td>
<td>23.6%</td>
</tr>
<tr>
<td>Children 0-19 years (2026 - projected)</td>
<td>145,000</td>
<td>25.3%</td>
<td>23.7%</td>
<td>23.7%</td>
</tr>
<tr>
<td>Schoolchildren from minority ethnic groups (2018)</td>
<td>24,007</td>
<td>34.7%</td>
<td>24.8%</td>
<td>32.3%</td>
</tr>
<tr>
<td>Child living in low income families under 16 (2016)</td>
<td>9,215</td>
<td>9.5%</td>
<td>12.9%</td>
<td>17.0%</td>
</tr>
</tbody>
</table>

Life expectancy at birth (2015-17)

- Boys: 81.8 years
- Girls: 84.8 years

Child living in low income families under 16 (2016)

- Boys: 80.6 years
- Girls: 84.0 years

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

Figure 2: Mental health risk factors and protective factors

RISK FACTORS

- Genetic influences
- Low IQ and learning disabilities
- Specific development delay
- Communication difficulties
- Difficult temperament
- Physical illness
- Academic failure
- Low self-esteem
- Family disharmony, or break up
- Inconsistent discipline style
- Parent(s) with mental illness or substance abuse
- Physical, sexual, neglect or emotional abuse
- Parental criminality or alcoholism
- Death and loss
- Bullying
- Discrimination
- Breakdown in or lack of positive friendships
- Deviant peer influences
- Peer pressure
- Poor pupil to teacher relationships
- Socio-economic disadvantage
- Homelessness
- Disaster, accidents, war or other overwhelming events
- Discrimination
- Other significant life events
- Lack of access to support services

PROTECTIVE FACTORS

- Secure attachment experience
- Good communication skills
- Having a belief in control
- A positive attitude
- Experiences of success and achievement
- Capacity to reflect
- Family harmony and stability
- Supportive parenting
- Strong family values
- Affection
- Clear, consistent discipline
- Support for education
- Positive school climate that enhances belonging and connectedness
- Clear policies on behaviour and bullying
- ‘Open door’ policy for children to raise problems
- A whole-school approach to promoting good mental health
- Wider supportive network
- Good housing
- High standard of living
- Opportunities for valued social roles
- Range of sport/measure activities

Prevalence of Mental Health Conditions

- Overall Buckinghamshire has a healthy and affluent population with low levels of unemployment.
- Comparing local indicators with England averages, the health and wellbeing of children in Buckinghamshire is better than the England average.
- However there are areas of multiple deprivation which impact the health of people living in those areas.

Mental health problems have important implications for every aspect of young people's lives including their ability to engage with education, make and keep friends, engage in constructive family relationships and find their own way in the world. Identification, treatment and support for young people with mental health problems are all important parts of the services which are needed for this age group. Mental health problems are also a major contributor to the global burden of disease and untreated problems are likely to be very expensive for health services as young people grow into adulthood.

The latest prevalence survey of children and young people's mental health, conducted in 2017, provides the official statistics on child mental health.\(^{12}\)

- Nationally, one in eight 5 to 19 year olds (12.8%, of the population) had at least one type of mental health disorder.
- There has been a small upward trend in mental health disorders in 5 to 15 year olds; 9.7% in 1999, 10.1% in 2004 and 11.2% in 2017.
- Emotional disorders are becoming more common in 5 to 15 year olds, going from 4.3% in 1999 to 3.9% in 2004 and then increasing to 5.8% in 2017.
- All other types of disorder, such as behavioural, hyperactivity and other less common disorders have remained similar in prevalence for this age group since 1999.
- Rates of mental disorders increase with age. 11.2% of 5 to 15 year old children experienced a mental disorder, compared to 16.9% of 17 to 19 year olds.

National prevalence data would suggest that Buckinghamshire has 9,082 children and young people aged 5-19 with a diagnosable mental health disorder. This is the number used for the purpose of calculating our national access target.

Table 2: Estimated prevalence of mental health conditions in Buckinghamshire

<table>
<thead>
<tr>
<th>Age group</th>
<th>Buckinghamshire estimated prevalence</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-19 years</td>
<td>13,400</td>
</tr>
<tr>
<td>5-19 years</td>
<td>9,082</td>
</tr>
<tr>
<td>5-16 years</td>
<td>9,897</td>
</tr>
<tr>
<td>17-19 years</td>
<td>2,992</td>
</tr>
</tbody>
</table>

If these statistics are looked at in terms of key stages in a child’s life then:

- Primary School years: One in ten (9.5%) of 5 to 10 year olds had a mental health disorder.
- Secondary school years: One in seven (14.4%) 11 to 16 year olds had a mental health disorder.
- Transitioning to adult hood: One in six (16.9%) 17 to 19 year olds had a mental health disorder.

Types of Disorder

- Emotional disorders were the most prevalent type of disorder experienced by 5 to 19 year olds in 2017 (8.1%). Rates were higher in girls (10.0%) than boys (6.2%). Anxiety disorders (7.2%) were more common than depressive disorders (2.1%).

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• About one in twenty (4.6%) 5 to 19 year olds had a behavioural or conduct disorder, with rates higher in boys (5.8%) than girls (3.4%).
• About one in sixty (1.6%) 5 to 19 year olds had a hyperactivity disorder, with rates higher in boys (2.6%) than girls (0.6%).
• About one in fifty (2.1%) 5 to 19 year olds were identified with one or more of other type of less common disorder: 1.2% with ASD, 0.4% with an eating disorder, and 0.8% with tics or another less common disorder.

Applying the updated national prevalence data to Buckinghamshire we can estimate the number of children affected by mental health disorders. This is shown in Table 3 below.

Table 3: Estimated numbers of mental health disorders and specific disorders by age and sex, based on England prevalence data, 2017

<table>
<thead>
<tr>
<th></th>
<th>5-16 year olds</th>
<th>17-19 year olds</th>
<th>All (5-19 year olds)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Boys</td>
<td>Girls</td>
<td>All</td>
</tr>
<tr>
<td>Any disorder</td>
<td>5,661</td>
<td>4,222</td>
<td>9,897</td>
</tr>
<tr>
<td>Emotional disorders</td>
<td>2,472</td>
<td>2,898</td>
<td>5,378</td>
</tr>
<tr>
<td>Anxiety disorders</td>
<td>2,248</td>
<td>2,622</td>
<td>4,877</td>
</tr>
<tr>
<td>Depressive disorders</td>
<td>414</td>
<td>801</td>
<td>1,218</td>
</tr>
<tr>
<td>Behavioural disorders</td>
<td>3,006</td>
<td>1,665</td>
<td>4,675</td>
</tr>
<tr>
<td>Hyperactivity disorders</td>
<td>1,238</td>
<td>309</td>
<td>1,548</td>
</tr>
<tr>
<td>Other less common disorders</td>
<td>1,240</td>
<td>590</td>
<td>1,836</td>
</tr>
</tbody>
</table>

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

Table 4: Estimated prevalence of child mental health conditions in Buckinghamshire compared to South East region and England, 2015

<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>


Perinatal mental health prevalence

The *Field Review* (2010)\(^{13}\) and the *1001 Critical Days Manifesto*\(^{14}\) have highlighted the importance of early intervention to prevent children from adverse circumstances growing up and becoming 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.

Table 5: Estimated prevalence of perinatal mental health disorders in Buckinghamshire, 2017

<table>
<thead>
<tr>
<th>Perinatal mental health disorders</th>
<th>Number (based on 5,595 live births for 2017)</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>170</td>
</tr>
<tr>
<td>Mild/moderate anxiety/depression</td>
<td>560-840</td>
</tr>
<tr>
<td>Post-Traumatic Stress Disorder</td>
<td>170</td>
</tr>
<tr>
<td>Adjustment Disorder/Distress</td>
<td>840-680</td>
</tr>
</tbody>
</table>


Eating disorders prevalence

The onset of eating disorders typically occurs in adolescence or young adulthood and they are a serious cause of mental ill-health in this age group. It is estimated that about 1 in 250 females and 1 in 2,000 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 and so the data is not reproduced here.

Buckinghamshire CAMHS received 100 referrals to the eating disorder service in 2018/19. Trends over time can be seen in the Access section of this report.


Autism prevalence

The UK estimate is that approximately one in 100 children has autism\textsuperscript{15}. Applying this to the Buckinghamshire population would suggest that 1,225 children in Buckinghamshire have autism.

In Buckinghamshire the number of children with an Education, Health and Care Plan (EHCP) where ASD is the primary area of need has been increasing over recent years. In July 2019, 4,477 children had an EHCP and of these 1,270 (28\%) had ASD listed as the primary area of need.

Table 6: Number and proportion of Education, Health and Care Plans where ASD is the primary area of need

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Autistic Spectrum Disorder</td>
<td>605</td>
<td>642</td>
<td>756</td>
<td>892</td>
<td>1080</td>
<td>1270</td>
<td>↑110%</td>
</tr>
<tr>
<td>Total number of EHCPs</td>
<td>3257</td>
<td>3351</td>
<td>3465</td>
<td>3609</td>
<td>3969</td>
<td>4477</td>
<td>↑37%</td>
</tr>
</tbody>
</table>

Source: Local Authority SEN Termly Update, Summer 2019

Diagnostic services have received an increasing number of referrals over the last three years, resulting in increased waits despite increased investment.

In 2018/19 Buckinghamshire CAMHS received 1,169 referrals for neurodevelopmental disorders including autism, attention deficit hyperactivity disorder (ADHD) and Tourette syndrome. This is predominantly for young people from 11 – 17 years. Until February 2019 referrals for children under 11 years old were routed through the Community Paediatrics department at Buckinghamshire Healthcare NHS Trust. A combined neurodevelopmental pathway was implemented across CAMHS and BHT at the end of February 2019. Further details can be found in the Local Offer section of this report. Once this pathway is fully embedded it will be easier to provide a fuller picture of all local referrals for neurodevelopmental disorders.

Hospital admissions for mental health conditions

The rate of child inpatient admissions for mental health conditions in Buckinghamshire for 2017/18 is similar to England. In 2017/18, there were 105 hospital admissions for a mental health condition in Buckinghamshire for children and young people under the age of 18. This is a rate of 85.3 per 100,000 population, compared with 85.7 in the South East and 84.7 nationally.

\textsuperscript{15} Office of National Statistics (2005), Mental health of children and young people in Great Britain, London: Palgrave Macmillan
Nationally, the rate of young people being admitted to hospital as a result of self-harm is increasing, and this is also the case in Buckinghamshire. However, the admission rate in the latest period is lower than the England average. The rate of admissions to hospital as a result of self-harm in 10 to 14 year olds in 2017/18 in Buckinghamshire was 375.9/100,000 (or 327 admissions). The chart below shows the trends in Buckinghamshire compared with national and regional figures.

Buckinghamshire also has lower rates than the South East and England average with regards to admissions for substance misuse.
Table 8: Hospital admissions for substance misuse 2015/16 - 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>

Source: Public Health England. Public Health Profiles. Accessed on 3rd October 2019 at https://fingertips.phe.org.uk/ © Crown Copyright 2019. Note: this is admissions NOT persons so a young person presenting more than once will be counted at each presentation.

Education and exclusions

The proportion of school pupils with social, emotional and mental health needs in Buckinghamshire 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%.

Table 9: School pupils with Education, Health and Care Plans (EHCP) where social, emotional and mental health (SEMH) needs is identified as the primary need

<table>
<thead>
<tr>
<th>Phase of education</th>
<th>2016</th>
<th>2017</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Primary school</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% of school pupils with social, emotional and mental health needs.</td>
<td>Bucks 13.4%</td>
<td>South East 16.1%</td>
<td>England 15.5%</td>
</tr>
<tr>
<td></td>
<td>Bucks 13.3%</td>
<td>South East 16.4%</td>
<td>England 15.7%</td>
</tr>
<tr>
<td></td>
<td>Bucks 14.4%</td>
<td>South East 16.8%</td>
<td>England 15.9%</td>
</tr>
<tr>
<td><strong>Secondary Schools</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% of school pupils with social, emotional and mental health needs.</td>
<td>Bucks 15.4%</td>
<td>South East 19.5%</td>
<td>England 18.5%</td>
</tr>
<tr>
<td></td>
<td>Bucks 14.1%</td>
<td>South East 18.8%</td>
<td>England 18.4%</td>
</tr>
<tr>
<td></td>
<td>Bucks 15.8%</td>
<td>South East 19.2%</td>
<td>England 18.9%</td>
</tr>
</tbody>
</table>

Source: Statistics on pupils with SEN, including information on educational attainment, destinations, absence, exclusions, and characteristics. Available from: www.gov.uk/government/collections/statistics-special-educational-needs-sen

The proportion of state funded primary school pupils with fixed period exclusions in 2017/18 was 1.44%, equivalent to 658 exclusions. This is higher than the England value of 1.4%.

The proportion of state funded secondary school pupils with fixed period exclusions in 2017/18 was 5.4%, or 2,016 exclusions. This is statistically lower than the England value of 10.13%.

The proportion of special school pupils with fixed period exclusions in 2017/18 was 11.29%. This is lower than the England value of 12.34%.

In 2017/18, 13.9% of secondary school enrolments were classed as persistent absentees (defined as missing 10% or more of possible sessions) which was the same as the position for the South East and England as a whole. In state funded primary schools, 7.7% of enrolments were classed as persistent absence compared to 8.1% for the South East and 8.7% for England. For state funded special schools 28.4% of enrolments were classed as persistent absentees, compared to 29.7% for the South East and 29.6% for England. For a number of young people poor attendance is due to anxiety related difficulties.
The figures above demonstrate a continued increase in children with autism placed outside of Buckinghamshire. There is a more static picture for those with social, emotional and mental health (previous categorised as behaviour, emotional and social difficulties).

Children and young people who are not in education, employment or training (NEET)

Mental illness is associated with an increased risk of disruption to education and school absence; with long-term outcomes of poor educational attainment and poorer employment prospects, including the probability of not being in education, employment or training. For those children and young people that are classed as NEET the prevalence of mental health problems is higher compared to the rest of the general population, although this is a relatively poorly evidenced area some studies show that the prevalence can be as high as 34%.

Table 11 below demonstrates that Buckinghamshire has lower numbers of 16 and 17 year olds who are NEET compared to both the South East and England.
### Table 11: 16 and 17 year olds not in employment, education or training, 2016

<table>
<thead>
<tr>
<th></th>
<th>Buckinghamshire</th>
<th>South East</th>
<th>England</th>
</tr>
</thead>
<tbody>
<tr>
<td>No. of 16 and 17 year olds known to the Local Authority</td>
<td>11,710</td>
<td>184,710</td>
<td>1,155,350</td>
</tr>
<tr>
<td>Total number NEET (inc. not known)</td>
<td>620</td>
<td>11,780</td>
<td>69,540</td>
</tr>
<tr>
<td>Total proportion NEET (inc. not known)</td>
<td>5.3%</td>
<td>6.4%</td>
<td>6.0%</td>
</tr>
<tr>
<td>Of which known to be NEET</td>
<td>1.6%</td>
<td>2.5%</td>
<td>2.8%</td>
</tr>
<tr>
<td>Of which activity not known</td>
<td>3.7%</td>
<td>3.9%</td>
<td>3.2%</td>
</tr>
<tr>
<td>Change in overall NEET measure since 2015</td>
<td>2.1</td>
<td>-0.8%</td>
<td>-0.5%</td>
</tr>
</tbody>
</table>

**Source:** Department for Education, NEET Data by Local Authority

### Life Satisfaction – what young people tell us about their mental health

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

In Buckinghamshire the What About Youth (WAY) 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%.

