

Oxfordshire Clinical Commissioning Group

Oxfordshire CAMHS Transformation Plan 2019-20 Refresh – An Update on Progress

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Contents

1	Background.....	3
2	Oxfordshire ambitions and how they align with Future in Mind and the NHS Long Term Plan.....	3
3	Five Year Forward View Implementation Plan and NHS Long Term Plan	5
3.1	NHS Long Term Plan	5
3.2	Bucks, Oxfordshire and Berkshire West Sustainability and Transformation Partnership (BOB STP)	7
3.2.1	BOB STP Workforce Plan.....	8
3.3	Local need and the Joint Strategic Needs Assessment (JSNA).....	9
3.3.1	Health inequalities and population health management	10
4	Update on progress against priorities and other developments	11
4.1	4.1 Implementing the CAMHS model	11
4.2	Transforming children and young people's mental health provision: a green paper - 4 Week Wait pilot	19
4.2.1	Waiting list initiative and demand and capacity modelling	19
4.3	Risks and mitigations	20
4.4	Flowing Data for the National Minimum Data Set.....	22
4.5	Health inequalities and our most vulnerable children	22
4.5.1	Looked After Children's health outcomes dashboard	22
4.5.2	Family Safeguarding Plus model and our most vulnerable families.....	23
4.6	Perinatal mental health	24
4.7	Mental Health Crisis Pathway and New Care Models	25
4.8	NHS England Health and Justice Collaborative Commissioning.....	26
4.8.1	Young People's Supported Housing Pathway and H&J collaborative commissioning	28
4.9	Crisis Provision for our most risky young people.....	28
4.10	Transforming Care	29
4.10.1	NHS England Benchmarking.....	29
4.10.2	Support for children with a learning disability and behaviours that challenge	29
4.10.3	Care, Education and Treatment Reviews (CETRs)	29
4.11	Workforce	30
4.11.1	IAPT	30
4.11.2	Restorative Practice	31
4.12	Special Educational Needs and Disability Reforms (SEND)	32
4.13	Engagement	34
4.13.1	Youth in Mind Conference 2019.....	35

4.13.2	External evaluation and benchmarking of Oxfordshire's engagement programme.....	36
4.14	Developing 0-25 services.....	37
4.14.1	Support to Further Education colleges (16-25 year olds)	37
4.14.2	VCSE Health and Wellbeing Fund 2019-20: Children and Young People's Mental Health – Developing an Mental Wealth Academy	38
4.15	Public Health England Prevention Concordat for Better Mental Health ...	39
4.16	Innovation and good practice	41
4.16.1	The CAMHS Third Sector partnership.....	41
4.17	Shortlist for national health award.....	43
5	Update on workforce, finances and activity	44
5.1	Workforce.....	44
5.1.1	CAMHS overall workforce is currently (The table includes the increase in WTE as per the 4ww pilot, increasing WTE from Band 5 to 8a in GH, GMH and ASD) 44	
5.1.2	ALL-Age Intensive Support Service workforce:	45
5.1.3	Specialist Perinatal Mental Health Workforce:.....	45
5.1.4	Mental Health Teams into schools Pilot.....	46
5.2	Finances	46
5.3	The investment for 2015/16 financial year	46
5.4	The investment for 2016/17 financial year	47
5.5	The investment for 2017/18 financial year	48
5.6	The investment for 2018/19 financial year	48
5.7	The investment for 2019/20 financial year	49
5.8	Performance.....	50
6	Priorities for 2019-20	53

1 Background

The Oxfordshire Clinical Commissioning Group (OCCG) published the joint five year Child and Adolescent Mental Health Services (CAMHS) Transformation Plan¹ at the end of 2015. This was part of a national drive² to improve and transform mental health services for children and young people in recognition that for many years this area has not been given sufficiently priority and funding. This document is a refresh of the original plan and builds on it and the previous refreshed plan. We are not intending to rewrite the original plan, but wish to use this refresh to share with stakeholders the progress we have made and the work that is still required to transform our local services. This includes transparency around investments to ensure transformation and workforce developments. Please therefore read this update on progress in conjunction with previous plans [embed link]. This refresh will include our emerging plans for implementing the NHS Long Term Plan³. CAMHS in Oxfordshire is jointly commissioned with Oxfordshire County Council through a S.75 Pooled Budget arrangement⁴.

2 Oxfordshire ambitions and how they align with Future in Mind and the NHS Long Term Plan

The ambitions outlined in the original plan remain relevant today but, in addition, the refreshed plan recognises the role of CAMHS in supporting delivery of the four obsessions described by Oxfordshire County Council's Children's Services:

- **Increasing school attendance** – by supporting schools and colleges
- **Helping early** – by providing a single point of access to CAMHS, with referral by any professional, parent/carer or young person themselves.
- **Safely reducing the number of looked after children** – with effective pathways of care for children on the edge of care and in care and supporting reconnection of children back home where appropriate.

¹ <http://www.oxfordshireccg.nhs.uk/about-us/work-programmes/children-and-young-peoples-services/>

² <https://www.england.nhs.uk/2015/03/martin-mcshane-14/>

³ <https://www.longtermplan.nhs.uk/publication/nhs-mental-health-implementation-plan-2019-20-2023-24/>

⁴ Section 75 of the National Health Services Act 2006 contains powers enabling NHS Bodies to exercise certain local authority functions and for local authorities to exercise various NHS functions. This in turn enables better integration of health and social care, leading to a better experience and outcomes for patients and service users

- **Improving the confidence and capability of the whole workforce** – through provision of direct training, supervision and consultation.

Oxfordshire is a place where every child and young person can achieve their full potential. This commitment is the ‘golden thread’ that binds our citizens and our services. It is about giving every child the best start in life, keeping them safe through childhood and enabling them to develop into secure and resilient adults, promote equality and address health inequalities.

We all recognise and value the importance of promoting good mental health and building resilience in children, young people and families. A child’s mental health and wellbeing is everybody’s business so that collective resilience in our communities is seen as our county’s strength and is something of which our leaders are proud.

Schools, colleges and early years settings (including those in the independent sector) are enabled to develop a ‘whole setting’ approach to mental wellbeing. We all recognise the pivotal role universal services play in promoting mental health, building resilience and spotting problems early, but we acknowledge that they cannot do this all on their own. We invest time and resources in supporting our universal communities.

Everyone knows where to get help when they need it and is clear about what is on offer. There is a published offer which is updated annually so everyone can see what is provided and how taxpayers’ money is spent. The latest developments in digital technology are used to support self-help, self-referral, recovery and independence.

No child or young person should be left without help when they are experiencing mental distress or trauma. Services for children in crisis will continue to be available 24/7. Any child or young person who is in distress will be considered in need of assessment and support quickly. For many this will be same day, but we aspire to ensure that no child is left waiting more than four weeks for routine referrals by the end of the contract period.

Children and young people should keep getting help until they are confident that they are well enough not to need it any more. And if they feel they need help again within a year, they will be able to refer themselves back into the services, using simple online requests.