### Children in 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)

### Table 13: Percentage of children in Buckinghamshire Primary Schools Year 6 (aged 10-11yrs) with possible cause for concern

<table>
<thead>
<tr>
<th>Item</th>
<th>2014/15</th>
<th>2015/16</th>
<th>2016/17</th>
<th>2017/18</th>
</tr>
</thead>
<tbody>
<tr>
<td>Completion rate Buckinghamshire</td>
<td>80.4%</td>
<td>75.7%</td>
<td>79.1%</td>
<td>82.5%</td>
</tr>
<tr>
<td>Cause for Concern</td>
<td>6.6%</td>
<td>6.8%</td>
<td>7.9%</td>
<td>7.1%</td>
</tr>
</tbody>
</table>

**Source:** Buckinghamshire TLM/HAPI health surveillance data

There was a significant social gradient in 2014/15 and 2015/16 where this was higher in more deprived areas. There has been a reduction in the number of children with ‘cause for concern’ scores for 2017/18.

Comparing these figures with the mental health findings from the Millennium Cohort Study published in 2015\(^\text{16}\), 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%.

4. Vulnerable Groups of 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:

Figure 4: Adverse Childhood Experiences and Adverse Community Environments

Adverse childhood experiences (ACES) 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\textsuperscript{17} 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).

Awareness of vulnerability factors

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. Services are working to promote access for these groups, which include:

- Some black and minority ethnic groups
- Young people who are lesbian, gay, bisexual, transgender of questioning (LGBTQ)
- Young carers
- Children who are looked after or on the edge of care
- Children who have suffered sexual abuse or sexual exploitation
- Children and young people who have suffered from neglect or trauma
- Children who have been adopted
- Children and young people with special education needs who have an Education, Health and Care Plan (EHCP)
- Children with a learning disability and/or ASD
- Young people in the youth justice system
- Children and young people who self-harm

The sections below outline how we are seeking to address the additional vulnerabilities and health inequalities experienced by these groups.

Awareness of abuse/neglect (including domestic abuse) during mental health assessments

*Future in Mind* 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 the 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). The service has contributed to the *Buckinghamshire 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

Oxford Health NHS Foundation Trust have a Safeguarding Standard Operating Procedure which includes a “Think Family” approach for all 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 the 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.
Children who have experienced abuse and neglect – including children who are looked after and care leavers

• Research in 2013 identified that two children in the average primary class have experienced abuse. The impact of this abuse on a child increases their risk of developing mental health problems.
• A study in 2003 estimated that 45% of children looked after (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.
• Disabled children are significantly at greater risk of physical, emotional and sexual abuse and neglect than non-disabled children. In particular, disabled children who display challenging behaviour or conduct problems are the most at risk of abuse.

NICE guidance indicates a risk to the mental health of babies and toddlers associated with the experience of being in care. Frequent moves and the absence of a permanent carer can adversely affect the ability of babies and young children to form healthy attachments that lead to healthy emotional and physical development. This can have adverse consequences for long-term wellbeing. More broadly, many children are in care due to circumstances that are likely to have affected their wellbeing, including domestic violence, substance and alcohol abuse and mental health problems, often in combination. Many children looked after will have suffered abuse or neglect, which can be very damaging to their development, wellbeing and attachment relationship.

At the end of March 2019, there were 515 children looked after by Buckinghamshire County Council compared with 475 at the end of March 2018 and 455 at the end of March 2017. Over the 12 months to March 2019 a total of 672 young people were looked after by the Local Authority. Over the last few years, there has been a steady rise in the number of children in care in Buckinghamshire.

Figure 5: Total number of children looked after for 1 day or more per year

<table>
<thead>
<tr>
<th>Year</th>
<th>Number of CLA at year end</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013/14</td>
<td>700</td>
</tr>
<tr>
<td>2014/15</td>
<td>600</td>
</tr>
<tr>
<td>2015/16</td>
<td>500</td>
</tr>
<tr>
<td>2016/17</td>
<td>400</td>
</tr>
<tr>
<td>2017/18</td>
<td>300</td>
</tr>
</tbody>
</table>

Source: Buckinghamshire County Council Children’s Services data

At the end of March 2019, 2,536 children were identified as children in need (including those on a Child Protection Plan). There were 562 not including those on a Child Protection Plan. This compares to 2,560 and 638 respectively at the end of March 2018.

In March 2019, 89 children looked after were open to CAMHS. There has been a steady increase in the number of children looked after known to CAMHS. This reflects an increase in the number of children looked after overall, but also ongoing joint working between the Local Authority and CAMHS to use the Strengths and Difficulties Questionnaire (SDQ) to identify need.

At the end of March 2019, 69% of children looked after for at least 12 months aged between 5 and 16 had a score from the Strengths and Difficulties Questionnaire (SDQ). This compares to 72% for the South East and 78% for England as a whole. There is an area of continued focus to ensure more children looked after have an SDQ completed.

Of those children with an SDQ score 18.1% had a score that was borderline, compared to 13% in the South East and 12% nationally. This is an increase from 13% for 2017/18 and 11.9% for 2016/17. 31.9% had a score which indicated a cause for concern, compared to 41% in the South East and 39% for England as a whole. This is a decrease compared to 43% in 2017/18 and 43.1% for 2016/17. Colleagues from CAMHS encourage discussion around any children where the SDQ score is border line to ensure the right support is put in place for the child.

At the end of March 2019, a total of 288 (55.9%) of our children looked after were placed outside of the Buckinghamshire county border at a distance from local networks and support. 101 (19.6%) were placed within 20 miles of the county border and 187 (36.3%) were placed more than 20 miles from the county border. Colleagues from CAMHS will travel to undertake an assessment of children in care anywhere in the country, where the local CAMHS service is not able to provide this service. In addition, this year a member of the CAMHS has become a member of the Children’s Services Resource Panel, where decisions on placements for children in care are made. These factors help ensure that the mental health needs are considered as part of placement decisions and that children’s needs can be met wherever they are placed.

A specific pathway is available within CAMHS for children looked after in recognition of the specific barriers and challenges this group faces. Further information can be found in the Local Offer section.
A significant development over the past few months has been the roll out of our two multi-agency Mental Health Support Teams, which will support 32 schools and colleges. Recognising the additional vulnerabilities of children who have experienced abuse and neglect, the teams include Local Authority family resilience and youth workers who specialise in supporting families who have suffered trauma and abuse.

**Care leavers**

All children aged 16-17 leaving care are entitled to receive a summary of their health records (physical and mental health). Clinical Commissioning Groups and Local Authorities should have in place commissioned arrangements to meet this statutory requirement.

Figure 7 shows that during the period March 18- Sept 19, 97% of our young people leaving care were provided with a summary of their health history. Where care leavers have not been provided with a summary, this is because their address is unknown. A summary is available for these young people should they get in touch with health or social care services at any point in the future.

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

At the end of March 2019, there were 27 children looked after who were unaccompanied asylum seeking children (UASC). This is 5.2% of the overall population of children looked after, compared to 9% within the South East and 6% across England as a whole.

**Table 12: Children looked after at 31st March who were unaccompanied asylum seeking children (USAC)**

<table>
<thead>
<tr>
<th>Year</th>
<th>England</th>
<th>South East</th>
<th>Buckinghamshire</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014</td>
<td>2,060</td>
<td>450</td>
<td>15</td>
</tr>
<tr>
<td>2015</td>
<td>2,750</td>
<td>680</td>
<td>15</td>
</tr>
<tr>
<td>2016</td>
<td>4,300</td>
<td>1,360</td>
<td>20</td>
</tr>
<tr>
<td>2017</td>
<td>4,560</td>
<td>1,070</td>
<td>15</td>
</tr>
<tr>
<td>2018</td>
<td>4,480</td>
<td>850</td>
<td>35</td>
</tr>
</tbody>
</table>
Children who identify as lesbian, gay, bisexual, transgender or questioning (LGBTQ)

The mental health prevalence survey findings indicate that people that are lesbian, gay, bisexual transgender or questioning are more susceptible to having a mental health disorder. 34.9% of 14-19 year olds who identified LGBTQ had a mental health disorder compared with 13.2% who identified as heterosexual.

Buckinghamshire CAMHS has been working with the Article 12 engagement group to establish how the service can improve accessibility for people that identify as LGBTQ. Over the next 12 months CAMHS will prioritise further outreach to the LGBTQ community to increase awareness of the condition and support access to services.

Children from black and minority ethnic (BAME) backgrounds

Although the data relating to the prevalence of mental health amongst the BAME community is in its infancy there is a general recognition that people from these backgrounds are:

- more likely to be diagnosed and are at greater risk of mental health problems.
- more likely to be admitted to hospital.
- more likely to disengage from mainstream mental health services, leading to social exclusion and a deterioration in their mental health.
- more likely to live in poorer or over-crowded conditions, increasing the risks of developing mental health problems.23

In 2018, Buckinghamshire commissioned Kooth (an online counselling and emotional well-being platform for children and young people, accessible through mobile, tablet and desktop and free at the point of use. The aim was to help improve care pathways and maximise access across the children and young people population.

Kooth have published data that suggests people who are less likely to access traditional services are in some cases accessing online support. The Kooth support in Hertfordshire has been particularly effective at engaging young people from BAME backgrounds. In Buckinghamshire, data for the first five months of usage shows that 23.5% of the young people registering to Kooth identified as coming from the BAME community.

Over the next 12 months Buckinghamshire CAMHS will work with system partners to build networks within the BAME community to reduce stigma raise awareness and increase the number of young people accessing services.

Young carers

A young carer is someone under 18 who helps look after someone in their family, or a friend, who is ill, disabled or misuses drugs or alcohol. It is estimated that there are up to 700,000 young carers in the UK.

Young people that have taken on a caring role are at increased risk of mental health problems.

The 2011 Census24 found that young carers providing 50+ hours of care a week were up to five times more likely to report their general health as ‘not good’.

- A survey of 350 young carers found 48% said being a young carer made them feel stressed and 44% said it made them feel tired.

23 https://www.mentalhealth.org.uk/a-to-z/b/black-asian-and-minority-ethnic-bame-communities
A survey of 61 young carers in school found that 38% had mental health problems.25

Due to the nature and intensity of the caring role young people will often struggle to access the right services at the right time.

The 2016 Carers Trust report (Invisible and in distress: prioritising the mental health of England’s young carers26) recommends:

• Models of joint working between young carers services and mental health services to improve support for this group.
• Earlier identification of needs in the schools setting.

Over the next 12 months Buckinghamshire CAMHS will build relationships with the local authorities statutory carers support service provider, review its pathway to ensure services are accessible for this group of young people and allocate a dedicated link worker from the single point of access.

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.27 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 Around28 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.

26 Ibid
5. Engagement

Engagement with service users and stakeholders to support the ongoing development of our mental health services takes place in a number of ways, including those indicated below.

Commissioning of CAMHS

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

Commissioners continue to hear feedback from children, young people, families and carers as part of the contract monitoring process.

Article 12

The commissioned service includes a requirement for engagement with children and young people. A full time participation worker supports this engagement with children, young people, parents and carers. The service user group, Article 12, has provided input into our transformation plans and has become an integral part of the CAMHS service.

The members of Article 12 were involved in the original consultation in 2015 and more recently the group’s feedback helped shape Buckinghamshire’s new Mental Health Support Team model.

Article 12 meets on a monthly basis and have recently been busy on a number of projects, which include:

- Young people’s newsletter produced and put in waiting areas to share information on young people’s involvement within the service.
- Experts by experience (young people) attending joint professional and young people’s working groups to influence developments within the eating disorder team.
- Young people have delivered training for teachers and GPs to help them understand more from a young person’s perspective what it’s like experiencing mental health difficulties as well as how professionals can offer early intervention and spot the signs in order to offer support quickly.
- Young people designed their own ‘emotional wellbeing standards for schools’. They are now working with Buckinghamshire County Council to implement these in order to raise awareness and hopefully promote early intervention.

A video has been produced to show what Article 12 has achieved during 2018. This can be accessed at: www.youtube.com/watch?v=hAjzLv-Z4fM&feature=youtu.be

Appendix 4 also provides further details on the work of Article 12.
Case study: spring refresh in the Harlow House Garden

Young people worked with staff at Harlow House to tidy up the space and plant some new seasonal plants. This has improved the overall look of the garden and made it ready for use by children, young people and their families visiting CAMHS.

Article 12: feedback from a member

“I started volunteering with the Article 12 group (associated with Bucks CAMHS) when I was 16 years old. I am now coming up to 21 and have loved all the involvement I’ve been able to have with the group in helping to improve the service for other young people. The last few years have been a total whirlwind of exams and finding/changing jobs – my journey through CAMHS, and subsequent involvement in Article 12, has made me the person I am today and I don’t know where I would be without all the experiences, friends and support I have had through the group.

My initial involvement in Article 12 involved attending monthly forums and being on interview panels for various members of staff across both Bucks and Oxford services. One of the first projects I undertook was writing a letter to new service users to explain what CAMHS was and the help they can offer. I was able to take real ownership of this project. Meeting other young people at Article 12 was amazing as I finally had friends who were more understanding of my personal situation without me having to explain anything.

After my A-level exams, I was able to attend more Article 12 events. This included delivering training to professionals at The Royal College of Psychiatry, attending a Parliamentary seminar in London regarding Youth Justice and Children’s Mental Health Services and helping to improve the Harlow House CAMHS building by decorating the waiting room and re-doing the garden to make them therapeutic spaces for service users. These experiences have been great to build up my CV and also helped me to gain confidence and social skills after leaving school.

Being able to go to Parliament inspired my friend and I to create a set of regulations to be used in schools to help them support their pupils with emotional well-being. We presented these in a meeting at the House of Lords, and have since been closely liaising with Bucks County Council to develop our
idea further in the hope that it will be spread out across all educational settings in the county as part of a trailblazer running at the moment.

These projects have been so much fun since I’ve been able to meet, and spend time with, some amazing people who I’ve grown to call some of my closest friends. The fact that I can say “I have made a difference” is one of the most fulfilling feelings that one can experience. My involvement in Article 12 motivated me to go on to become a Barnardo’s volunteer, and since taking on this role I’ve been able to help with admin work in the Bucks CAMHS SPA and with group sessions for children/young people with ASD and Anxiety, helping me to gain even more skills that are crucial to my current job.”

Youth Voice

Youth Voice is run by Buckinghamshire County Council for 11 to 19 year olds (or up to 25 years old for young people with a disability or learning disability) from Buckinghamshire.

Youth Voice works with children and young people supporting their personal and social development and involving them in consultation and decision making processes that allow their voices to inform the design, delivery and evaluation of services including mental health.

Youth Voice worked with Buckinghamshire CAMHS and commissioners to develop business cards which raise awareness of young people’s mental health and provide information about where to get help and support.

Parent Advisory Group (PAG)

Over the last few years a thriving Parent Advisory Group (PAG) has been established which meets four times per year. 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’ initiative.

Walking With You Initiative

This year a new Walking With You group has been set up. The group is run by parent volunteers supported by Barnardos. The aim of the group is to bring other parent/carers together to share experiences and insight and gather insight around supporting young people.

As well as being an opportunity for parents and carers to talk to each other, a subject expert from CAMHS also attends and focuses on one key area identified at a previous group as being something people want to hear about. Information, advice and help is also available.

An annual stakeholder event is held each year to enable feedback and engagement in future planning of mental health services for children and young people. The most recent was in September 2019 and attendees included representatives from Buckinghamshire Children’s Services, Public Health, FACT Bucks, County Council members, third sector partners and the Clinical Commissioning Group.

One of the service priorities for 2019/20 is to provide improved outreach service to those vulnerable young people where there are particular identified health inequalities – including young carers, young people from the LGBTQ community, children and young people from black and minority ethnic backgrounds and those not in education, employment or training (NEET). The delegates were asked to provide their thoughts on how to achieve this based on the three key themes of the day, Accessibility, Collaboration and Communication. Suggestions have included further publicising the SPA and self-referrals, 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 2019/20 and beyond.

Feedback from stakeholders articulated that there was good collaboration between CAMHS and partner agencies. There was particular excitement in relation to the Mental Health Support Team in reach service within schools and the ability to access CAMHS training in various mental health topics.

Stakeholder engagement

Broader 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 discussion through the Emotional Wellbeing and Mental Health Strategy Group.

The Emotional Wellbeing and Mental Health Strategic Group

The Emotional Wellbeing and Mental Health Strategic Group is a multiagency 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. This year, the group developed the multi-agency Mental Health Support Team model for Buckinghamshire ahead of a successful bid for Trailblazer funding.
NHS CAMHS services across the country are nationally mandated to increase the number of children and young people accessing services year on year (As demonstrated in table 15 the service has seen a significant increase in the number of referrals; 3988 in 2014/15 to 6,291 in 2018/19 and increase of 58%).

National policy, most notably Future in Mind, Five Year Forward View for Mental Health and more recently the NHS Long Term Plan have outlined a consistent message that although improvements have been made we are still not meeting the mental health needs of every child when they need help. The NHS Long Term Plan sets an ambition to increase access to 100% of children and young people who need it over the next 10 years.

For 2019/20 the nationally set access target is 34%, for Buckinghamshire this equates to 3,088 children and young people entering services. Buckinghamshire has consistently met national access targets and continues to explore new and innovative ways to increase access to services.

Over the last five years Buckinghamshire CAMHS have introduced a number of initiatives to increase access to the service:

- Implementation of Kooth - an online counselling and emotional well-being platform for children and young people, accessible through mobile, tablet and desktop and free at the point of use. This was launched in October 2018. Young people are able to access advice from qualified counsellors, engage with other young people through a moderated forum, participate in live forum discussions, read articles and access resources on hundreds of different topics, write articles and share them to the site.
- Development of website co-produced with young people. The website now includes guided self-help and e-referral as well as additional information on sources of help and support across the county.
- Development of business cards co-produced with young people that direct young people to the CAMHS website for support.
- Development of a single point of access for all CAMHS referrals with the ability for young people to self-refer.
- Development of the electronic referral form has simplified the referral process allowing information to be shared securely, accurately and effectively. The form is accessed through the CAMHS website www.oxfordhealth.nhs.uk/camhs/bucks/.
- 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.
- To support access to services, CAMHS offers assessments and interventions at a range of venues as requested by young people and where it is appropriate and safe to do so. 35% of CAMHS contacts from April to June 2018 were in venues outside of mental health clinics.
- Collaborative working with Buckinghamshire Healthcare NHS Trust is supporting improved access for children and young people who have concerns regarding a neurodevelopmental issue. Previously all children under 11 were usually assessed and diagnosed through Buckinghamshire Healthcare NHS Trust, and those over 11 through CAMHS. In February 2019 a joint pathway was launched, with both services working together to provide neurodevelopmental assessment and diagnosis. This new pathway continues to be embedded and will be evaluated over the coming months. It is hoped that it will reduce wait times as well as achieving a simplified assessment and diagnosis route and improved patient experience.
National access targets

The table below outlines the national access target set out by NHS England as part of the commitments of the *Five Year Forward View for Mental Health*. The numbers are based upon the percentage achievement against expected prevalence (JSNA data) of mental health amongst children and young people. For Buckinghamshire the expected prevalence of children and young people with a diagnosable mental health condition is 9,082.

The below represents Buckinghamshire’s successful achievement against this target, mainly driven by the increased accessibility and outreach work that has been completed by CAMHS since the start of the contract.

Table 14: Buckinghamshire achievement against access national access targets

<table>
<thead>
<tr>
<th></th>
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<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>% Target CYP with a diagnosable MH condition receive treatment from an NHS-funded community MH service. (NHSE Mandated Target)</td>
<td>26%</td>
<td>28%</td>
<td>30%</td>
<td>32%</td>
<td>34%</td>
<td>35%</td>
</tr>
<tr>
<td>% Actual</td>
<td>No data</td>
<td>No data</td>
<td>47.7%</td>
<td>34.5%</td>
<td>TBC at year end</td>
<td>TBC at year end</td>
</tr>
<tr>
<td>Number of patients required to reach access targets</td>
<td>2,543</td>
<td>2,725</td>
<td>2,906</td>
<td>3,088</td>
<td>3,179</td>
<td></td>
</tr>
</tbody>
</table>

Source: Buckinghamshire CAMHS data

4 week wait – National Trailblazer

In 2018/19 Buckinghamshire was chosen as a national trailblazer site and received funding from NHS England to trial a waiting time initiative. The ambition is to deliver referral to treatment in 4 weeks for patients being referred into the two main pathways within the Buckinghamshire CAMHS service (getting help and getting more help). The funding has been used to employ additional psychology resource and test the effectiveness of online Cognitive Behavioural Therapy.

As part of this work, the service has also reviewed internal processes to ensure that referrals are processed in a timely manner; a dedicated administrative officer has been recruited to book assessment slots at the point of referral. This has resulted in a 30% increase in the number of young people being seen for their first appointment within 28 days. Evaluation of this pilot will continue over the coming months.

Activity across different CAMHS pathways

CAMHS provides a monthly report to commissioners to demonstrate activity, which includes the number of referrals, source of referral, caseload, waiting times and the number of patients who did not attend. The table below summarises CAMHS service activity data – 2014/15 – 2018/19.
### Table 15: CAMHS activity by service 2014/15 – 2018/19

<table>
<thead>
<tr>
<th>Year</th>
<th>2014/15</th>
<th>2015/16</th>
<th>2016/17</th>
<th>2017/18</th>
<th>2018/19</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total number of referrals received – all services</strong></td>
<td>3,988</td>
<td>6,091</td>
<td>5,275</td>
<td>5,943</td>
<td>6,291</td>
</tr>
<tr>
<td><strong>Number of referrals by source:</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Self</td>
<td>Not available</td>
<td>262</td>
<td>250</td>
<td>436</td>
<td>258</td>
</tr>
<tr>
<td>Carer</td>
<td>Not available</td>
<td>19</td>
<td>140</td>
<td>228</td>
<td>816</td>
</tr>
<tr>
<td>GP</td>
<td>Not available</td>
<td>1,466</td>
<td>1,799</td>
<td>1,602</td>
<td>1,553</td>
</tr>
<tr>
<td>Education</td>
<td>Not available</td>
<td>380</td>
<td>491</td>
<td>608</td>
<td>717</td>
</tr>
<tr>
<td><strong>Number of referrals accepted - all pathways</strong></td>
<td>2,396</td>
<td>4,468</td>
<td>4,153</td>
<td>4,821</td>
<td>5,047</td>
</tr>
<tr>
<td><strong>Average total caseload (as at 31st March)</strong></td>
<td>2,481</td>
<td>3,089</td>
<td>3,261</td>
<td>3,793</td>
<td>3,328</td>
</tr>
<tr>
<td><strong>Number of LAC Caseload average</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total Education Health and Care Plan (EHCP) completed</strong></td>
<td>Data not available</td>
<td></td>
<td></td>
<td>52</td>
<td>65</td>
</tr>
<tr>
<td><strong>Waiting times (routine)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Referral to Assessment - % seen within 4 weeks of referral</td>
<td>57%</td>
<td>48%</td>
<td>50%</td>
<td>52%</td>
<td>86%</td>
</tr>
<tr>
<td>Target 90%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Waiting times (Tier 2 – targeted)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Referral to Assessment - % seen within 8 weeks of referral</td>
<td>76%</td>
<td>69%</td>
<td>42%</td>
<td>54%</td>
<td>88%</td>
</tr>
<tr>
<td><strong>Waiting times (Tier 3 – specialist)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Referral to Assessment - % seen within 8 weeks of referral</td>
<td>88%</td>
<td>60%</td>
<td>90%</td>
<td>90%</td>
<td>84%</td>
</tr>
<tr>
<td><strong>Waiting times Urgent (7 days) OSCA</strong></td>
<td>Not reported</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>96%</td>
</tr>
<tr>
<td><strong>Waiting times Emergency (24 hours) OSCA</strong></td>
<td>Not reported</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
</tbody>
</table>

*Source: Buckinghamshire CAMHS data*
### Eating Disorder Service Specific

<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><strong>Number of referrals received</strong></td>
<td>42</td>
<td>77</td>
<td>109</td>
<td>100</td>
</tr>
<tr>
<td><strong>Average waiting times urgent referrals (1 week target)</strong></td>
<td>0 urgent referrals</td>
<td>60% seen within 1 week</td>
<td>100% seen within 1 week</td>
<td>100% seen within 1 week</td>
</tr>
<tr>
<td><strong>Average waiting times non-urgent (4 week target)</strong></td>
<td>67% seen within 4 weeks</td>
<td>95% seen within 4 weeks</td>
<td>84% seen within 4 weeks</td>
<td>84% seen within 4 weeks</td>
</tr>
</tbody>
</table>

**Source:** Buckinghamshire CAMHS data

- The number of referrals across all services has increased from 3,988 in year 2014/15 to 6,291 in year 2018/19; an increase of 58%.
- There has been an increase in referrals from education settings, in part indicating the improved relationship and easier access for schools needing to refer young people to specialist services.
- The demand for the eating disorder service has increased significantly in the context of the relatively small provision. More than double the referrals were received in 2018/19 compared to 2014/15.
- There has been an increase in the proportion of referrals accepted from approximately 60% to 80% across the lifetime of the contract. Other referrals can receive consultation over the phone or are signposted to other organisations such as the Youth Service.
- Waiting times for assessment for routine appointments is set as a key performance indicator of 90% within 4 weeks. For 2018/19, CAMHS achieved 86% with significantly longer waits for those waiting for a diagnosis of autism. However, over the lifetime of the contract we have seen an improvement in responsiveness; in 2014/15 on average 57% of patients were being assessed in 4 weeks in 2018/19 this rose to 86%. Joint work between CAMHS and Buckinghamshire Healthcare NHS Trust to launch a single neurodevelopmental pathway will support the reduction in wait times for those with autism over the coming months.
- The OSCA team support some of the most vulnerable young people with mental ill health and consistently across the life of the contract to date achieve their urgent and emergency wait time targets.

There are still recognised challenges within the system. In particular:

- Maintaining the 90% referral to assessment target has proved difficult and there is an ongoing workstream around this. For 2019/20 Buckinghamshire has trailblazer investment to pilot referral to treatment within 4 weeks. There have been delays to mobilisation, in the main due to recruitment of key members of clinical staff who are planned to be in post from the beginning of quarter 3 2019/20.
- There is a national expectation that by 2020/21 all eating disorder services will achieve the target of 100% urgent referrals assessed within 1 week and 95% of routine referrals assessed within 4 weeks. With the work that is being undertaken to streamline referral and assessment processes Buckinghamshire are on track to achieve this.
- We need to do more to ensure there is a robust partnership response to meeting the needs of children with complex behavioural needs.
Attendance at appointments

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

Table 17: Attendance at appointments 2014/15-2018/19

<table>
<thead>
<tr>
<th>Year</th>
<th>2014/15</th>
<th>2015/16</th>
<th>2016/17</th>
<th>2017/18</th>
<th>2018/19</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-attendance rate (DNA)</td>
<td>9.29%</td>
<td>7.86%</td>
<td>6.31%</td>
<td>7.79%</td>
<td>7%</td>
</tr>
</tbody>
</table>

*Source: Buckinghamshire CAMHS data*

Initiatives have included the introduction of the Barnado’s Buddy and increased use of alternative venues for appointments. Any young person who does not attended 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.

Buckinghamshire CAMHS has been trialling automated text reminders for appointments to further reduce non-attendance at appointments.
In order to increase the number of children and young people accessing mental health services in Buckinghamshire, we must ensure that information about mental health and wellbeing is readily available. It is important to help children, young people, parents and carers understand that mental ill health affects a significant proportion of the population, how to recognise signs and symptoms and when and where to seek support if required. We also need to build resilience through guided self-help and provide support to carers and parents about how to care for someone when they are unwell.

There should be a focus on increasing awareness amongst non-mental health professionals to reduce stigma and increase early identification, particularly in the education settings where children spend a significant amount of their time and the opportunity for preventative intervention is at its greatest.

You said that in 2018/19 we should focus on:

- Further promotional work to ensure everyone knows where and how to access information about mental health services, including CAMHS being more visible through social media groups used by children and young people.
- Better communication about the CAMHS Single Point of Access and referral processes, for example through promotion to different stakeholder groups and improved search engine results.
- A dedicated phone line which is available 24/7.
- More resources on the CAMHS website so that it offers a complete resource for young people, parents and professionals to include information about mental health issues, training and services available across Buckinghamshire.
- Further work to make the CAMHS website more user-friendly and easier to navigate.
• Further work to develop skills and resources in universal services to enable improved early support and advice for children and young people with mental health concerns.
• Further training for parents and carers (including foster and adoptive parents), young people and stakeholders to raise awareness of mental health issues.

What we did:

• The Single Point of Access (SPA) continues to receive positive feedback. The SPA has meant a significant change in access, with one number to phone for the whole county. The move away from GP-only referrals to referrals by all professionals and self-referrals by parents and young people aged 14 years continues to be welcomed, with data showing a year on year increase in referrals coming direct from parents/carers.
• The CAMHS consultation line is being used regularly by professionals, parents and young people before referral for advice.
• The SPA number is available 8am – 6pm, with an out of hours number also available. Anyone open to the crisis team can use the Whiteleaf out of hours number. Psychiatric liaison workers are present in A&E to support individuals who attend.
• A quarterly newsletter has been developed by Oxford Health which is distributed to GP surgeries and other professionals. Between newsletters any updates are posted on the CAMHS website and shared via social media channels. The CAMHS service has visited all Children’s Social care teams, GPs surgeries and attended Occupational Therapy team meetings and schools to share progress and the newsletter.
• Through consultation with young people a business card to promote the CAMHS website has been developed. The cards have been made available through schools, colleges, youth services and voluntary partners since the autumn term 2018.
• Significant work has been completed in collaboration with young people to improve the CAMHS website. It now includes guided self-help and e-referral as well as additional information on sources of help and support across the county. The information on the Buckinghamshire Local Offer has also been updated.
• The Autism Toolbox was launched on the Buckinghamshire Local Offer in early in 2018. This provides together advice, information on local support, services, activities and resources relating to autism. The toolbox has received positive feedback from professionals and has consistently been in the ‘top 10’ pages accessed on the Local Offer since it was launched.
• Delivery of nine parent/carer training sessions and promotion of resources to support self-help and self-referral to service. The nine sessions consisted of four carers groups (88 people attended) and five parent anxiety workshops in schools (107 people attended).
• A 14 week therapeutic parenting group has been offered to foster carers and adoptive parents with children open to the CAMHS service. This covers the mental health needs of children who are looked after, attachment patterns and trauma as well as helping the foster carer recognise their own mental health needs and secondary trauma.