Every child and young person is treated as an individual, setting their own targets and goals and being able to influence how services develop in the

future. There is easy access to information about mental health and mental health problems – if and when people want it. Children and young people are able to develop their own plan with professionals they trust and who take time to get to know them as individuals. The service will routinely collect, record and report clinical and experience outcomes in collaboration with service users. Parents are recognised as experts in care of their children and can be offered the tools and resources to promote their own child's recovery and independence.

Everyone who works with children will have the skills, capacity and time to deliver the best care for every child and young person. We have a skill mixed workforce integrated across Oxfordshire with processes and structures in place to encourage joint working, risk management and service development. Our local voluntary and community sector are equal partners in service delivery.

3 Five Year Forward View Implementation Plan and NHS Long Term Plan

3.1 NHS Long Term Plan

The NHS Long Term Plan (LTP) makes a renewed commitment that mental health services will grow faster than the overall NHS budget, with a ring-fenced investment worth at least £2.3bn a year for mental health services by 2023/24. Children and young people's mental health services will grow faster than overall NHS funding and total mental health spending. By 2020/21, all Five Year Forward View for Mental Health (FYFVMH) ambitions will be met, forming the basis of further growth and transformation.

The table below sets out the deliverables for children and young people's mental health in the LTP for 2019/20-23/24.

Children's Mental Health NHS Long Term Plan 19/20-23/24 Implementation Plan		
Fixed	Flexible	Targeted
<ul style="list-style-type: none"> • 345,000 additional CYP aged 0-25 accessing NHS-funded services [by 2023/24] (in addition to the FYFVMH commitment to have 70,000 additional CYP accessing NHS services by 2020/21) 	Comprehensive 0-25 support offer that reaches across mental health services for CYP and adults in all STPs/ICSs by 2023/24 [drawing from a menu of evidence]	Mental Health Support Teams (MHSTs) to cover between a quarter and a fifth of the country by 2023/24
<ul style="list-style-type: none"> • Achievement of 95% CYP Eating Disorder standard in 2020/21 and maintaining its delivery thereafter 		
<ul style="list-style-type: none"> • 100% coverage of 24/7 crisis provision for CYP which combines crisis assessment, brief response and intensive home treatment functions by 2023/24 [see also Mental Health Crisis Care and Liaison] 		
<ul style="list-style-type: none"> • Joint agency Local Transformation Plans (LTPs) aligned to STP plans are in place and refreshed annually [to 2020/21] 		
<ul style="list-style-type: none"> • CYP mental health plans align with those for children and young people with learning disability, autism, special educational needs and disability (SEND), children and young people's services, and health and justice [from 2022/23] 		

The mental health ambitions in the NHS LTP require a combination of '**fixed**', '**flexible**' and '**targeted**' approaches to delivery over the coming five years.

All '**fixed**' deliverables include national year-on-year trajectories setting a common delivery pace across the country. With the exception of the children and young people's access figure, all access figures are net national access figures; these trajectories combine both the Five Year Forward View for Mental Health (FYFVMH) and LTP commitments.

'**Flexible**' deliverables include those where the pace of delivery is to be determined locally, taking into account system maturity, priorities and needs. All systems are expected to achieve the same end point by 2023/24 and to provide a local year-on-year phasing for delivery in their five year plan.

'**Targeted**' deliverables only apply to services which are being established through targeted funding over the course of five years. Sites will be determined by joint national / regional allocation processes for these specific deliverables.

The trajectory for Oxfordshire to meet the target of improving access to more children and young people over the coming years has been set out in the table below.

Ambition (Five Year Forward View) STP							
			NHS Five Year Forward View				
			Year 4	Year 5			
			NHS Long Term Plan				
			Year 1 2019/20	Year 2 2020/21	Year 3 2021/22	Year 4 2022/23	Year 5 2023/24
of CYP aged under 18 receiving treatment from an NHS-funded community MH service.(STP)			10,329	10,633	Continue to deliver FYFV activity levels plus additional LTP activity detailed below		
Oxfordshire portion of STP total			3,851	3,964	3,964	3,964	3,964
Ambition (Long Term Plan)							
minimum additional CYP aged under 18 receiving treatment from an NHS-funded community MH service (STP).			-	-	260	671	1,110
Oxfordshire portion of STP total					97	250	414
minimum additional CYP aged 18-25 receiving treatment from an NHS-funded community MH service (STP).			-	127	253	380	507
Oxfordshire portion of STP total				47	94	142	189
Total				4,011	4,155	4,356	4,567

The Oxfordshire plan for children and young people's mental health will be governed through the overall BOB STP mental health works stream and the BOB STP children's work stream, which is currently being developed. This aligns with the new national structure for delivering the wider LTP Programme.

3.2 Bucks, Oxfordshire and Berkshire West Sustainability and Transformation Partnership⁵ (BOB STP)

Mental Health is a key work stream for the BOB STP. The chief executive sponsor for Mental Health is Stuart Bell (CEO at Oxford Health NHS FT) and the SRO is Bev Searle (Director of Corporate Affairs at Berkshire Health Foundation Trust). The BOB STP has established a Mental Health delivery board which aims to provide an overarching STP level view of the state of mental health care across the BOB area built up from the three local systems. Oxfordshire CCG sits on the BOB STP MH delivery board. The Strategic Clinical Network CYP Mental Health Strategic Group will provide progress specifically on the children and young people's mental health programme against the 5YFV and the NHS LTP to give that overarching BOB level view, but acknowledging that Oxfordshire has a local multi-agency board.

There is currently a review of the above governance arrangements in light of recent announcement of the merging of the three CCGs in the BOB STP and the move to becoming an Integrated Care System (ICS). The CAMHS Assurance Board (multi-agency) which oversees the CAMHS Local Transformation Plan will continue to fulfil this role and feed into the Integrated Care Partnerships (ICP) placed based plans and wider ICS Plan for the delivery of the NHS Long Term Plan.