In 2019/20 we need to:

• Set up improved links to the CAMHS website and Buckinghamshire Local Offer from our partner organisations so that information is readily available no matter where the search starts.
• Work with stakeholders, including children and young people, to continue to review and develop the information that is provided on services.
• Undertake evaluation of new resources and communication channels that have been introduced this year.
• Continue to expand, and evaluate, training for parents and carers (including foster and adoptive parents), young people and stakeholders to raise awareness of mental health issues.
b. All children and young people who need mental health services will receive the right help, in the right place when they need it

Services need to be flexible and responsive to meet the changing needs of our population of children and young people. We need to commission new and innovative delivery models that enable services to be delivered in the least restrictive manner. We need to deliver value for money services that make the best use of limited resources, as well as maximising the opportunities that have arisen through national investment in mental health as a result of the Five Year Forward View and Long Term Plan. Nationally, as well as in Buckinghamshire, wait times are often still too long for some interventions within CAMHS services. The drive to increase access has created additional demand on service and alongside recruitment difficulties this can create longer wait times with a risk of poorer outcomes for the young person awaiting treatment.

The NHS Long Term Plan pledges additional investment in CAMHS services with a specific emphasis on reducing wait times from referral to assessment and referral to treatment. This provides a significant opportunity to improve timely access to services in Buckinghamshire.

You said that in 2018/19 we should focus on:

- Widening access to mental health support across Buckinghamshire, including increasing the use of technology to support the needs of young people.
- Ensuring children and young people in crisis have access to timely support to prevent/minimise escalation to more complex needs.
- Ensuring there is a whole system approach to support and care for children and young people with mental health needs, autism or learning disability that exhibit challenging behaviour.
- Maintaining the 4 week wait time from referral to assessment.
- Better access to services to support children looked after and children with SEND who have been placed out of county.
- Further development to perinatal mental health services to enable increased access for women and their partners.

What we did:

- Following a successful bid for Trailblazer funding, multi-agency Mental Health Support Team have been developed and implemented. Currently they are able to support students with low to moderate mental health needs within 32 schools and colleges in Buckinghamshire. Within these teams there are family resilience workers and youth workers who specialise in supporting families and young people who have suffered trauma and abuse.
- As of March 2019 there is a fully operational Perinatal Service in place for Buckinghamshire which has been set up to support women and their partners. The pathway has been developed jointly with Oxfordshire and means there is now equity of service across the three local ICS areas.
- A combined neuro-developmental diagnostic pathway for children aged over 5 was implemented across CAMHS and Buckinghamshire Healthcare NHS Trust at the end of February 2019.
- To support our children looked after, resource has been provided by the Local Authority so that CAMHS can provide dedicated and direct support to the new Council run
residential children’s homes in the county. Two posts have been created that include a senior clinical psychologist and mental health practitioner who also work within the CAMHS Crisis team. These practitioners will carry out comprehensive mental health assessments of every child placed within the Local Authority home.

- Work has been undertaken to support improved use of the Strengths and Difficulties Questionnaire (SDQs) to ensure the mental health needs of children looked after are identified as early as possible. This includes delivering training to social workers on the use of the tool and CAMHS meeting regularly with BHT LAC nurses to discuss cases that the nursing team have been concerned about following statutory health assessments.
- As a result of funding from the Health and Justice Board, CAMHS has embedded practitioners within Social Care teams such as the Swan Unit that deals with young people who have been sexually exploited and the SARC (sexual assault referral centre).
- Increased resource within the SPA to do assessments and improve administrative processes in order to reduce delays.
- Kooth has been commissioned to provide online counselling and emotional well-being services for children and young people, accessible through mobile, tablet and desktop and free at the point of use. Early feedback has been positive and there is emerging evidence of higher levels of take up from those who belong to some black and minority ethnic communities. In the first five months of use there were 655 new registrations, 187 young people used the chat facility. 256 young people used the message service with 1,280 messages exchanged.

In 2019/20 we need to:

- Embed and start to evaluate our Mental Health Support Teams in schools. In line with the national ambition set out in the Long Term Plan, we will also seek further opportunities to expand our Mental Health Support Teams to more educational settings.
- Support the national rollout of Designated Senior Leads for Mental Health (DSLMH) in schools. Every school across the country will have a DSLMH (a senior member of school staff) trained to identify, support and refer young people that are at risk of or experiencing mental ill health.
- Increase the number of schools accessing the countywide peer support programme. Delivered by Bucks MIND, the initiative trains young people in schools to become mental health champions and provides parents and schools staff with awareness training. They have already completed the initial work in five schools and over the next 12 months will increase this to a minimum of 24 schools.
- Work in partnership with the Anna Freud Centre to establish the Schools and Colleges Link Programme. The programme has been commissioned by the DfE and is supported by NHS England. It aims to bring together education and mental health services so that children and young people can obtain the help they need in a timely manner. Further information is available at: www.annafreud.org/what-we-do/schools-in-mind/our-work-with-schools/the-link-programme/
- Embed the enhanced perinatal mental health provision supported by continued CCG investment.
- Fully embed the joint neuro-developmental diagnostic pathway and review post-diagnostic support.
- Review further opportunities to expand access to mental health services in line with the NHS Long Term Plan ambitions. This will include outreach to under-represented and /or more vulnerable groups, specifically targeting Black and Ethnic Minority communities, young carers, travellers and the transgender community to increase access and reduce health inequalities.
- BAME and young carers champions to be implemented in service to improve links and outreach work to be undertaken increasing awareness and reducing stigma.
- Explore further opportunities to utilise technology to provide assessment and treatment for children and young people.
- Improve and maintain referral to assessment and treatment times with support from trailblazer funding.
- Embed CAMHS support within new Buckinghamshire residential children’s homes and continue work to ensure SDQs are used to support the early identification of needs for children looked after.
C. All services working with children and young people will promote wellbeing across both physical and mental health.

Buckinghamshire is working with Oxfordshire and Berkshire West as part of an Integrated Care System (ICS). Building on the success of recent work to implement a single all age eating disorder pathway and commission a joint perinatal mental health service across Buckinghamshire and Oxfordshire, work needs to continue across the ICS to exploit further opportunities to deliver services conterminously across borders to ensure equity of service for patients.

Within our local Integrated Care Partnership (Buckinghamshire ICP) it is just as important to maximise the same opportunities. In 2018 and 2019 we have worked with partners across the health and care system to improve pathways for children and young people and this will continue to be an area of focus.

You said that in 2018/19 we should focus on:

- Closer collaborative working with CAMHS to support early help and reduce the need for more costly interventions.
- Notifying schools when a young person has been discharged from CAMHS.
- More training on understanding mental health for non-mental health professionals, particularly for staff in schools.
- Embedding 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.

What we did:

- Our Mental Health Support Teams have been developed as a multi-agency collaborative model and in tandem with the county’s refreshed Early Help approach. The teams include colleagues from CAMHS working alongside a voluntary sector worker from MIND and Local Authority Youth Workers and Family Resilience Workers.
- With support from NHS England, Restorative Practice Training was held in September for leaders working across agencies in Buckinghamshire. Attendees from Children’s Social Care, Health, Education and Mental Health services used restorative practice methodologies to explore how they could work better together to improve mental outcomes for our children and young people.
- We have listened to feedback from schools who felt that it was important to know
when a young person has been discharged from the service, so they can continue to support as required. As a result the discharge process for CAMHS has been updated to include informing schools and the discharge letter now goes out to schools where appropriate.

- Schools link workers are in place across all primary and secondary schools in Buckinghamshire, supporting with raising awareness, offering advice and training. They have been working alongside the school health nurses and in conjunction with Buckinghamshire Mind to ensure a collaborative response.
- 15 modules of PEPP care training have been delivered across the county to professionals working with children and young people. Bespoke training has also been offered in schools on a range of mental health topics including early intervention skills and strategies.
- Closer working and additional support for special schools where there has been an identified need for additional CAMHS support.
- Consultation and engagement activity with over 200 stakeholders, including children and young people who have experienced mental ill health, to develop a draft All Age Mental Health Strategy for Buckinghamshire.
- Clinical leads from the Attachment and Vulnerable Young People pathway and the Learning Disability pathway now rotate attendance to offer a mental health perspective to the local authority resource panel. This is proving helpful to support the identification of mental health as well as wider health needs of children in care and signposting to CAMHS for further assessment. It also supports the review of applications for funding for private providers and supports panel discussions on whether the child’s needs are best met in the current placement or whether additional/alternate resource needs to be considered.
- CAMHS have placed a senior Clinical Psychologist within the fostering and adoption teams at County Hall. The psychologist is available to Buckinghamshire foster carers for face to face consultation, or for telephone support, to address any immediate concerns a carer may have about the child in their care.

In 2019/20 we need to:

- Work alongside adult mental health colleagues who are currently transforming the mental health urgent care pathway to consider delivering an all age pathway.
- Publish our All Age Mental Health Strategy for Buckinghamshire to provide a single coordinated vision for addressing mental health across the county.
- Employ a dedicated member of staff to in-reach into specialist in-patient wards across the country, developing the process and reporting structure the post should focus on reducing bed days.
- Develop and implement a robust Positive Behaviour Support (PBS) model in Buckinghamshire. This will enable the piloting of sustainable and ongoing training and consultation for staff teams across Health, Education, and Social Care, including parents and young people.
- Explore options for delivering further restorative practice training to support effective joint working between agencies in Buckinghamshire.
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.

We know from talking to people of all ages that moving between services can be an unsettling period in a person’s care. This can be made more challenging in some cases due to the difference in provision between children’s and adult services. It is also recognised that the word transition incorporates more than just moving between services and can include a transition from one care professional to a new one or from an in-patient setting back into the community.

Since the CAMHS service was recommissioned in 2015, Oxford Health has worked collaboratively with Barnardo’s to provide ‘buddies’ to children, young people and their families or carers. This model works well to enhance and aid understanding of clinical work and offer reassurance as children use and move between services.

You said that in 2018/19 we should focus on:

• Further develop and embed all age pathways, including 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.

What we did:

• An all age Eating Disorder Service has now been operational across Buckinghamshire and Oxfordshire since October 2018.
• Learning Disability CAMHs are working with the Adult Learning Disability Health provider (Hertfordshire Partnership Foundation Trust) to develop services for the 14 -25 age group who present with the highest level of risk. This will include the creation of a Dynamic Risk Register and Intensive Support Team that straddles Oxford Health and HPFT, providing intensive support using a Positive Behaviour Support (PBS) framework. This service will be designed to prevent inpatient admissions where possible, strengthen in county placements and reduce the use of out of county placements.
• CAMHS have worked with adult mental health services and young people to develop a transitions policy. There is a weekly conference call between adult services and CAMHS where all young people aged 17 and 6 months who are going to need to transition to adult services are discussed and their ongoing needs are considered. There is also a bimonthly group that includes senior managers that aims to address the issues raised at the transition stage to ensure we have the right process in place. A minimum of three handover sessions are undertaken for young people moving from CAMHS to adult services.
• In 2018 Oxford Health held a workshop that bought together adult and CAMHS staff to think about Transitions, what works well and what we need to change.

In 2019/20 we need to:

• Implement model for Intensive Support Team for young people over 14 with an intellectual disability and challenging behaviour.
• Recognising the vulnerability of young people whilst transitioning to adult services we will employ a care navigator / transitions worker to ensure that children and young people are fully supported whilst moving from one service to another.
• Undertake further workshops with CAMHS and adult staff to identify and implement further pathway improvements.
• In line with the expectations of the NHS Long Term Plan, continue investment in eating disorder services to maintain 95% standard.
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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.

Staff across Buckinghamshire CAMHS services work collaboratively with young people to support them to identify goals and work with them and their families/carers to achieve the outcomes that will improve their mental health. CAMHS uses peer reviews to monitor standards and ensure that care plans and goal setting is done in collaboration with young people and where appropriate their parents/carers. The goals are reviewed and revised to ensure that the support our young people are receiving can be flexible and meet their changing needs.

There is a national expectation on CAMHS services that they will move towards routine collection of outcome data and reporting of this at a national level to evidence the impact of interventions. Although CAMHS has demonstrated increased recording of outcomes, the ability to demonstrate change through this has been limited to date – and this is something that has been highlighted as an issue for CAMHS service across the county. Interim measures which use case studies, surveys and the True Colours30 system have been used to demonstrate improved outcomes whilst a longer term solution is being developed.

You said that in 2018/19 we should focus on:

- Increasing the use of patient reported outcome measures and our ability to report on changes as a result of receiving a mental health service.

What we did:

- Outcome Workshops carried out with young people which provided evidence for the Local Incentive Scheme indicators (LIS).

In 2019/20 we need to:

- Facilitate further Outcomes Workshops to review LIS for 2019/20 and continue to use “True colours” as an interim measure to gather evidence based data.
- Implement a service wide outcomes framework by March 2020.
- Appoint an Assistant Psychologist to collate the outcome information for workshop and groups.

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30 True Colours is an online system that allows patients to monitor their symptoms and experiences using text, email and the internet. By answering questionnaires patients create a record of how they are feeling and can see how it changes over time. Patients can use this to help them to manage their own health and to share information with their family, friends or care team. Their data is stored on a secure computer system. Monitoring their wellbeing with True Colours will help patients to notice when their feelings are changing. Patients can then act quickly to stop things from getting worse.
f. Children, young people, parents, carers and other stakeholders will influence the development of the service through participation and feedback

As the health and social care system moves towards greater integration, the people best placed to tell us whether it is working are those it serves.

Integrated care partnerships offer an opportunity for health and social care systems to think differently about how they collect, listen to and act on insight and feedback from patients their carers and relatives.

Buckinghamshire has a variety of established engagement and co-production forums which enables us to work with people who have lived experience and insight into living with mental ill health. These groups are used to inform transformational change and delivery.

- **Article 12**: Our active young person’s participation group, run by Barnardo’s. The group provides feedback on services, has co-produced literature and supported service design.
- **Parent Advisory Group (PAG)**: Facilitated by FACT Bucks, the PAG is an opportunity for parents and carers of people that have a mental health condition to provide their feedback and experiences of services. Attended by senior CAMHS representatives along with commissioners this is an opportunity to work together with parents and carers to address areas of service improvement.
- **Community Engagement Groups (CEGs)**: Facilitated by Talkback, the CEGs bring together people with lived experience of a variety of disabilities from all ages to review and discuss specific topics or challenges relating to their condition.
- **“I want great care”**: This online platform helps Oxford Health to collate service users and family feedback.

Further information can be found in the section on Engagement.

You said that in 2018/19 we should focus on:

- Enabling parents to be able to talk to the clinicians and have conversations outside of appointments.
- Children, young people, parents and carers told us their priorities via the Article 12 group and the PAG. For 2018/19 this included improving the garden at Harlow House and looking at the information provided during the Annual Review process.

What we did:

- Children, young people, parents and carers have been involved in a range of initiatives to shape service delivery this year. Further information is provided in the Engagement section of this report.
- Walking with You Group set up to support more parents to come together to share their experiences of services.
- We worked with over 200 stakeholders including children and young people, to develop our draft *All Age Mental Health Strategy*.

To do in 19/20

- Increase participation of parent carer groups at a more strategic level.
- Establish the Walking with You group across the county and increase membership.
- Develop a process to ensure all staff recognise the need for all young people to be given a chance to talk to away from their parents.
8. The Buckinghamshire Offer

CAMHS

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

a) those whose needs can be appropriately met at Tiers 1 and 2 receive the appropriate support and
b) those whose needs require support at Tier 3 and beyond are able to access this quickly and efficiently.31

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).

Figure 8: The Thrive Approach

31 More information about the Balanced System® can be found at http://www.bettercommunication.org.uk/the%20balanced%20system%20overview%20July%202013.pdf
CAMHS service model and pathways

The CAMHS service model is based on a number of pathways that offer consistency and specialist intervention.

Figure 9: The CAMHS Service Model

Single Point of Access (SPA) including self-referral

In order to promote access to services for 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 there are always clinical staff available to talk to anybody that rings, review referrals as they are received and make decisions on further action to be taken. Alongside telephone referrals and written referrals the service also encourages E-referrals through the CAMHS website. In line with the Crisis Care Concordat\(^{32}\), 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 encouraged to self-refer, however if a child of any age rang they would never be turned away.

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. 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 an additional contact point for consultation, requesting training and liaison.

In addition, some children and young people and their families may have a Barnardo’s “buddy” to support them in their CAMHS journey. “Buddy” is the term used to describe the Barnardo’s mental health workers. This term was identified by young people as the name for this team of people.

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

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

1. Getting Help

Buddies will provide time limited, targeted interventions for children and young people whose needs have been identified through assessment as suitable for this support. 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. They will have responsibility for all recording processes including amending the Risk Assessments, Care Plans and ROMS.

Buddies will deliver evidence based work, either Cognitive Behavioural Therapy (CBT) or Dialectical Behavioural Therapy (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.

2. Getting More Help (GMH)

Within this pathway Barnardo’s buddies work alongside qualified mental health professionals to support young people and families as appropriate. The planned support is reviewed regularly (usually six weekly) through joint sessions with the CAMHS Care Coordinator / Primary worker. Sessions with buddies may be used to support interventions being done by other multi-disciplinary team members (e.g. supporting attendance at appointments, an opportunity to practise skills learned during formal therapy such as CBT), or may be used 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 buddy or team manager.

3. Getting Help group work

Barnardo’s buddies deliver the following group programmes in CAMHS.

- **Groups for young people aged 12-17 with mild to moderate anxiety:** These groups are generally used as a first line intervention, although may be used following other interventions to support these or as part of a step down of care prior to discharge.

- **Healthy Heads Lite (DBT informed) Group:** For young people aged 12-17 who are struggling to manage their emotions (i.e. anger, anxiety, low mood) and/or behaviours (i.e. self-harming behaviours). This group is suitable for young people who engage in self-harming behaviours and they do not need to have a diagnosable mental illness.

- **PAC (for parents of children who experience anxiety):** This is a parent only group for primary aged children who suffer from anxiety with the aim of helping parents support their child. It is run by buddies who have completed the Enhanced Evidence Based Practice CYP-IAPT course at Reading University.

- **ASD/Anxiety Programme:** This group is for both parent and young person with a diagnosis of ASD. It is run over 6 sessions (each session is 2 hours). It is for young people aged 11-14 with an ASD diagnosis and low to moderate anxiety.

- **Cygnets Post diagnostic group:** This programme is for parents only and runs over 6 sessions (each session is 2 hours). It is for parents of children 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 offers a short assessment of need to help identify the right service for the young person or simply to talk about a concern face to face rather than on the phone. 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”.

**Outreach and crisis services**

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.

The OSCA team currently has four functions:

- **Crisis and Home Treatment**: typically used to support existing care packages. Crisis offers a service to young people up the age of 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.
- **In-reach to and supported discharge from inpatient units**.

The staff team includes nurses, psychiatrists, psychologists, social workers and occupational therapists. The team have also developed more specialist roles including a Nurse Consultant/Lead for Deliberate Self-Harm, In-patient Liaison Lead and Nurse Consultant for DBT (Dialectic Behaviour Therapy). 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.

In 2017, the OSCA team were successful in achieving the Quality Network for Community CAMHS (QNCC) accreditation; they are next due for accreditation in 2020.

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 hours a day, 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.

The Five Year Forward View for Mental Health and more recently NHS Long Term Plan 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 offers a response service 24 hour a day, 7 days a week, however, capacity in this service is limited. The urgent care all age mental health pathway is being reviewed in Buckinghamshire with a view to developing a more effective response to those experiencing a mental health crisis.

**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.

Eating Disorders Service

Prior to establishing the specialist service in 2016 Buckinghamshire CAMHS received approximately 77 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 82 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 Guide clearly sets out the transformation required locally and regionally to improve access, waiting times and the provision of evidence based treatments for young people with an eating disorder. The additional funding linked to these standards has enabled the development of the community Eating Disorder Service for children and adolescents. The service consists of two linked teams across Buckinghamshire and Oxfordshire and was officially launched in October 2016. The Buckinghamshire part of the service has been accepting referrals for all young people with a suspected eating disorder since January 2016.

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

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The service was awarded overall team exhibition winner at the finale Eating Disorder Conference in London in March 2018 for presenting its work.

The service is registered with the national quality improvement programme for Child and Adolescent Eating Disorder services under the Quality Network for Community CAMHS. The team completed the self-review in August 2017 and are undergoing a peer review in 2019. The service has worked hard to improve compliance with Access and Waiting Times Standards with 84% of referrals seen within 4 weeks in 2018-2019.

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 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 Disorder Service (Jenkins et al., 2017).

Further implementation of the clinical and management structures underpinning the move to an all-age service will support continued development of the all age service.

In 2019, the child and adolescent team undertook the peer-review stage of the 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.

The review identified a number of areas of strength and good practice:

- Providing young people and parents/carers with written feedback on the same day as an assessment.
- Parents/carers didn’t have to repeat the information they provided to different agencies.
- Multi-agency partners said the service is innovative and future thinking.
- There are strong links with the inpatient unit (Highfield). The inpatient unit valued their expert knowledge.
- Appointment slots are flexible and meet the needs of the family/child.
- Parents/carers reported that it was helpful to have a parent/carer session which supports them to understand how the service will help them.
- Parents/carers reported that the crisis team have been invaluable to parents/carers.
- There is some great participation work, collaborating with young people who have engaged in CAMHS services to deliver a better service e.g. improving information provided.
- Young people are being recruited to be more involved in the interviews for potential staff candidates.

A key priority is to continue to work with local multi agency partners including the local paediatric and psychiatric wards to implement consistent and well-integrated care pathways which minimise time spent in hospital and improve outcomes.

Attention Deficit and Hyperactivity Disorder and 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 (ASD) through setting up a specialist Neurodevelopmental Pathway. Consultation, assessment and individual work is offered by the team including parenting support and skills training which is offered in a group setting post-diagnosis.

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

To further improve this pathway, in February 2019 a Buckinghamshire neurodevelopmental single point of access was established for all new ASD and ADHD diagnostic referrals. This is a collaborative venture between Oxford Health NHS Foundation Trust and Buckinghamshire Healthcare NHS Foundation Trust. Prior to the launch of the SPA young people over the age of 11 would be referred to CAMHS (Oxford Health) and children under the age of 11 would be referred to the paediatrics service (BHT). By pooling resources across the two organisations patients are provided with a more integrated, needs led service. It is hoped that once fully embedded the joint pathway will reduce wait time from referral to diagnosis.

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 service, due to moderate or severe, complex and enduring difficulties.

In line with recent legislation and good practice guidance the Buckinghamshire CAMHS intellectual disability 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 intellectual disability 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)**

Buckinghamshire CCG commissions an early intervention service for psychosis. The service, which is delivered by Oxford Health NHS Foundation Trust, is modelled on NICE guidance. It provides clinical interventions for people from age 14 who are presenting with psychosis. The team consists of CAMHS and adult mental health staff to ensure 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.

The service is benchmarked at national level, with service performance at August 2019 in the table below.

<table>
<thead>
<tr>
<th>Core intervention</th>
<th>Percentage Achieved August 2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>CBT for Psychosis; service users with First Episode Psychosis that received 2 or more sessions of CBTP (Target 24% = Good; 36% = Outstanding)</td>
<td>35%</td>
</tr>
<tr>
<td>Family Interventions; service users with First Episode Psychosis and their families that had 2 or more sessions of Family Interventions (10% = Requires Improvement; 20% = Good; 30% = Outstanding)</td>
<td>15%</td>
</tr>
<tr>
<td>Individual Placement Support; service users with First Episode Psychosis that had two or more appointments with an IPS Worker (20% = Good; 30% = Outstanding)</td>
<td>29%</td>
</tr>
<tr>
<td>Physical Health; Body Mass Index (BMI), blood pressure (BP), glucose regulation (GR) (HbA1c or fasting glucose or random glucose as appropriate) and blood lipids (BL) Date (70% = Requires Improvement; 80% = Good, 90% = Outstanding)</td>
<td>65%</td>
</tr>
<tr>
<td>Smoking Cessation; those who smoke who were referred to a smoking cessation service (75% = Outstanding)</td>
<td>100%</td>
</tr>
<tr>
<td>Carer Education Programmes; carers who were provided carer-focused education and support programmes (50% = Good; 75% = Outstanding)</td>
<td>59%</td>
</tr>
<tr>
<td>Outcome Measures; service users with HONOS, QPR, DIALOG recorded twice since entering service (outcome measures/common assessment form) (25% = Requires Improvement; 50% = Good; 75% = Outstanding)</td>
<td>35%</td>
</tr>
</tbody>
</table>
Looked after and adopted children’s service

The Looked After and Adopted Children’s (LAAC) Service is commissioned to meet the needs of children looked after 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. Where specific needs are identified, the LAAC team will then refer the young person to a specialist internal CAMHS team, for example the eating disorders team.

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.

We are always looking for new ways to develop and extend the services offered by CAMHS. Over the past year there have been a number of developments within this element of the service, including:

- **Partnership approach to extending use of Strength and Difficulties Questionnaires (SDQs):** This mental health screening tool is used to make sure we identify young people in care who need CAMHS support. Working with partners we have strengthened the process for completing these including developing an online assessment tool and monthly meetings between professionals to review young people who score highly. This approach has enabled partner agencies to have greater awareness of children and young people who have not received this statutory assessment. CAMHS have also delivered training to Children in Care social workers in recognising the mental health needs of children and young people in care as well as understanding the SDQ as an assessment tool.

- **Closer working with BHT LAC nurses:** CAMHS staff meet regularly with Buckinghamshire Healthcare NHS Trust LAC nurses to discuss cases that the nursing team have been concerned about following statutory health assessments. The CAMHS team will work with the child’s social worker for further information to understand the context and children and young people will be seen quickly by the team for further mental health assessments, where necessary.

- **Working within Social Care teams:** In the past year, CAMHS has placed a senior Clinical Psychologist within the fostering and adoption teams. They are available to Buckinghamshire foster carers for face to face consultation, or for telephone
support, to address any immediate concerns a carer may have about the child or young person in their care. If appropriate, they will then recommend further assessment. The psychologist is also available for consultation to all social care teams about children and young people a social worker may be concerned about.

- **Input at the Local Authority Resource Panel**: Senior CAMHS staff now attend the weekly resource panel to offer a mental health perspective to the local authority resource panel. This has been helpful in identifying mental health needs as well as the wider health needs of children and young people in care and signposting to CAMHS for further assessment. This is also an opportunity for CAMHS to input in discussions on how to best meet the needs of the child or young person’s needs and identify whether additional/alternate resource needs to be considered.

- **Training of Foster Carers**: The team currently offers a Mentalization-Based Treatment Therapeutic parenting course to foster carers, kinship carers and adoptive parents. This is training to help carers to understand the impact of trauma and how to support young people who are having trouble coping. Building on this, CAMHS is now working with the council fostering service to develop a therapeutic parenting training package for all Buckinghamshire foster carers.

**Attachment and vulnerable young people pathway: ReConnect – specialist service for high risk parents and 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.

**Perinatal mental health service**

Buckinghamshire has developed a specialist perinatal mental health community service, thus fulfilling the NHS England ambition in the *Five Year Forward View for Mental Health*. In 2018/19 the second wave of funding enabled the development of the team allowing women who are planning a pregnancy, are pregnant or have had a baby in the last year and who are experiencing a new or existing mental health conditions to access a specialist mental health team. This has supported improved access to treatment and improved outcomes for women their children and their families.

Buckinghamshire has a diverse population and the services are required to serve both a

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large rural and isolated population together with an urban and mixed ethnic minority population. More than 600 maternity related admissions with a mental health component were recorded each year during the periods 2012/3 – 2014/5 for Buckinghamshire registered women. The perinatal service will work toward supporting admission avoidance, supporting safe discharges and an equitable service for women and their families, so improving long term outcomes for mother baby and partner.

The perinatal mental health team supports all women with an existing and a new moderate to severe/complex perinatal mental ill health during the preconception period and to a year following birth. It provides pre-conception advice and information for women considering pregnancy, about how this and childbirth could affect their general health. A referral and triage system ensures that women receive initial and ongoing assessment, diagnosis and a full range of services, including but not limited to community support, therapeutic interventions, mediation advice. The focus of the treatment is at home, in clinics and when needed in inpatient Mother and Baby units.

The team works collaboratively with all partners, in primary, secondary and tertiary services to enable local women to make personalised informed choices about their care. Including but not exclusively IAPT’s, AMHT’s, Midwifery, Health Visitors, CAHMS, Bucks MIND.

The team provides support, advice and expert knowledge to colleagues. The team are a partner in the Thames Valley Perinatal network and are developing links with the Perinatal Quality Network and are working towards achieving the required standards. This service has been well received, including the following feedback.

Transitions between CAMHS and Adult Services

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.

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. For 2019/20 we also plan to recruit to a dedicated transitions navigator post to ensure that support is maximised for the young person at such a vital stage of their care and treatment journey.

Other services and support
Counselling services

Some individual schools purchase their own pastoral or counselling services. In addition voluntary services including Youth Concern, YES (Youth Enquiry Service), Buckinghamshire Mind offer youth counselling in locations across the county.

Buckinghamshire and Wycombe Mind provides LGBT youth club, befriending and counselling.

Public Health offer

Buckinghamshire Public Health commissions the Bucks Mind Peer Support in Schools (PSIS) programme for delivery in some primary and secondary schools. The PSIS programme has been developed to augment existing peer to peer mentoring programmes in primary and secondary schools. The PSIS programme aims to raise awareness of mental health by normalising conversations about mental health to reduce mental health stigma and discrimination.

Public Health has also commissioned training for school staff which has focused on evidence based resilience programmes, and a pilot sixth form transitions programme for delivery to secondary schools. There is little in the way of accredited mental health awareness programmes for students transitioning from school to higher education. Therefore in 2019/20 mental health awareness sessions for sixth form staff, students and parents will be piloted in five secondary schools to aid in the preparation of young people for the upcoming transition from school to higher education.

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 service developed an emotional wellbeing pathway with CAMHS for children (all age groups) at risk of mental health problems. (See appendix 4 for pathway).

Buckinghamshire County Council Family Support Service

Over the last few months, the Council has implemented a new Family Support Service following a review of early help provision.
Three locality family support teams are now in place. These consist of practitioners with the right skills mix to make sure families get the right support at the right time, providing a programme of activities for families with 0-19 year olds (up to age 25 for children with special educational needs or disabilities).

The teams include practitioners focused on early years, youth, parenting and intensive family support, using the lead practitioner model, and will develop strong community links with schools and health.

Evidence-based family support will focus on improving outcomes in specific thematic areas including:

- Domestic abuse
- Special educational needs
- Youth
- Post-16
- Parenting
- Mental health
- Early years

Services are delivered via a network of 16 Family Centres located across the county including three Family Centre Plus sites available in the county’s three largest towns – Aylesbury, Chesham and Wycombe. Services are also provided through outreach and targeted support at other community locations and with families in their homes.

Family Centre Plus sites are open for families to drop-in to get advice and to discuss any issues. Health services are also delivered from these centres, providing additional expertise and opportunities to identify emerging concerns that require additional support.

A new community coordination function will develop and strengthen voluntary and community participation, promote the partnership early help offer and work collaboratively with providers and the service to build bespoke offers at each of the 16 Family Centres to encouraging families to take advantage of their local universal provision and access to targeted services.