⁵ <https://www.bobstp.org.uk/>

3.2.1 BOB STP Workforce Plan

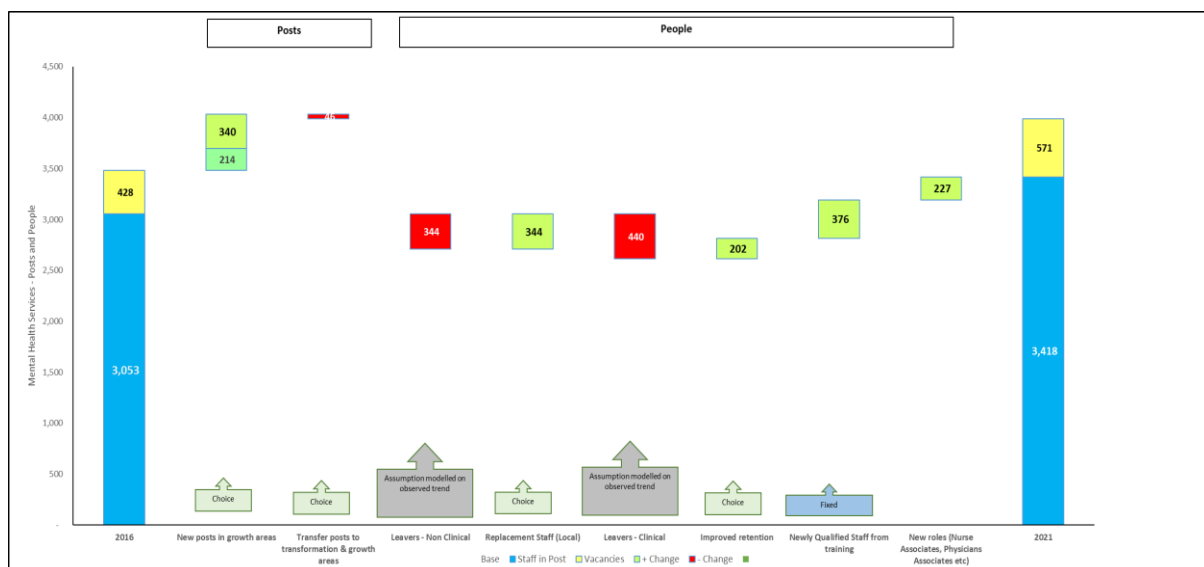
In June 2018 STPs submitted workforce plans for mental health. These plans outlined the ambitions for workforce growth to deliver the patient outcomes within the Stepping Forward to 2020/21: Mental Health Workforce Plan for England.

The plans consisted of;

- A 'waterfall' workforce model
- A workforce expansion table outlining the priority clinical area and staff group in which expansion posts will be established.
- A workforce trajectory outlining by year when expansion posts will be established.
- An accompanying narrative
- A delivery plan

An outline of the BOB STP workforce plan can be seen in the diagrams below and for further detailed information about the plan please see Appendix one (<https://www.oxfordshireccg.nhs.uk/about-us/oxfordshire-child-and-adolescent-mental-health-services-refresh.htm>).

Please refer to section 4.16 for local workforce developments.



Oxford Health NHS Foundation Trust					20				
		Demand	Supply	Vacancies					
2016 Position		2,571	2,262	309					
New posts in growth areas	Clinical	197							
	Non-clinical	178							
Transfer of posts to transformation and growth areas		-46							
Non-clinical staff	Leavers		-300						
	Replacement Staff		300						
Leavers - Clinical			-325						
Improved retention			99						
Newly Qualified Staff from training			320						
New roles such as Nurse Associates, Physicians Associates and Crisis telephone triage staff			144						
2021 Position		2,900	2,500	400					

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3.3 Local need and the Joint Strategic Needs Assessment (JSNA)

The Oxfordshire JSNA has been refreshed and a new needs assessment for all age mental health is now also available. In addition, a mapping exercise was commissioned by the Oxfordshire Safeguarding Board looking at the needs of our most vulnerable children. A high level needs assessment has also been undertaken for emerging needs of mild to moderate mental illness [inset link]. For full details of assessments please refer to Oxfordshire JSNA⁶.

Oxfordshire is overall affluent and healthy, but with areas of deprivation showing higher use of services. Key issues for Oxfordshire are summarised below highlighting areas and populations where we might expect to see multiple adverse childhood experiences⁷ and related emerging emotional and mental health problems. The main areas in Oxfordshire showing high levels of use of services are broadly:

- Banbury
- Witney/Carterton
- Oxford City
- Abingdon
- Didcot

Key issues for Oxfordshire are:

⁶ <http://insight.oxfordshire.gov.uk/cms/joint-strategic-needs-assessment>

⁷ "Adverse Childhood Experiences (ACEs) are stressful events occurring in childhood including

- domestic violence
- parental abandonment through separation or divorce
- a parent with a mental health condition
- being the victim of abuse (physical, sexual and/or emotional)
- being the victim of neglect (physical and emotional)
- a member of the household being in prison
- growing up in a household in which there are adults experiencing alcohol and drug use problems. <http://www.healthscotland.scot/population-groups/children/adverse-childhood-experiences/adverse-childhood-experiences-overview>

- High numbers of young people aged 16-24 with eating disorders
- High prevalence of ADHD among 16-24 year olds
- Hospital admissions as a result of self-harm where overall Oxfordshire rates are higher than England and significantly higher in the 15-24 age group.
- Primary school pupils with social, emotional and mental health needs. Oxfordshire has a rate of 2.41% against England 2.12% and regional rate of 2.08%

Oxfordshire performs worse than England average on the following indicators:

- Children subject to a child protection plan with initial category of neglect
- Children in need due to family stress or dysfunction or absent parenting
- Children in need due to parent disability or illness
- Cause for concern - Looked after children where there is cause for concern
- 15 year olds with three or more risky behaviours:
- Children in need due to socially unacceptable behaviour
- More young people have used alcohol, drugs and smoke than England average
- Persistent absenteeism in secondary schools
- School readiness of Year one pupils
- Admission episodes for alcohol specific related conditions

3.3.1 Health inequalities and population health management

OCCG and OCC jointly commission population based mental health services but within that we acknowledge that there are groups of children and young people who experience a greater level of health inequalities and we intend to prioritise those for access to CAMHS:

The key groups, (but not limited) to are:

- Black and Minority Ethnic Groups
- Young LGBT people
- Young carers
- Children who are Looked After (LAC) or on the Edge of Care
- Children who have been adopted
- Children with a learning disability and/or ASD
- Young people in the Youth Justice System
- Children who have suffered sexual abuse or sexual exploitation
- Children and young people who self harm
- Children and young people who have suffered from neglect or trauma

- Children and young people with special education needs who have an Education, Health and Care Plan⁸

OCCG and system partners have recently agreed a Population Health Needs Framework which is being piloted in OX12 (Wantage, Grove and surrounding villages). Population Health Management principles are being applied to use an evidence based approach on how to meet the needs of the local community, including mental health. This includes the wider determinants of health and social care. A key part of the Health and Care Framework approach is the consideration of relevant 'Innovation and Good Practice'.

The Oxfordshire Clinical and Care Forum is made up of senior clinical and care leads from across the health and care system who have provided the Oxfordshire Clinical view on the three key areas related to the OX12 project.

Oxfordshire clinical and care leads recommended that any proposals arising from the use of the framework should be considered within a county-wide or an Integrated Care System context, being mindful of any wider projects or initiatives being taken forward at either of these levels. To ensure an equitable service for all patients in Oxfordshire, they also noted that some health needs (such as support for child and adolescent mental health) will need to be addressed at county level.

4 Update on progress against priorities and other developments

4.1 4.1 Implementing the CAMHS model

Oxfordshire CAMHS has redesigned model is now fully implemented with all pathways operational.

We have redesigned our CAMHS significantly to deliver Future in Mind, and with feedback via local engagement, and engagement with young people, parents and carers. The main features of the new model are:

- Early intervention, information, advice and consultation where there are concerns about children and young people
- Single Point of Access for referrals
- Building resilience and use of self-help tool to foster self-care and use of technology
- Self-referrals for young people and families
- Raising awareness of mental illness and where to get support

⁸ An education, health and care (EHC) plan is for children and young people aged up to 25 who need more support than is available through special educational needs support. Children and Families Act (2014).