Examples of the family support offer may include:

- Open access (universal) sessions for families with children aged 0-5 (on average two sessions per week, per centre).
- Programme of targeted activities to support families 0-19 (up to 25 for those with special educational needs or disabilities) with specific challenges.
- Parenting group sessions, youth mentoring, support for young carers, not in employment, education or training (NEET) support, healthy eating, budgeting and benefits and other community-led activities.
- Drop-in support, advice and guidance at Family Centre Plus sites, five days a week.

**Buckinghamshire County Council Youth Service**

The Youth Service is a referral based service which forms part of the council’s early help offer. The service works with young people at an early stage before issues escalate to a level where specialist support may be required. It also supports young people who have received a specialist intervention to provide a safety net to enable them to move forward once this work is completed.

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

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

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

**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, as of September 2019 it operates on a locality basis in line with the new Family Support Service.

CAMHS 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**

A number of specialist health and justice services are available for children and young people.

- **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.

  The service has 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 Buckinghamshire County Council 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 team 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).

- **Liaison and diversion**
  
The liaison and diversion service works with young people under the age of 18 who are involved in offending behaviour or who
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 service 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 service supports Thames Valley Police in managing any incident that may be related to mental health concerns and has no age restrictions. The hours of operation are 13:00 hours to 24:15 hours.

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 spans 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 were 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.

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.

Embedding CAMHS practitioners across a system

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.

Children’s homes

As part of Buckinghamshire County Council’s commitments to provide support and care closer to home additional children’s homes have been built in county. Recognising the increased prevalence of mental health needs amongst this vulnerable group of young people, CAMHS will be providing a dedicated resource (funded by the Local Authority) that will support the mental health needs of these young people and ensure timely access to services.

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 services

Switch Bucks is the commissioned children and young people substance misuse service, delivered by Cranstoun. The service commenced operation in October 2018, and delivers support, focused on reducing risk, reducing harm and building resilience, to children and young people age 10-18 years (and up to 25 years in exceptional cases) across Buckinghamshire who are:

- experiencing substance misuse related issues or
- at risk of developing problematic substance misuse or
- are impacted by parental or other family member substance use.

The service offers easy and rapid access to support from premises in the town centres of High Wycombe and Aylesbury, as well as delivering from a variety of community venues across Buckinghamshire, including schools.

Switch Bucks offers:

- One to one and group support.
- Information and advice for parents/carers.
- Support to reduce harm caused by the misuse of substances.
- Professional drug and alcohol training in relation to children and young people’s substance use and misuse for partner agencies.
- General health and well-being support.
- Hidden harm support for children effected by parental substance misuse – in partnership with One Recovery Bucks (adult substance misuse service).
- Supported access to pharmacological and needle exchange support in partnership with One Recovery Bucks (adult substance misuse service).
- Accredited (AQA) life skills programme
- Supported access to local activities e.g. music, art, crafts, etc.

Switch Bucks and CAMHS have a working pathway (CAMHS Single Point of Access) to refer and support children and young people with co-existing substance misuse and
mental health issues. In addition a named Single Point of Access mental health worker provides a link into Switch Bucks from CAMHS ensuring communication between the agencies and diagnostic needs can be addressed.

**Schools**

CAMHS has 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.

**Adoption Support Fund (ASF)**

Since the ASF came in to affect in 2015 Buckinghamshire has made approximately 462 applications. Some of these interventions are happening alongside CAMHS involvement. To date since 2015 Buckinghamshire has applied for £1,571,253. 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.

**Develop system wide Positive Behaviour Support approach**

In response to increasing exclusions and out of area placements, during 2018/19 and into 2019/20 Buckinghamshire CAMHS has been developing a Positive Behaviour Support (PBS) offering with the support of system partners. PBS 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.

**Training and Sharing of Good Practice**

**Training in recognising mental health problems: psychological perspectives in primary care (PPEP care)**

CAMHS delivers training in understanding and recognising various mental health problems across the county to professionals including foster-carers. The service delivers 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 PPEP training events, covering anxiety, low mood, conduct disorder, eating disorders, attachment issues, post-traumatic stress disorder and self-harm. This free training was provided to over 500 people from different professional backgrounds.
Buckinghamshire emotional wellbeing in schools: annual conference

This conference is now in its sixth year with planning underway for November 2019. This year’s theme is ‘Progressing and Strengthening the Whole School Approach to Promoting Mental Health in Schools’. The conference is organised by Public Health in partnership with organisations including schools, the school nursing service, CAMHS and the third sector.

In 2018, 100% of attendees who completed an evaluation form rated the conference overall as good or excellent and over 95% indicated they agreed or strongly agreed that the conference had met its objectives. 99% of respondents indicated they agreed or strongly agreed that workshops attended were relevant to their role and had practical resources and strategies to implement back at school.

The 2018 conference was highly attended by over 100 delegates from Buckinghamshire schools with others represented from school nursing, CAMHS, Buckinghamshire County Council and the third sector.
The current Buckinghamshire Child and Adolescent Mental Health Service was commissioned in 2014/15 with a new service model and contract which started on 1st October 2015. The service is provided by Oxford Health NHS Foundation Trust in partnership with Barnardo’s. It is jointly commissioned and funded by NHS Buckinghamshire Clinical Commissioning Group (CCG) and Buckinghamshire County Council (BCC) under a pooled budget section 75 arrangement.

The provision is county-wide, outcomes based, needs led and evidence-based, to support children and young people who have difficulties with their emotional or behavioural wellbeing. 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 designated pooled budget for the Buckinghamshire CAMHS contract for 2019/20 is £7,163,836. This is made up from contributions across Buckinghamshire County Council (22.23%) and NHS Buckinghamshire CCG (77.67%). The current total contract value for the five year period is £33,870,536. Since 2015, through transformation funding (outlined below) Buckinghamshire CCG has made additional investment into Buckinghamshire CAMHS. Buckinghamshire County Council’s contribution has been maintained since the beginning of the contract in 2015.

Table 19: CAMHS Budget 2015/16 – 2019/20

<table>
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<tr>
<th>Year</th>
<th>Buckinghamshire CC</th>
<th>Buckinghamshire CCG</th>
<th>Total CCG</th>
<th>%</th>
<th>££</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>££</td>
<td>%</td>
<td>££</td>
<td>Transformation</td>
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<td>3,823,497.00</td>
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<td>29.5%</td>
<td>3,082,916.10</td>
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Buckinghamshire is committed to delivering the Five Year Forward View for Mental Health and the NHS Long Term Plan in relation to children and young people. Investment in the service since 2015 has been retained and it is the belief of the ICS Five Year Forward View for Mental Health 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.

Buckinghamshire CAMHS works directly with two third sector partners:

- Barnardo’s is a national charity with an annual income of £304 million and an expenditure of £299.8 million.
- Buckinghamshire Mind focuses operations in and around the Thames Valley region and has annual income of £1.1 million and expenditure of £1.1 million.

Both organisations are well established, of the two Buckinghamshire Mind is less so but strong partnership and system working mean this presents a low level of risk.
Buckinghamshire CAMHS pooled budget

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 for 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 five annually agreed key performance indicators. The indicators for 2019/20 are set out in the next section of this plan.

NHSE Health and Justice

NHSE Health and Justice have invested £56,000 through the CCGs to enhance the support offer to young people who attend the sexual assault referral centres (SARCs). The service has identified a named link to work into the SARCs and into the Buckinghamshire Child Sexual Exploitation (CSE) Swan Unit. The children and young people secure estate in Thames Valley and Hampshire includes Swanwick Lodge SCH and HMYOI Aylesbury. Both secure settings are national resources and accept children and young people from all CCG areas.

The 2018 Swanwick Lodge Health Needs Assessment outlined that throughcare and continuity of care is particularly important where there are multiple and complex needs but is particularly challenging for Swanwick residents. Transfer of information and continuity of care usually works well between secure establishments for children and young people. However, transition back to the community is often more fraught due to the complex nature of the children and the number of different authorities involved, all with different services, pathways and processes for staff and the child to navigate. It is often the breakdown of community options that has led them to be placed in Swanwick in the first place. Securing a placement back in the community can take a lot of time and work and may not be ideal when it is found, e.g. there may not be the required specialist support or appropriately skilled services in that area, and this may interrupt a course of interventions or treatment. Very low numbers of prisoners are released from HMYOI Aylesbury Prison back in to the community however many of the pathway issues outlined for Swanwick Lodge residents will be applicable to HMYOI Aylesbury releases.

A national operating model has been developed for the roll-out of all age liaison and diversion services. Berkshire Healthcare NHS Foundation Trust has been commissioned by NHSE Health and Justice to provide a liaison and diversion service to young people presenting in police custody with the aim to improve overall outcomes and support people in the reduction of re-offending.

New care model

CCG commissioners are working with NHS England specialist commissioners to ensure there is collaborative working and joint planning 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.

Healthy outcomes for people with an eating disorder (HOPE) new care model

The HOPE new care model started in shadow form in July 2018, and will be reducing its geographical area from 1st October 2019. Information gathered during the model’s development has shown an average of five referrals per week with an average of 13
patients on the waiting list for admission. The longest wait for a routine referral is currently 66 days whilst the average wait for all referrals is 24 days (urgent referrals should be admitted within seven days). Bed occupancy within our NHS units is on average at 85% whilst in the independent sector it’s currently running at 10%. Current risks within the HOPE network are in relation to demand and capacity, variation and inequity of funding across the whole care pathway, latent demand (ie those in gastro units), increase in the acuity of patients and commissioning challenges for complex patients with co-morbidity.

The eating disorder service for children and young people has an emphasis on treatment in the community and crisis support build into the model to avoid hospital admission where possible. For the eating disorder service and the crisis/assertive outreach team transformation funding has enabled additional investment to improve capacity within services.

Tier 4 CAMHS new care model

The Thames Valley Tier 4 CAMHS new care model started in shadow form in April 2019. Since the start of the model, improvements in young people’s care has been illustrated through a 40% reduction in out of area bed days (compared to the same period in 2018/19). The mileage from patients’ homes to inpatients units on average has reduced from 45 miles to 36 miles (including out of area). Within the network this is down to 25 miles. This demonstrates the impact the new care model is having on bringing our young people’s in-patient care closer to home. A collaborative network is in place consisting of Oxford Health NHS Foundation Trust, Berkshire Healthcare NHS Foundation Trust, 2Gether NHS Foundation Trust, The Huntercombe Group and The Priory Group. This currently covers a geographical area of eight CCG’s and three Sustainable Transformation Partnerships. The network covers Inpatient Acute Child and Adolescent Mental Health Services (Tier 4 CAMHS) with a scope of: General Adolescent inpatient Units (GAUs), High Dependency Units, Psychiatric Intensive Care Unit (PICU), specialist eating disorder inpatient services, low secure adolescent inpatient services and Forensics CAMHS. The data collected so far has shown current risks in relation to demand and capacity regarding specialist units, such as those for learning disability/ASD, secure, children and complex comorbid presentations such as emotional unstable personality disorder and eating disorder.

Key aims of the network are to:

- Manage beds across the new care model.
- Keep care closer to home by reducing out of area placements.
- Reduce length of stay for children and young people.
- Improve clinical outcomes.
- Create system accountability.
- Improve connections between community and inpatient care.
- Strengthen entire clinical pathway.
- Work together to address current gaps in service provision.
10. Monitoring Performance and Outcomes

Contract Monitoring

The CAMHS service is now in year four of a five year contract (running October to October since 2015). A two year allowable extension has recently been agreed, which will enable the current provision to run to October 2022.

Monthly project meetings are held to track continued transformation through a clear project plan. In addition, monthly performance monitoring meetings are led by commissioners to review the service against access, waiting times and annually agreed key performance indicators (KPIs), and quarterly meetings are in place to review quality indicators. This includes reporting of compliments, complaints and incidents as well as patient engagement and feedback reports. The service uses the “I want great care” tool to collect service user feedback in order to support the evaluation and review of the service.

Over the last year a key development has been the alignment of the commissioner led contract monitoring of the CAMHS contract with the adult mental health contract. This will support the continued development of an all age approach and outcomes based framework.

Outcomes

The Buckinghamshire CAMHS service uses True Colours as a clinical tool to measure patient reported outcomes. True Colours is an online self-management system that allows patients to monitor their symptoms and experiences using text, email and the internet. By answering questionnaires patients create a record of how they are feeling and can see how it changes over time. Patients can use this to help them to manage their own health and to share information with their family, friends or care team. Their data is stored on a secure computer system.

Monitoring their wellbeing with True Colours will help patients to notice when their feelings are changing. Patients can then act quickly to stop things from getting worse. This online record can also be annotated to note items such as changes in medication, changes in environmental stressors, and behavioural changes that might have happened. True Colours naturally lends itself to self-management, and is often used alongside integrated self-help programmes.

The app is used by the young person 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.

Across 2018/19 and 2019/20 Routine Children’s Depression and Anxiety Scales (RCADS) and goal based outcomes (GBO’s) were and will continue to be used to measure improvement in young people’s mental health when attending group sessions and workshops run within CAMHS. In 2018/19 it was noted that in all groups significant improvements were demonstrated in progress towards goals set by participants at the beginning of the intervention compared to when reviewed at the end.

RCADS and GBOs were used in the following:

- ASD/anxiety programme.
- Cygnets group.
- Healthy Heads Lite (DBT informed) group.
- Parent anxiety group.
- CBT informed groups (teen anxiety group and teen low mood group).
- Autism post-diagnostic workshop.
• Looked after and adopted children service carer’s group.
• Re-connect group.
• Obsessive compulsive disorder workshop.

Quality

The CAMHS contract has a suite of quality measures in place to ensure that a needs-led, patient focused service is being delivered. A quarterly participation report is provided to commissioners, with an annual report produced at the end of the financial year. In 2018/19, 685 questionnaires were completed which enabled parents, carers, children and young people to rate the service out of 5. Across all responses, the service scored an average of 4.43 out of 5. Only 3.36% of parents, carers, children and young people completing the survey were unlikely to recommend the service(s) to other people.

Oxford Health also use the ‘I want great care feedback system’ – an open, internet based platform that allows people to post their experiences of services using a star rating. A snapshot for Q4 in 18/19 produced the following for the getting help pathway (group sessions):

• 33 people left reviews in this quarter.
• 100% people were likely to recommend the service.
• Average star rating was 4.74 out of 5 stars.

Snapshot of Feedback:

“Everyone was very helpful and they listened to me which in turn made me feel more positive in the way I felt and then generally more happy”

“I feel it has really helped me, I normally feel really anxious meeting people but apart from the first session I have not felt anxious at all. I have felt happy to talk”

The annual report provides more in depth analysis of the information captured on the ‘I want Great Care’ platform across the entire financial year. It includes the star ratings for specific domains (dignity, kindness, listening, safety etc) with feedback from patients and carers of positive experiences and how the service can be improved. The service also holds an annual stakeholder event centred on the local transformation plan celebrating achievements and working with system partners to develop services for the next 12 months. This allows stakeholders to give their feedback and contribute to future plans for service development and transformation.

Local incentive scheme (LIS)

Each year 5% of the overall contract value is retained (for 2019/20 £350,000) and paid based upon the completion of five local incentive schemes, each carrying a weight of 1%. This contractual mechanism is used by commissioners to incentivise the provider to deliver change and focus development on key priority areas. The five LIS are agreed annually between the provider and commissioner. For 2019/20 the priority areas are:

1. Delivery of 34% access target as outlined by NHS England.
2. Sustainability of 90% referral to assessment within four weeks.
3. Review access for the following groups, BAME community, Young Carers, LGBTQ community.
4. Implementation plan to enable commencement of system wide positive behaviour support (PBS) programme.
Improved data and the national mental health minimum dataset

The national minimum mental health dataset (MHSDS) has been mandatory from April 2017. Commissioners are 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 key performance indicators that are nationally mandated, such as the Eating Disorder Service and the CAMHS Access Trajectory. Reporting on both of these is currently in place.

The Performance and Information Team within Oxford Health NHS Foundation Trust has initiated a data quality improvement plan in relation to MHSDS, utilising 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 outcomes information for children and young people. The Trust is engaged in the regional and national programme to improve the recording and reporting of outcomes.

Oxford Health NHS Foundation Trust routinely monitors access times for children and young people and validates local information against the nationally published information. This has included working with NHS Improvement and the Strategic Clinical Network 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 Strategic Clinical Network to keep them apprised of progress.

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

The Trust is fully engaged with the regional Strategic Clinical Network programme to improve data and reporting. The Performance and Information Team regularly provide updates to the Network Manager Children and 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 Strategic Clinical Network in relation to data quality/validity will also offer further oversight.
Strong multi-agency arrangements are in place in Buckinghamshire to oversee the delivery of our local mental health priorities. Priorities are set out in this plan and will also be summarised in our new *All Age Mental Health Strategy*, due to be published in late 2019. Both documents reflect the deliverables articulated in the *Five Year Forward View for Mental Health* and the *NHS Long Term Plan* as well local priorities, determined through consultation with partners, children, young people, their families and carers.

Governance arrangements exist across the Buckinghamshire Integrated Care Partnership (ICP) and Integrated Care System (ICS) via a range of fora. This ensures knowledge and expertise can be drawn from across the Clinical Commissioning Group, Buckinghamshire County Council, Public Health, Oxford Health NHS Foundation Trust, voluntary sector partners and NHS England. Children and young people who have lived experience of mental ill health and their families/carers are also a key part of our governance and monitoring processes.

Monitoring and oversight is provided through the following:

- **The Health and Wellbeing Board**: The Buckinghamshire Health and Wellbeing Board (HWB) is the key partnership for promoting the health and wellbeing of residents. Its focus is on securing the best possible health outcomes for all local people. Whilst the Health and Wellbeing Board has delegated responsibility for oversight of local 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 refreshed *Local Transformation Plan* is presented on an annual basis.

- **The Children and Young People’s Partnership**: The Partnership, led by the Local Authority, identifies the most important strategic priorities for children and young people in Buckinghamshire and checks that children and young people’s interests are being addressed. It also acts as a place for resolving problems which are getting in the way of service changes which benefit children and young people. Oxford Health alongside its commissioning organisations (Buckinghamshire CCG and Buckinghamshire County Council) sit on the partnership. The refreshed *Local Transformation Plan* is presented on an annual basis.

- **Buckinghamshire Safeguarding Children Board**: A multi-agency body responsible for coordinating local work to safeguard and promote the welfare of children and to ensure the effectiveness of what the member organisations do individually and together. Oxford Health has been a member of the Board, including providing data and participating in multi-agency auditing to support the Board’s assurance around safeguarding practice. They also submit an annual Section 11 safeguarding return to the Board. The refreshed *Local Transformation Plan* is shared with the Board on an annual basis.

- **Integrated Commissioning Executive Team (ICET)**: The purpose of ICET is to set the route map for integrated commissioning across health and social care, to lead strategic planning, assurance and oversight of collaborative commissioning, to support the ambition of the ICS and ICP and to contribute to the implementation of the NHS Long Term Plan within Buckinghamshire. Regular reports on progress towards transformation are presented to the ICET, and the ICET has delegated responsibility from the Health and Wellbeing Board to oversee local plans relating to mental health.

- **ICET Joint Management Group**: The ICET JMG scrutinises progress against the agreed aims and intended outcomes of
joint funding agreements for integrated commissioning between Buckinghamshire County Council and Buckinghamshire Clinical Commissioning Group – including the CAMHS Section 75. Reports are provided every two months.

- **Corporate Parenting Panel**: This is a multi-agency panel which leads on ensuring that the Council and other partners are meeting their corporate parenting responsibilities towards children looked after. A representative from CAMHS sits on the panel and provides regular reports focusing on children looked after.

- **CAMHS Strategic Delivery Board**: Attended by commissioners and provider, this provides oversight and assurance of the progress towards transformational change. It is tracked by an implementation plan and includes an active risk register.

- **The Emotional Wellbeing and Mental Health Strategic Group**. The aim of this group is to strengthen a whole system approach to emotional wellbeing and mental health for children and young people. It provides a whole systems awareness of the resources available to support emotional wellbeing and mental health of children and young people. It looks to embed the core principle that mental health and emotional wellbeing is everyone’s responsibility.

- **Oversight from stakeholder groups** including Article 12 and the PAG.

- **Monthly contract monitoring meetings and quarterly quality monitoring meetings** for commissioned services (see Section 10).

Issues identified through contract monitoring are escalated through the ICET or ICET JMG. The ICET has oversight of the Integrated Commissioning risk register and where necessary will continue to maintain detailed oversight of areas of risk or challenge and discuss strategies to manage these.

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**Integrated Care System (ICP) and Integrated Care System (ICS) governance**

Buckinghamshire as an Integrated Care Partnership has its own place based mental health delivery group - focused on working together as a Buckinghamshire partnership driven by the ambitions of the *Five Year Forward View for Mental Health* and the *NHS Long Term Plan*. One of the key work streams of this group is children and young people’s mental health.

The BOB Integrated Care System covers Buckinghamshire, Oxfordshire and Berkshire West. The BOB ICS covers a population of 1.8 million, three Clinical Commissioning Groups (CCGs), six NHS Trusts, 14 local authorities and 175 GP surgeries.

The BOB ICS has established a strategic mental health Long Term Plan delivery board which aims to provide an overarching view of the position of mental health care across the ICS area built up from the three local placed based partnerships. This group will not duplicate the role of local multi-agency programme boards, which exist within the three systems, but aims to improve outcomes, experience and use of resources for its population.
<table>
<thead>
<tr>
<th>Children and young people</th>
<th>Prompt access to help for children and young people and their families – enabling recovery from mental health problems before adulthood.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Care closer to home</td>
<td>Crisis, home treatment and alternatives to hospital admission will be improved to enable more people to be treated at or near home. Primary Care Networks will include mental health – with providers working together to operate an integrated “front door”</td>
</tr>
<tr>
<td>Prevention and intervention</td>
<td>Particularly focusing on young people - strengthened prevention of mental ill health, promoting wellbeing, reducing stigma, building community resilience. Prompt access to evidence based talking therapies and employment support for adults and older adults with common mental health disorders.</td>
</tr>
<tr>
<td>Holistic treatment and care</td>
<td>Improve mental and physical health for people with long term physical health conditions and co-morbid mental health problems. Improve physical health for people with severe mental health problems, learning disability and autism and promotion of health and wellbeing.</td>
</tr>
<tr>
<td>Understanding need</td>
<td>Improving our understanding of the mental health of our population and how best to use our resources to respond to this.</td>
</tr>
<tr>
<td>Workforce</td>
<td>A sustainable workforce enabling ongoing delivery of high quality services across the range of acuity and complexity of need, including greater use of the third sector and community assets.</td>
</tr>
<tr>
<td>Infrastructure</td>
<td>Good quality infrastructure – including effective use of our buildings and increasing digital service delivery to support delivery of better mental health.</td>
</tr>
</tbody>
</table>

**Figure 11: Integrated Care System governance for mental health**

**Evaluation of CAMHS transformation**

The impact of the CAMHS transformation from 2015 to date has been evaluated by the Academic Health Sciences Network and Oxford University. The aim of this evaluation was to understand the impact on the use of mental health services, patient care, satisfaction, health outcomes and health resource utilisation costs. Key Headlines are:
• The impact of transformation has been widely positive – increasing the numbers of young people accessing services.
• Improved working relationships with schools.
• Positive impact of the introduction of Single Point of Access, with similar SPA models being delivered across the country. Unlike Buckinghamshire, not all are taking self-referrals.

The evaluation will help Buckinghamshire and Oxfordshire CCGs identify areas for development and share learning to promote effective and evidenced based mental health service for children and young people.

Risks to delivery of transformation

Table 20: 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 Oxford Health NHS Foundation Trust.  
• Working with wider partners to develop third sector providers.  
• ICS partners are developing workforce initiatives1. |
| 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 system wide offer. |
| Emotional health and wellbeing needs of children and young people are not fully understood or owned across the wider system leading to lack of priority and parity between mental health and physical health. | • Mental health delivery board meets monthly and Oxford Health NHS Foundation Trust is representation on the ICS boards ensure a mental health 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. | • The Performance and Information Team within Oxford Health NHS Foundation Trust 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 aware of the issues and actively monitoring progress to ensure these are resolved and that there is 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 providers.  
• CAMHS support to identify providers close to placement.  
• Provision of additional in county provision with psychological support.  
• CAMHS input to Local Authority resource panel to inform placement decisions. |
| 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 delivered, with more planned.  
• Development of dynamic risk register for young people at risk of placement breakdown.  
• Provision of additional in county provision with psychological support. |
Oxford Health NHS Foundation Trust continues to work with Health Education England (HEE) on the Five Year Forward View workforce plan. The national HEE plan is to support the development of the following workforce for 2021:

**Table 21: 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>1800</td>
<td>0</td>
<td>4900</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>0</td>
<td>100</td>
<td>100</td>
<td>100</td>
<td>100</td>
<td>500</td>
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<tr>
<td>Crisis *</td>
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<td>3300</td>
<td>500</td>
<td>4200</td>
<td>100</td>
<td>100</td>
<td>5200</td>
</tr>
<tr>
<td>Liaison MH</td>
<td>400</td>
<td>1600</td>
<td>100</td>
<td>2100</td>
<td>100</td>
<td>100</td>
<td>2500</td>
</tr>
<tr>
<td>EIP</td>
<td>100</td>
<td>800</td>
<td>400</td>
<td>1300</td>
<td>300</td>
<td>0</td>
<td>1900</td>
</tr>
<tr>
<td>Liaison &amp; diversion</td>
<td>0</td>
<td>200</td>
<td>100</td>
<td>300</td>
<td>0</td>
<td>0</td>
<td>400</td>
</tr>
<tr>
<td><strong>Total TAs</strong></td>
<td><strong>1900</strong></td>
<td><strong>9200</strong></td>
<td><strong>10400</strong></td>
<td><strong>21400</strong></td>
<td><strong>5600</strong></td>
<td><strong>4400</strong></td>
<td><strong>31600</strong></td>
</tr>
</tbody>
</table>


The Trust has also been fully involved in the STP workforce plan covering Oxfordshire and Buckinghamshire.

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 who can offer short term interventions to low-moderate mental health concerns. 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.

In 2018/19 and 2019/20 CAMHS has engaged the services of Kooth an on-line counselling service. They offer one to one sessions and a chat room as well as a host of other support and resources.

In line with additional transformation funding that has been provided to develop the CAMHS service since 2015 staffing levels have increased.

- An additional 23 WTE members of staff are now employed by CAMHS and Barnardo’s compared to 2015 (103.5 compared to 126.5).
- Most notable increases in individual staff disciplines are in psychologist and psychotherapy posts. There has also been a small increase in consultants and band six nurses.
<table>
<thead>
<tr>
<th>Post</th>
<th>2015/16</th>
<th>2016/17</th>
<th>2017/18</th>
<th>2018/19</th>
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<td></td>
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<td>WTE</td>
<td>Band</td>
<td>WTE</td>
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<tr>
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<td>8c</td>
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<td>Nurse</td>
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<td>Barnados</td>
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<td>36</td>
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</tr>
<tr>
<td>GRAND TOTAL</td>
<td>103.54</td>
<td>110.54</td>
<td>117.55</td>
<td></td>
</tr>
</tbody>
</table>
For the year to date April to September 2019 the vacancy rate across the service is 1.53%. Buckinghamshire faces challenges in recruitment as, alongside a national shortage of qualified staff, its close proximity to London means the area is expensive to live without the benefit of additional allowances for London or High Cost area allowance.

Oxford Health NHS Foundation Trust has developed a workforce strategy across adult and children’s services they deliver in Buckinghamshire to review workforce and consider ways to attract employees to the area. The Trust has adopted several strategies to improve retention and better support newly qualified staff into appropriate posts.

Buckinghamshire as an Integrated Care Partnership 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 Strategic Clinical Network workforce working group, which has brought all key strategic partners together as well as providers and commissioners of children’s mental health services. This has provided an initial benchmark of gaps and issues and some possible solutions. The initial focus of the workforce strategy has been to focus on the key areas of CYP IAPT, early intervention in psychosis, PPEP care and eating disorders.

Moving forward, planning across the Integrated Care System is bringing opportunities for wider system discussion around workforce development. ICS plans are currently being more fully developed so that there are clear priorities for implementation over the next year and beyond.

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 the 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 the third sector partners, but also the wider children’s workforce. The service has a clear remit around developing capacity in the wider workforce. The aim is to foster early intervention and for staff to feel confident and having the skills when dealing with children and young people who show signs of distress, emotional difficulties and knowing how to identify mental health problems in children and young people. Training plans have therefore been developed to build capacity in:

- Primary care
- Primary schools
- Secondary schools
- Colleges
- Children’s services
- The third sector

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

35 Further information available at: www.challengingbehaviour.org.uk/information/information-sheets-and-dvds/keymessagespbs.html
Implementation of children and young people’s improving access to psychological therapies (CYP IAPT)

The CYP IAPT training continues to be rolled out for CAMHS staff and this is part of an ongoing plan to implement CYP IAPT across CAMHS. Oxford Health NHS Foundation Trust is in one of the leading 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.

CAMHS staff have been trained in CBT, interpersonal psychotherapy for adolescents (IPT-A), systemic family practice and enhanced evidence based practice (EEBP). Four members of staff joined the children and young people psychological wellbeing practitioner (PWP) accreditation and finished in April 2018.

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, three completed training in 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.
On 7 January, the *NHS Long-Term Plan* (formerly known as the 10-year plan) was published setting out key ambitions for the service over the next 10 years. The plan builds on the policy platform laid out in the *NHS Five Year Forward View for Mental Health* which articulated the need to integrate care to meet the needs of a changing population. The *Long Term Plan* identifies several priorities including improving mental health services. It also commits to a significant expansion of services for children and young people in line with the proposals outlined in the Green Paper *Transforming Children and Young People’s Mental Health Provision*, for example, the creation of mental health support teams in schools. To support these changes, the plan mandates that investment in children and young people’s mental health provision will grow faster than the overall NHS budget and total mental health spending. Some of this investment has already been released in 2019/20 to fund mental health support teams in schools and four week wait pilots.

Buckinghamshire has developed a local CAMHS crisis service which is already operational and available 24/7. Despite this additional work will be required (particularly in relation to intensive home treatment) to align this service to the expectation set out in the *NHS Long Term Plan*.

In 2019 Buckinghamshire CCG increased investment in the adult urgent care pathway to allow for delivery of a fidelity model crisis resolution and home treatment team and single point of access. CAMHS will be aligned to this work to ensure that the service is future proofed and can eventually operate as an all age model.

CAMHS are already involved in wider system work alongside blue light services through the *Crisis Care Concordat* and Local Partnerships in Practice forums.

- **Integrated pathways** - There will be a comprehensive offer for 0-25 year olds that reaches across mental health services for children, young people and adults.