- Using a formal Third Sector Partnership to deliver elements of the service
- Ongoing engagement with stakeholders to shape service delivery
- Working into schools and colleges to deliver mental health intervention and also training and support to schools and colleges staff
- Building capacity in the wider children's workforce to enable resilience building in children and young people and awareness of children and young people's mental health needs
- Improved access to diagnosis for Autism and Attention Deficit Disorders, including packages of support following diagnosis such as understanding the conditions, managing challenging behaviours, self-care strategies and how to access support in the community and through education.

CAMHS Single Point of Access (SPA);

The new (launched Feb 2018) Oxfordshire CAMHS SPA is open 8am-6pm Monday to Friday and takes self- referrals, family/carer and professional referrals. The SPA is open for information, advice about services, where there are concerns about emerging mental health problems and will offer consultation to families and other stakeholders. The use of self- help tools is encouraged and advice/information/sign posting is given with each contact as appropriate. The new website was launched in May last year, which is a CAMHS website with a new look, content and young person friendly. We have an established website development group that continues to add value and content. Oxfordshire CAMHS continues to provide an out of hours service for urgent and emergencies so the services are accessible 24/7 365 days a year.

The SPA triages referrals and ensures the child or young person is directed to the right pathway. This has resulted in improved access to those children who need specialist CAMHS. It is now also possible to complete an online referral form into CAMHS which is available to patients, carers and professionals alike, and can be found on our new website: www.oxfordhealth.nhs.uk/camhs

Third Sector Partnership

As part of the new model we have implemented a CAMHS third sector partnership under lead charity Response. These organisations enable wellbeing and mental health support for young people who historically are hard to engage in statutory CAMHS services. Each organisation has an embedded CAMHS worker who has an honorary contract with OHFT. This enables us to have a clear governance structure for clinical supervision, management of risk and ability to flow data through the MHSDS. The workers receive clinical supervision, training and mentoring from CAMHS. These partners are:

- **TRAX-** <http://www.traxorg.com/>
- **RAW-** <https://raw-workshop.co.uk/>
- **Synolos-** <http://www.synolos.co.uk/>

- **SOFEA-** <https://www.sofea.uk.com/>
- **BHYP-** <http://www.byhp.org.uk/>
- **Ark-T** - <http://www.ark-t.org/>
- **Oxfordshire Youth-** <https://www.oxfordshireyouth.org/>

The partners work with Activate Learning Education Trust⁹ which is a Multi Academy Trust (MAT) established by Activate Learning. They work with young people up to the age of 25, which enables better transitioning opportunities. Community can be ongoing after the age of 18, particularly for our most vulnerable young people. The partnership has supported more than 200 young people has over the past 18 months and has been in contact with more than 4,000.

Neuro Developmental Conditions (NDC);

The NDC pathway is now fully operational. This new team, formed under the transformation, is an assessment and intervention (comorbidity) team for Autism, ADHD and Neuro Psychiatry.

Cases will be assessed under the new 'one-stop assessment' process that has been successfully trialled over the last 24 months. It avoids multiple assessments over several months and should provide a prompt and clear diagnosis process for families and young people.

The team will also offer post diagnostic groups, treatment (for ASD and ADHD specifically) and nurse-led prescribing clinics for medication reviews. The service pathway has been co-produced with parents from Oxfordshire Parent Carer Voices. Feedback from families and young people has been very positive and we continue to develop this service with their involvement.

There is still highly specialist team for very severe ASD and neurological conditions. Transforming children and young people's mental health provision: a green paper - Mental Health Teams into Schools

Last year Oxfordshire prioritised an action in the CAMHS LTP to respond to the challenges of the new Green Paper.

Green Paper – Mental Health Support Teams into schools sets out to achieve the following government flagship policy:

1. Develop Mental Health Support Teams (MHST) in schools/colleges for 5-17 year olds

⁹ <http://www.alet.org.uk/>

2. Trial/pilot 4 week wait times to develop national access time
3. Develop Mental Health Leads in schools

The key deliverables for the paper are:

- ✓ 40 Mental Health Support Teams nationally, possibly being delivered by 20 areas
- ✓ 25% national coverage by 2024

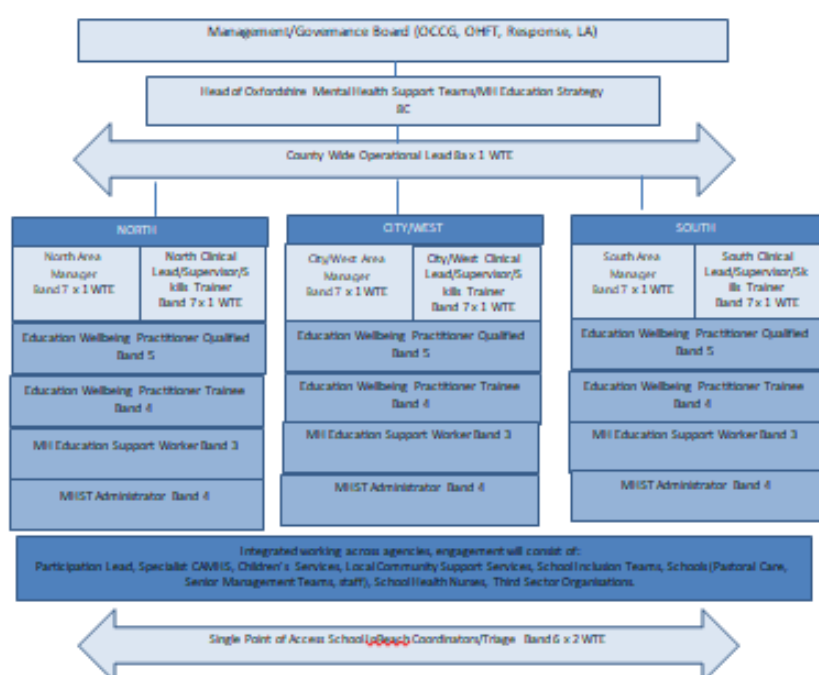
NHS England invited a small number of CCGs across the country which met the initial criteria for selection to become trailblazing sites to pilot different models of school mental health teams and 4 week waits.

We set up a small project group as a task and finish group reporting to the CAMHS Assurance Board. The group is led by the CAMHS commissioner and includes Oxford Health senior managers, the Third Sector CAMHS Partnership lead, Strategic Lead for Early Help from Oxfordshire e County Council, Lead Commissioner for Public Health. OCCG submitted the bid.

The full effect model is outlined below:

Full Mental Health Support Teams Model:

The below is the full effect model, based on the local school population 5-18 years for Oxfordshire. This equates to a total of 16 Mental Health Support Teams covering a population of 128,000; each team is based on 7.5 WTE per 8,000 population as per the Green Paper.



We bid for full coverage of all schools and colleges, but were initially awarded two teams in Wave one 2018. Based on needs assessment of areas of greatest need, it was agreed that Oxford City schools would be selected. The other two key areas for consideration were the North (Banbury, Bicester) and the South (Abingdon, Didcot). We were subsequently invited to bid for Wave one 2019 and were awarded a further two teams for the Banbury/Bicester schools. We were not able to serve all schools in those areas as funding did not allow, so the Delivery Board used further analysis such as the pupil premium as a way of selecting the schools with the greatest level of need.

The two teams in the City will be operational in December (year) and the two teams in the North by August (year). Details of the teams can be found under the updated section on workforce numbers.

The NHSE guidance states these new teams will undertake a specific training programme which means developing a new workforce of staff who will have an understanding of mental health and education. They will deliver low level interventions to children and young people with mild to moderate mental health problems and support to parents and school staff. The new teams will need to receive clinical supervision from CAMHS and be able to flow data to the National Mental Health Minimum Data Set.

An update on the progress that was submitted in the latest bid is set out below:

Oxfordshire's MHST Project progress and lessons learnt from Wave one 2018.

Governance

Having clear strong governance has been key to the early success of mobilisation in Oxfordshire. We have robust engagement from Public Health, education, children's services, third sector, our CAMHS provider, OCCG commissioners and clinical leads on our MHST into Schools Delivery Board. We have also recruited a headteacher from one of the secondary schools and a head from one of the primary schools.

Having active engagement from all Board members has been invaluable in making progress with the mobilisation of the teams. Each member adds great value and ensures we can carefully consider our approach to working with schools to make this a success. We have drawn on existing knowledge and working relationships to support us in developing a collaborative approach with schools. Having two headteachers on our Board is allowing us to reach out beyond the trailblazer schools into wider partnerships. If we are successful in this round of bidding we would use the same governance structure and invite headteachers from new sites to join the Board. The MHST Board is committed to deliver in collaboration.

Selection of schools and health inequalities

To meet the requirement of the bid we developed a selection criteria document for selecting schools, taking into account health inequalities (see appendix two - <https://www.oxfordshireccg.nhs.uk/about-us/oxfordshire-child-and-adolescent-mental-health-services-refresh.htm>).

This ensured transparency with our stakeholders and enabled a robust decision-making process. The MHST Delivery Board made a proposal that was taken to our CAMHS Assurance Board where a rigorous discussion and appropriate challenge took place. This approach has meant full backing from all our stakeholders and has helped to manage the inevitable disappointment for schools which did not get selected. We have a clear, joined-up stakeholder view of the areas where we would wish to expand our MHSTs if we are successful, and we propose the same selection method for this round of bidding.

Mobilisation of the MHSTs

We frontloaded our project management and this has been an important aspect of our ability to mobilise at pace. Operational management for the teams is now in place, with a Locality Manager overseeing the day to day management of front line staff. Complementing the team is a Clinical Supervisor, ensuring the quality of practice of both our EWP's and Foundation Workers. We have had positive feedback from students about the support from their trailblazing site and the rigour of their induction into Oxfordshire and the new model.

We have secured a team base in one of the secondary schools in our delivery area for both MHSTs to operate from. We are currently working with the selected schools to identify treatment space as necessary. We do know, however, from talking to young people that not all children and young people will want to be seen in a school setting and we will be using community venues as necessary to provide choice. We know from young people this is highly valued.

The model now has a full workforce and our teams have started to build relationships with their schools and designated leads. We are planning for the first interventions to start taking place from mid-May (year). Our Band 3s will help support the Whole School Approach and Engagement as well as deliver appropriate interventions. We have found a great level of interest in the jobs we have advertised and have not experienced any problems recruiting quality staff with the skills we need. Part of this success has been that recruitment has been led by our third sector partner. Our Band 3s will continue to be developed and we anticipate that some will be ready to undertake training to become a EWP in due course. This provides succession planning and helps ensure sustainability as we inevitably will have a turnover of staff during the life of the pilot and beyond.

The Mental Health in School Team has been designed to support the need in schools for intervention for children and young people with mild to moderate mental

health needs. It is integrated into the CAMHS single point of access. It is designed as part of the overall CAMHS offer to children and young people and is working in partnership with:

- ✓ CYP on CAMHS caseload
- ✓ School in Reach workers
- ✓ Locality can Community Support Team LCSS team
- ✓ School nurses
- ✓ Internal schools models specific to schools
- ✓ School curriculum.

The MHST is working to ensure referral pathways and joint working arrangements are clear and robust.

In addition, a Standard Operating Procedure has been developed to clearly define the role of EMHPs, the requirements and working practices to support consistent and effective service delivery.

Schools Mental Health Leads and engagement with schools

We are working with the schools to support the establishment of these new roles and are in the process of compiling a register. We have developed a draft training proposal for leads which we will share with schools to ensure this meets their needs and addresses some of the concerns they have expressed. This will be in addition to the national training offer to ensure we have a place based approach. We believe as a system that it is important schools have support to embed and develop these roles and we will continue to work with them to make this role real and effective.

We have now met with schools several times and will continue a programme of collaborative working. We will be conducting a mapping exercise with the schools on how they are delivering a Whole School Approach and identify gaps to be addressed in local action plans. Our Oxfordshire County Council education leads, in collaboration with MHST staff, will take a lead using existing mapping tools.

Data

Our new teams will be able to flow data to the MHDS once interventions start taking place. All preliminary work has taken place to map teams and interventions on the Oxford Health patient system (Carenotes). The performance and information team are currently working with the national team regarding SNOMED codes and the extraction of data.

Engagement

We have a parent representative on our CAMHS Assurance Board and the Chair is taking advice from our Parent Carers Forum on a parent representative on the

MHST Delivery Board. We have active parent engagement in Oxfordshire, within CAMHS and the County Council and we are committed to a collaborative/co-production approach.

The same is the case for young people and we have well established structures in place. including existing work which our CAMHS engagement lead is undertaking with schools . The Board has agreed that focus groups with parent and young people are held to ensure co-production around the development of the pilot. This is being planned with Parent Carer Voice and Voxy¹⁰. In the longer term we plan to work with schools' parent governors, PTAs, student forums etc. and embed ongoing engagement and co-production as part of the model.

Restorative practice training

Oxfordshire was awarded £80,000 from Health Education England to roll out a restorative approach to working with children, young people and their families as envisaged in Future in Mind. We are planning to prioritise our pilot schools for this training to further progress the ambitions of Future in Mind.

Innovation

The CAMHS third sector partnership received a bespoke training package when the partnership was set up two years ago (see appendix 2)). This has been successful and CAMHS has been approached, via the partnership, about our wider third sector organisations having access to similar training. This is being considered. Our CAMHS third sector partnership has been able to bid for other external funding that is not available to the statutory sector. If successful, a further expansion of provision will be able to meet the ambitions of Future in Mind and take a further step to make 0-25 services a reality.

Finally, Oxford Health teams and individuals have made the shortlist in three of nine categories in the National Children and Young People's Mental Health Awards 2019. Oxfordshire CAMHS participation lead Louis Headley has been shortlisted as a 'shining star', while the OSCA team (Outreach Service for Children & Adolescents) based at Raglan House, Oxford, is a contender for the liaison and intensive support award. Oxford CAMHS Partnership has also been shortlisted in the partnership and co-production category. It is the second year of the national awards set up by #PPIMH (Positive Practice in Mental Health), a user-led multi agency collaborative of 75 organisations, including NHS Trusts, CCGs, police services, third sector providers, front line charities and service user groups. It is endorsed by Breakthrough MH, #PPIMH Collaborative, NHS England and Combined Health NHS Trust.