It is widely acknowledged both locally and nationally that to ensure a consistent and needs led approach to the delivery of care, pathways need to be flexible in their delivery and not be confined to providing support to people based on age. In Buckinghamshire we have already established some all age pathways, most notably the eating disorder pathway. We will continue to exploit opportunities as outlined in the *NHS Long Term Plan* to deliver services across an all age footprint.

- **Eating disorders** - The 95% children and young people eating disorder referral to treatment time standards achieved in 2020/21 will be maintained with additional investment outlined to achieve this.

Buckinghamshire CCG has achieved this target, however consistently maintaining a...
performance of 95% has been challenging. Work is ongoing to review processes within the CAMHS service to ensure that opportunities to improve patient flow are maximised. We will also take note of the recent peer review recommendations to continue to consistently improve service delivery.

- **Learning disability and autism** - Over the next three years, autism diagnosis will be included alongside work with children and young people mental health services to test and implement the most effective ways to reduce waiting times for specialist services.

Progress in this area has been made with a neurodevelopmental pathway and single point of access now in place that will improve wait times for young people requiring diagnosis for ADHD and ASD. Work will continue to embed and evaluate this approach.

- **Increase access** - 345,000 additional children and young people aged 0-25 will have access to support via NHS-funded mental health services and school or college-based Mental Health Support Teams. Over the next 10 years 100% of children and young people that require services will be able to access them.

Buckinghamshire has consistently met the nationally set access target for CAMHS. The *NHS Long Term Plan* builds upon the ambitions of the *Five Year Forward View for Mental Health* seeking to further increase the number of young people accessing services.

The Buckinghamshire, Oxfordshire, Berkshire West Integrated Care System (ICS) will work to collaboratively develop five year implementation plans that will outline how we intend to achieve the ambitions set by NHSE. As a Buckinghamshire system mental health for children and young people is a priority; we will continue to develop and commission innovative services that are focused on increasing access to local CAMHS services and will work with NHSE to achieve the ambitions outlined in the *NHS Long Term Plan*.

**Focus on: Mental Health Support Teams**

The 2017 children and young people’s mental health Green Paper set out proposals to improve mental health support in schools and colleges. NHSE have committed to funding new Mental Health Support Teams (MHSTs) working in schools and colleges as part of the *NHS Long Term Plan*, building on the support already available. These will be rolled out to between one-fifth and a quarter of the country by the end of 2023 working in partnership with the Department for Education.

In September 2018 Buckinghamshire was selected as one of the 25 national trailblazer Mental Health Support Team sites with almost £600k of funding provided by NHS England. Although the CCGs would be the funding route for MHSTs, the expectation was that a broad coalition of partners spanning schools and colleges along with local authorities including public health and providers would collaborate with CCGs in steering and supporting local implementation and to embed the offer as part of the system local transformation plan for children and young people’s mental health. In Buckinghamshire’s case the lead agent is Oxford Health NHS Foundation Trust (Buckinghamshire CAMHS), working in collaboration with Buckinghamshire County Council’s Early Help Service and our third sector partner Buckinghamshire Mind.

As part of the bidding process all schools/colleges in Buckinghamshire were contacted to seek whether they would be interested in participating. 82 educational settings expressed an interest. As a result of engagement with several stakeholder groups including, our local children and young people forums, a joint assessment of need in the education setting, carried out in conjunction with school/college leadership, it was decided that the Buckinghamshire MHST Model would provide two Mental Health Support Teams operating from educational setting bases located in High Wycombe (South Bucks) & Aylesbury (North Bucks). Each MHST comprises of eight specialist staff, providing multi-agency support to deliver evidence-based interventions to children and young people with mild to moderate difficulties.
For modelling purposes it was estimated that each MHST would have the capacity to provide 500 evidence based interventions for children and young people per 8,000 students/pupils. As we only had funding to provide support to a student population of 1,600 it was necessary to shortlist schools for the purposes of phase 1. Therefore it was necessary that the MHST resource targets areas of greatest need. It was recognised that children from low-income families are four times more likely to experience mental health problems than children from higher-income families. Therefore it was agreed that the shortlisted schools would be those rated highly on the income deprivation affecting children index (IDACI) within a variety of school settings – pupil referral units, colleges, primary secondary and special schools. In total 32 educating settings were included based in the Aylesbury and High Wycombe Metropolitan areas for the purposes of phase 1. The intention was to prioritise those schools that were not shortlisted to be included when further funding opportunities arose as the MHST programme is rolled out nationally.

This exciting new service aims to develop and deliver a collaborative, system-wide approach to support the mental wellbeing of children in school in the following ways.

• Delivering evidence based interventions for low to moderate mental health issues. The new teams will carry out interventions alongside established provision such as counselling, educational psychologists, and school nurses building on the support already available and not replacing it.
• Supporting the designated senior mental health lead in each education setting to introduce or develop their whole school or college approach.
• Giving timely advice to school and college staff, and liaising with external specialist services, to help children and young people to get the right support and stay in education. This is a collaborative, partnership project with strong buy in from across schools, colleges, health and voluntary sector partners and the Local Authority. The work is supportive of the
approach set out in the *Buckinghamshire Early Help Strategy* and has been aligned to
the new early help model.

- NHS children and young people mental health services are integrated within the MHSTs,
providing input/support to MHSTs to jointly deliver an integrated referral and advice
system that prioritises children and young people accessing appropriate help as quickly as
possible.

### MHST roles

- **Educational Mental Health Practitioners or EMPHs (CAMHS)** deliver low intensity cognitive
behavioural therapy (CBT) informed interventions for children and young people with
anxiety and/or low mood between the ages of 5 to 17. EMHPs also support parents of
children (under 12s) with anxiety and/or who are experiencing behavioural issues.

- **Youth Work and Family Workers (Buckinghamshire County Council)** support young people
and their families to access the right intervention from the right professional at the right
time.
  * The role of a **Youth Worker** is to work holistically with a young person, considering
    and responding to the needs of young people and their families to support their
    ongoing development.
  * The role of a **Family Worker** is to work with the whole family to enable them to
    overcome the issues they face. Family Workers provide direct work with all members
    of the family, often in the family home and offer a range of evidence based parenting
courses.

- **Peer Support (Buckinghamshire MIND)** This element of the provision aims to empower
the whole school; staff, students and parents to tackle the stigma associated with mental
health problems. The service is specifically for low level concerns and mental wellbeing. It
may be used as a ‘step up’ or ‘step down’ into the wider Mental Health Support Team, such
as before/after a student has seen an EMHP. The provision includes:
  * **One day mental health awareness** - peer mentoring for top year students.
  * **Termly feedback sessions** for mentors and students who used the mentor service.
  * **Parent coffee morning** - opportunity to speak with other parents with similar
    experiences and worries about their children. Mental health signposting to other
    useful services and resources.

### MHST partners

Meet Juanita: Oxford Health NHS Foundation Trust - Education Mental Health Practitioners
(EMHPs)

Juanita’s background in therapeutic counselling has enabled her smooth transition into
her new role as an EMHP. Juanita is a team player and her enthusiasm for the project has
encouraged schools and other professionals to engage with the project and what it offers. "I
am excited and thrilled to be part of this project from the beginning and can’t wait to help
support and watch it fulfil its potential" Juanita Tarn
Progress to date

On an interim basis MHST referrals are being directed through the CAMHS Single Point of Access (SPA). Once the MHST process is fully operational, referrals will be directed via the MHSTs own unique process. All cases are triaged upon referral and where children would benefit from specialist or alternative support they will be referred to the appropriate service and the Senior Mental Health Lead placed at the schools will be informed. If cases do not meet the MHST criteria for any reason, the EMHPs will contact the school informing them of that decision and discuss further options. Where it is felt that cases would benefit more from other CAMH services, these will be processed.

MHST supervisors have started to process and allocate initial referrals to EMHPs. EMHPs have now been in contact with young people and their families to arrange assessment and therapy sessions.

Oxford Health NHS Foundation Trust provides an email mailbox facility where participating schools and colleges can send their queries. The Trust also provides a newsletter periodically and conducts regular webinars. Oxford Health NHS Foundation Trust is in the process of developing a weblink and an MHST messaging service for Buckinghamshire Mind social media distribution. Promotional material has been developed to promote the service in participating schools.

Monthly meetings are held with all strategic and operational partners, ensuring delivery partners including young people contribute towards the implementation and delivery of this project.

Figure 13: Referral reasons for those referred to MHSTs, June – September 2019

Source: Buckinghamshire CAMHS data
14. Links to National and Local Strategies

In addition to Future in Mind, The NHS Long Term Plan 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 for Better Mental Health\(^\text{36}\)
- 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 Early Help Strategy 2019 - 2022\(^\text{37}\)
- Buckinghamshire Joint Health and Wellbeing Strategy 2016- 2021\(^\text{38}\)
- The Buckinghamshire Children’s Strategy 2015-18\(^\text{39}\)
- Buckinghamshire Suicide Prevention Plan (still to be published)
- Buckinghamshire Crisis Care Concordat\(^\text{40}\)
- Buckinghamshire County Council Special Educational Needs and Disability Strategy 2017-20\(^\text{41}\)
- Buckinghamshire Adult Mental Health Commissioning Strategy 2015-18\(^\text{42}\) (currently being refreshed to all age strategy)
- Buckinghamshire Joint Autism Strategy 2015-18\(^\text{43}\) (currently being refreshed to all age strategy)
- Buckinghamshire, Oxfordshire and Berkshire Sustainability and Transformation Partnership Plans (currently being superseded by ICS planning)


\(^{40}\) Buckinghamshire Crisis Care Concordat (March 2016). Available from: [www.crisiscareconcordat.org.uk/areas/buckinghamshire/#action-plans-content](http://www.crisiscareconcordat.org.uk/areas/buckinghamshire/#action-plans-content)


Appendix 1: 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.

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 892 0909

Mild Mental Illness (See Appendix A)
Use EPDS/PHQ8/GAD7 and clinical judgement to clarify. Inform GP and MW/FNP.
Consider professional or self-referral to Healthy Minds (IAPT) 03865 901600
Or seek advice from Specialist Perinatal Mental Health Team. 03865 901287

No MH issue identified
Routine maternity care

MW/FNP

GP

MW Universal Offer

All ask NICE GUIDANCE 192
Questions at each contact to screen for depression (Consider GAD-2 for anxiety) (HV from 28-36 weeks)

MW/FNP/NV

To provide additional monitoring and support during pregnancy.

Signpost to local community support – http://www.bucksfamilyinfo.org/lb8/buckinghamshire

No MH issue identified
Routine maternity care

Mild to Moderate depression and/or anxiety (See Appendix A)

Severe Mental Illness (suspected diagnosis) and/or severe depression or anxiety (See Appendix A)

MW/FNP/NV

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 BSCB website: www.buck-lscb.org.uk

At each and every stage all professionals should ensure that ALL other agencies involved in care are informed of referral/outcomes/contact/non engagement. Add documentation plan to maternity record. ??Safeguarding?? ? link to LSCB policy pre-birth practice guidelines and procedures.
ANTENATAL MENTAL HEALTH CARE PATHWAY for Women with Pre-existing Mental Illness
Developed in accordance with NICE Guideline 192 (2014). To be used in conjunction with local policies and clinical judgment.

Pre-conceptual/early pregnancy advice/relapse prevention/support for women at high risk e.g. Bi-polar, personal or family history of perinatal psychosis in first degree relative. For assessment and maternity planning contact Perinatal Mental Health Team 01865 901749/07833403520

Pregnant Women with Current or Past History of Mental illness.
Refer to Perinatal Mental Health Midwife and Buckinghamshire Perinatal Mental Health Services 01865 901740/07833403520 (Response Times; Urgent – Within 2 days, Non-Urgent – within 14 days) Refer to either IAPT or AMHT (not both simultaneously) Referral by GP, MW or HV
Prescribing advice for GPs may be given via telephone or email oxfordhealth.bperinatalreferrals@nhs.net
Or UK Teratology Information Service (UKTIS) www.uktis.org 0344 892 0909

Consider referral when pre-existing mental health problems indicate the unborn child may be at risk of developing an insecure/disorganised attachment. 01865 901951

Mild Mental Health Concerns
MW/FNP/HV/GP
Provide additional monitoring and support during pregnancy. Consider professional or self-referral to Healthy Minds
Signpost to local community support https://www.bucksfamilyinfo.org

Mild to Moderate Mental Health Concerns
Professional or self-referral to Healthy Minds (IAPT) 01865 901600
Healthy Minds prioritise pregnant women. Assess within 2 weeks, treatment to start within 4 weeks of assessment.

Moderate to Severe Mental Health Concerns. Not open to services
Assessment by Specialist Perinatal Clinician 01865 901749 07833403520
Inform referrer and GP of outcome / plan
Complete Written Maternity Care Plan and share with woman, CPN, MW, HV and GP

Moderate to Severe Mental Health Concerns. Already Open to Mental Health
Inform MW/FNP/HV and GP and liaise with Perinatal Mental Health Services
Complete Written Maternity Care Plan and share with Mother, CPN, MW, FNP/HV and GP
Urgent – Within 2 days Non Urgent – within 14 days

Severe Mental Health.
Emergency Referral
Emergency Referral - Within 4 hours 01865 901749 01865 902000
Inform GP, MW FNP/HV
Admission if required to Mother and Baby Unit from 24 weeks pregnant

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 BSCB website: www.bucks-lscb.org.uk
Appendix 2: School Nurse Pathway

High Impact Area 1: Resilience and wellbeing

Referral pathway for children with an emotional wellbeing concern

1. Emotional/behavioural concern raised / referral received.
2. Allocate to HCP using RiO monthly team planner.
3. Triage referral +/- new information (consult CAMHS if necessary)
   Use BSCB Threshold Document and refer via MARF if necessary.
   (First Response 0845 460 001 if possible Level 3 or 4).
4. Suitable referral for SN Service.
5. On going progress assessment throughout episode of care. At least 4 contacts with child/young person, with a max of 6 if necessary. Review and refer at any stage. Consult CAMHS for advice if necessary.
6. Progress made, discharge as per SN Rio Rules
7. Limited or no progress at completion of care or whenever cause for concern arises. Consult CAMHs and refer on as necessary.
8. Referral not suitable for SN Service. Discuss with referrer and or refer on to CAMHS. Discuss parent/carer.
9. Discharge from RiO, as per RiO rules guidelines.

At any time:
- If unsure, consult with School Nurse
- Contact CAMHS 01865 901951 if concerned and after discussion with SCPHN School Nurse.
- If child has additional needs other than mental health needs, consider further assessment, ie MARF or Family Outcomes Star or Graded Care Profile.
Appendix 3: Eating Disorder Pathway

Single point of Access (SPA)
SPA screens, accepting referrals from Paediatrics dept at Stoke Mandeville Hospital, GP’s, Young people/Parents.

Internal CAMHS referrals also accepted from CAMHS Pathways (Neuro, Learning Disability, OSCA/Crisis, Getting more help, Buddies service.

Assessed by Eating disorder service. If urgent seen within 7 days, if routine seen within 28 days.

If diagnosed with Eating disorder, treatment starts the day of assessment. Patients are offered family based treatment as first line intervention. Pathway also offers Multi-Family Therapy and Cognitive Behavioural Therapy.

Preperation for Transition to adult ED services, OR Adult mental health services starts at age 17.5yrs. Allocation of care co ordinator is completed within a week of accepting referral.

Following assessment patients may require additional follow up and treatment from paediatric services and or additional out of hours support from Crisis service.

Completion of treatment

Discharge to community GP (primary care)
Appendix 4: The voice of the young person in transforming the service

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.

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.”

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
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 assemblies as it might make more young people feel comfortable about making self-referrals or contacting CAMHS if they need help. Our next project with the SPA is helping them to create their own logo.

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”