¹⁰ <http://oxme.info/cms/life/voxy-voice-oxfordshires-youth>

4.2 Transforming children and young people's mental health provision: a green paper - 4 Week Wait pilot

Oxfordshire was also invited to bid for funding for the 4 Week Wait Pilot, which we were also successful in achieving. Oxfordshire is among a group of 12 CCGs in England that will be working with NHSE to develop a national access standard. The pilot is designed to embed learning from the national implementation of the Cancer Standard that is now in place. The bid was for 25 additional staff to clear the waiting list as well as increase capacity. A contract with an online provider is also part of the pilot so see how we can safely deliver services in a differently way using technology which produces good clinical outcomes and is also good value for money.

There are a series of national events organised and we will be working with NHSE Improvement Team to do demand and capacity modelling. The NHSE IST will produce a report in November (year) with recommendations for improvements in patient management, flow, demand/capacity modelling and areas for efficiencies and opportunities to improve productivity.

Learning from the national pilot will help inform NHSE about capacity and investments needed, as well as an appropriate and realistic waiting time for treatment. This is a two year pilot and recruitment has been underway for some months now. The contract with the online provider is in operation and a large number of children and young people have received support through this service, with good feedback so far from families.

4.2.1 Waiting list initiative and demand and capacity modelling

Waiting times remain the biggest challenge for the service. The key issues are resource versus demand and recruitment of staff within the budgeted WTE while referral numbers continue to rise.

Performance around waiting times is monitored monthly through the contractual process. Additional steps have been taken to monitor and reassess children who have waited more than 16 weeks to ensure robust risk management and to make sure children's mental health does not deteriorate while waiting to be seen. Detailed reports are produced to identify actions, in particular access for those who have waited the longest and so far only small number of young people have been escalated due to deterioration in their situation after being reassessed.

As a trailblazer for the NHS E 4ww pilot, Oxon CAMHS has two approaches to reduce the numbers waiting for assessment following referral, reduce the overall waiting time and look at efficiencies to increase patient flow. Part of the project is a pilot with Healios Ltd to provide digital assessment and a six session brief intervention model for Getting Help pathway. Second, an overall increase to staffing across Getting Help, Getting More Help and Neuro Developmental Pathways. The

increase in staffing includes HEE trainees, Band 5, Band 6, Band 7 and 8a roles to increase clinical capacity for more assessments.

The Healios pilot is offering a digital assessment appointment and follow-up via the secure clinical platform, with service provision delivered by accredited therapists. The interaction includes full assessments, CBT informed brief interventions, outcome measures and patient feedback. It is a nine month project to ensure the longest waiters are supported, reduce the numbers waiting for Getting Help and to support the analysis of digital therapy as an offer to young people and families. As Healios has been taking the longest waiters, Getting Help has improved the access to assessment by introducing a new patient to staff allocation system, which works on a seven week rotation model and is monitored via clinical supervision and caseload management.

Performance Improvements

Oxon CAMHS is engaged with NHSE Improvement Support Team to review processes, systems and pathways to explore areas of further development to support increased patient flow, reduction of waiting times, leaner processes allowing for increase in productivity. An area of development to support patient flow will be Patient Level Tracking; Our review report from IST is due in December 2019.

The Trust has undertaken a demand and capacity project which will support the recommendations from IST and areas of development, determine the key areas of pressure, gaps in resources to meet the demands. The project started in October 2019..

4.3 Risks and mitigations

The national issue for accessing CAMHS promptly across the country remains challenging; the demand for services continues to steadily increase, populations are often living apart from their nuclear families, and the population grows. In Oxfordshire we have seen steadily increasing need for services as well as a continued increase in the overall population. In addition, CAMHS has continued to try to recruit and sustain workforce levels at a time where there is a reduced pool of staff available. The cost of living in Oxfordshire has a significant impact and is among the highest in the country.

Oxfordshire CAMHS has been working to manage the demand on services through transforming to a new service model allowing streamlined access, better triaging (based on immediate conversations giving more detailed information) on entry to service, allow those who might manage without full service intervention immediately to attempt to manage independently with open access for support or review, and by introducing a single point of access. . This allows people to access our support at the earliest point. It also allows more options for a number of people to be safely

managed with guidance and advice, and for those who have more immediate needs to be promptly supported to the right service in the shortest possible time. This can lead to a better response to treatment and less time spent within CAMHS.

The recruitment issue is a continuing challenge and the Trust has adopted several strategies to better support qualified staff get jobs and sustain their working lives in Oxfordshire.

To further support this, Oxfordshire CAMHS has developed a new staffing group from the voluntary sector. This has allowed us access to a workforce which is easier to recruit and offers short term interventions to low-moderate mental health concerns. This has improved our ability to sustain a viable workforce and to increase our capacity to see more young people in CAMHS. In addition, as they work from their origin charities (eg a charity that runs a course for mechanics and catering, or woodwork, or art etc.) we can continue to offer some contact, support and an easier route into CAMHS.

Oxfordshire CAMHS does carry a waiting list for the Getting Help and Getting More Help services and for neuro developmental conditions (ASD, ADHD). Where these do exist, a list is generated each month and the deputy team manager and team manager (or senior clinician within the team) contacts by phone all patients on the list who have waited 16 weeks or more.

This is done to offer proactive contact, a review to see if there is deterioration. If so guidance can be given to further support the family and young person and we can review an option to speed up their waiting time. There is also an assessment of serious risk requiring urgent or emergency attention (in which case we would arrange for the young person to be assessed within the emergency or urgent criteria accordingly). These mitigation calls are done every month, and feedback is collected within teams to monitor the overall progression of cases and trends we may need to address.

In some cases, we address things sufficiently via the call and people decide they no longer need the service they were waiting for. On occasions there is a need for escalation but it should be noted that proportionately this is rare. Many families appreciate being contacted and reminds them they can contact us if the situation deteriorates. On a few occasions families tell us they do not want the calls as they are frustrating given we still cannot offer the actual appointment.

In addition to mitigation calls, CAMHS in Oxfordshire advises families and young people who come through the SPA that they can contact us at any time they have a question, concern or deterioration. In addition to SPA, Families and young people

are spoken to directly (in almost all cases) and given guidance, self-help and access routes to promote self-help while waiting.

4.4 Flowing Data for the National Minimum Data Set

The National Minimum Mental Health Data Set (MHSDS) has been mandatory from April 2017 and commissioners are currently working with Oxford Health to ensure accurate reporting is in place, to capture data which monitors the performance of the service and report on KPIs that are nationally mandated e.g. the Eating Disorder Service and the CAMHS Access Trajectory. Reporting on both of these is in place.

The performance and information team at Oxford Health has initiated a data quality improvement plan in relation to MHSDS. This uses the latest Data Quality Maturity Index (DQMI) published by NHS Digital to identify areas of priority for improvement. Oxford Health Information Management and Technology Service is working with operational services to undertake an options appraisal in relation to the most appropriate system to capture CYP outcome information.

The Trust is engaged in regional and national programmes to improve the recording and reporting of outcomes. Oxford Health routinely monitors CYP access times and validates local information against the nationally published information. This has included working with NHSI and the Strategic Clinical Network (SCN) to improve the validity of the information being reported. The Trust has initiated an improvement plan in relation to Eating Disorder waits, again working with the SCN to keep it appraised of progress.

Oxford Health routinely provides a range of dashboards/performance reports locally, which are used to improve performance/ delivery of care. The Trust is working on enhancing business intelligence solutions to develop dashboards to support operational services in monitoring delivery of care. The Trust is fully engaged with the regional Strategy Clinical Network programme to improve data and reporting. The performance and information team regularly provide updates to Rebecca Furlong, Network Manager Children & Maternity, and participate in regional workshops. The Trust is using the DQMI to review the completeness and validity of information being reported. The collaborative work with the SCN in relation to data quality/validity will also offer further oversight.

4.5 Health inequalities and our most vulnerable children

4.5.1 Looked After Children's health outcomes dashboard

The NHS Long Term Plan has strong emphasis on health inequalities and the use of preventative strategies. Work to improve the outcomes for Looked After Children has highlighted the need for better information and evidence of impact on health outcomes. There is a strong commitment as a system to improve the outcomes for our most vulnerable children and we will develop a dashboard over the coming year which tracks and evidences the improvement in health outcomes for Looked After Children. We have already developed an access indicator for CAMHs which is

helping us to monitor timely access to specialist mental health services and other areas for service improvement.

4.5.2 Family Safeguarding Plus model and our most vulnerable families

An increase in demand for Children's Services has been seen nationally and Oxfordshire is no exception. Oxfordshire has been coping well with the increased demand, but not the prevention of demand increasing. Children's Services are addressing this through the Transformation Programme and are intending to implement a new safeguarding model, which has shown a reduction in demand where it has been implemented in other areas. The four key elements of the Family Safeguarding Plus model are:

1. Introduction of multi-disciplinary family safeguarding teams using evidence-based interventions delivering 'whole family' plans
2. Having a core skill set with motivational interviewing at its heart
3. Using a single structured 'Workbook' approach to assess parents' capacity for change
4. Agreeing a partnership outcomes-based performance framework.

The impact of the model in other areas has shown a decrease in use of statutory services including Primary Care and A&E attendance, as well as a reduction in use of drug/alcohol, smoking and callouts to domestic violence incidents. There is evidence that children who experience multiple Adverse Childhood Experiences¹¹ are more likely to develop mental health difficulties in childhood and into adulthood and experience poorer long term outcomes overall for general health¹².

The model is predicated on multi-disciplinary joint children and adult teams. It will be implemented by building on the skills mix of our current children's social work teams by adding community-based mental health staff, domestic abuse specialists and substance misuse workers. To enhance the offer there will be co-location with the targeted Early Help teams and by providing dedicated working arrangements with other key services (housing support and leisure and youth services) through our partnership with Cherwell District Council.

A multi-agency board has been established to implement the model and consideration has been given to how this fits with the development of Primary Care Networks and the future delivery of mental health services. The FSP model is being developed as one of the main workstreams within the Children, Education and Families (CEF) transformation programme over the next five years. It is envisaged that the Family Safeguarding Plus Model will go live in June 2020.

¹¹ <http://www.healthscotland.scot/population-groups/children/adverse-childhood-experiences-aces/overview-of-aces>

¹² [https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667\(17\)30118-4/fulltext](https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667(17)30118-4/fulltext)

4.6 Perinatal mental health

Oxfordshire was successful in bidding for funding in 2018 to develop a Specialist Perinatal Mental Health Service. The bid was submitted in partnership with Buckinghamshire and West Berkshire across the BOB footprint.

The service is now operational and is receiving referrals from across Oxfordshire. The team is staffed in line with the Royal College of Psychiatrists recommendations and is supporting women who are experiencing moderate to severe mental illness during the perinatal period. Work is continuing to fully embed the service as part of the wider pathway to enable the team to meet the access ambitions set out in the Long Term Plan.

The service secured additional funding in September 2019 to reach out to seldom heard groups and to set up support groups for fathers and partners of the women accessing the service. The service is engaged with the Thames Valley Regional Network and an Oxfordshire Perinatal GP Champion has recently been recruited to engage with and support GPs in recognising and signposting women to support, including referring women to the new Specialist Perinatal Service.

This new service has the following key benefits to women and their families during the perinatal period:

- Improved capacity and sustainable model for this specialist area of mental health that has previously been identified as a significant gap and health inequality.
- Planning for good mental health and wellbeing starts at preconception
- One single point of access and clear pathways
- Improved access to specialist knowledge and advice for the whole health and social care system
- Early risk assessment and care planning for those identified as being at greater risk of developing mental illness or relapse of existing illness
- Rapid response and clear pathways for those who need in-patient care
- Improved community care reducing the need for in-patient care and/or reduced length of stays in in-patient units.
- Better multiagency coordination of care where cases are complex
- New model based on 'Whole Family' working

The LTP ambition for Perinatal Mental Health as a fixed target is to increase access.

The trajectory for Oxfordshire is (Based on 2016 ONS birth projections and the LTP ambitions:

2019/20 - 342 women (4.5%)
2020/21 - 581 women (7.7%)
2021/22 - 643 women (8.6%)
2022/23 - 742 women (10%)

4.7 Mental Health Crisis Pathway and New Care Models

The New Care Models (NCM) programme in Tertiary Mental Health was developed following the publication of *Delivering the Forward View: NHS Planning Guidance 2016/17 to 2020/21* where NHS England sets out its intention to trial secondary mental health providers managing care budgets for tertiary mental health services. The aim is for local providers to be managing the pathways – through planning and developing the appropriate services for our population and ensuring patients are treated in the most appropriate setting as close to home as possible.

Oxford Health is the lead provider in new care models for:

- Adult Secure Care (Wave 1)
- Adult Eating Disorders(Wave 2)
- CAMHS tier 4 (National rollout)

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

Key aims of the network are to:

- Manage beds across the NCM,
- Keep care closer to home by reducing out of area placements
- Reducing length of stay for CYP
- 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

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 1 October 2019. Information gathered during the NCM'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, while the average wait for all referrals is 24 days (urgent referrals should be admitted within seven days). Bed occupancy in our NHS units is on average at 85%, while in the independent sector it is 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 (i.e. those in gastro units), increase in the acuity of patients and commissioning challenges for complex patients with co-morbidity.

CAMHS Inpatients New Care Model

The Thames Valley T4 CAMHS New Care model started in shadow form in April 2019. Since the start, improvements in young people's care have 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 inpatient units on average has reduced from 45 miles to 36 miles. Within the network this is down to 25 miles. This demonstrates the impact the NCM is having on bringing our young people's inpatient care closer to home.

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 by the Thames Valley T4 NCM has shown current risks in relation to demand and capacity issues regarding specialist units, such as those for: LD/ASD, secure, children and complex comorbid presentations such as EUPD/ED.

4.8 NHS England Health and Justice Collaborative Commissioning

NHS England Health and Justice (H&J) is delivering work known as the Health and Justice Specialised Commissioning Workstream for the FYFV and the NHS Long Term Plan. This looks at the needs of some very vulnerable children and young people whose particular mental healthcare requirements can be hard to meet through conventional services, as a result of their unique and complex circumstances. This group is sometimes described as 'high risk, high harm, high vulnerability'.

The mental health and wellbeing needs of these children and young people are often not like those of many other children and young people. For example, they may:

- Have a higher likelihood of having been subjected to trauma or severe neglect
- Have experienced high levels of social disadvantage
- Have multi-layered, unmet and complex needs
- Not be accessing services in a timely manner in the first place, despite high levels of need.

The Health and Justice workstream has three discrete projects:

1. Specialist Child and Adolescent Mental Health Service for High Risk Young People with Complex Needs project, (also known as Community Forensic CAMHS)
2. Framework for Integrated Care project, (also known as SECURE STAIRS)
3. Collaborative Commissioning Network project

Work in the Thames Valley

The secure CYP estate in Thames Valley and Hampshire includes Swanwick Lodge SCH and HMYOI Aylesbury. Both secure CYP settings are national resources and accept CYPs 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 work well between secure CYP establishments. 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, eg 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 into the community; however, many of the pathway issues outlined for Swanwick Lodge residents will be applicable to HMYOI Aylesbury releases.

Continuity of care in mental health can also be complex due to the above reasons. Forensic CAMHS (F:CAMHS) will offer support where indicated however this depends on the relationships and links between the SCH and the F:CAMHS providers. There is currently a project within the Oxfordshire F:CAMHS Team to support families and develop pathways. Secure Stairs is being implemented at Swanwick Lodge and Principles of Secure Stairs at HMYOI Aylesbury which should promote throughcare by maintaining contact post-release.

A National Operating Model has been developed for the roll-out of all age Liaison and Diversion (L&D) services. The L&D provider (Berkshire Health Foundation Trust across Thames Valley and Hampshire) and implementing clear CYP pathways and dedicated CYP practitioners are being embedded in the services. The L&D provisions have a remit reaching beyond mental health and now cover a whole spectrum of vulnerabilities.

Transition between CYP secure settings works well as there are the relevant IT systems to enable records transfer. Community transition is more complex due to the complexity of the provider landscape, accessibility and communications/relationships between services.

H&J is currently undertaking a review of the project commissioned through the CAMHS Transformation funding which ceases in March 2020. CCG commissioners await the outcome of this review.

4.8.1 Young People's Supported Housing Pathway and H&J collaborative commissioning

Oxfordshire County Council has completed a review of the Young People's Supported Accommodation for our most vulnerable young people (jointly commissioned with City and District Councils). The Health and Justice funded CAMHS post has provided consultation, training and intervention for young people. Both the CAMHS commissioner and CAMHS took part in the review. This pathway will undergo major redesign and CAMHS and the CAMHS commissioner will be involved to ensure that pathways join up; there is appropriate access to specialist mental health as needed; and joint working to avoid or deescalate mental health crisis.

Subject to the review and funding by H&J, this post will continue to provide mental health support into the new pathway.

4.9 Crisis Provision for our most risky young people

OCC is the corporate parent to 760 children. Over the past few years Oxfordshire, like many other councils in the South East, has found it increasingly difficult to find appropriate residential placements for young people who have complex needs, often following placement breakdown or same day notice being served by residential providers. Many of these adolescents have complex histories of abuse and neglect and many present with autistic traits, ADHD and mental health problems (self-harm). OCC is working with Oxford Health to look at how the organisations can jointly commission/provide more bespoke, local provision of crisis beds to support young people. The council is already developing a new 'crisis home' and is working with Oxford Health to expand existing provision to meet crisis placement needs more appropriately.

In light of the above development the Oxfordshire system has agreed to review the crisis pathway to ensure the new developments align and that we continue to meet the needs of young people who experience a mental health crisis and avoid young people going to A&E inappropriately or becoming inpatients. There is, however, still

a jointly agreed escalation policy in place, which ensures that where the crisis is deemed to be social care related CAMHS will assist with shaping the risk management plan, care plan and a clinical view on appropriate interventions/environment to de-escalate the situation.

4.10 Transforming Care

4.10.1 NHS England Benchmarking

Oxfordshire was recently benchmarked for our performance against the Transforming Care ambitions. We are delighted that we have been rated green and are among, the eight CCGs in England to have achieved this standard.

4.10.2 Support for children with a learning disability and behaviours that challenge

The all-age Intensive Support Service (IST) is now operational and started working with young people under 18 from July 2018. The referral pathway into the service is through CAMHS Specialist Learning Disability Service for cases that meet the following criteria:

- The individual's behaviour is preventing the person from taking part in programmes or activities appropriate to their level of ability
- The individual's behaviour has resulted in referral to CAMHS services which have had limited success in addressing the issues,
- The individual's behaviour is of such intensity that placement breakdown or hospital admission is likely.

The service will work with up to six under 18s at any given time and will have the capacity for 20 cases per year. The service at the time of the benchmarking report (March 2019) worked with nine children and young people and has prevented admissions and shown an improvement in behaviour that has negated the need for 52 week placements.

4.10.3 Care, Education and Treatment Reviews (CETRs)

An all-age CETR guide for practitioners has been developed for Oxfordshire through a multi-agency approach. There is a description of what CETRs are and how to ask for one on our 'Local Offer'¹³ to ensure young people and families are aware. Oxfordshire CCG has now established a clear process and communication with NHS England Specialist Commissioning's case manager. This means that we have more accurate data on those who are Oxfordshire's responsibility and are having CETRs in inpatient facilities. We are now in a position where we can collectively work

¹³ <https://www.oxfordshire.gov.uk/residents/children-education-and-families/education-and-learning/special-educational-needs-and-disability-local-offer>

together to improve discharge planning and resolve any issues that may arise around making plans for those young people to return to Oxfordshire in a timely manner.

The CAMHS Assurance Board has agreed that we need to undertake a review of the policy and how the dynamic risk register is managed. This review will be multi-agency and include the involvement of young people and their families.

4.11 Workforce

The two year training plan to develop the CAMHS workforce (including the Highfield inpatient services) and Children with Disabilities Service (Local Authority Children's Service) around autism and positive behaviours approach is now underway. We recognise a skills gap in the wider CAMHS workforce and have funded this plan to close the gap and to ensure that interventions in CAMHS are adapted for autism. Overall the plan is to have a sustainable Train the Trainer Model to keep developing the capacity in CAMHS in relation to autism.

Training to the third sector to raise awareness of mental health in children and young people and to spot early signs of mental illness is also underway and is being delivered by one of the CAMHS Partners, Oxfordshire Youth. The partnership has also successfully engaged with Oxfordshire Football Association and will deliver training to coaches who undertake FA Coaching Training. The partnership has now delivered training to more than 800 people who work with children and young people across sectors.

4.11.1 IAPT

Oxfordshire CAMHS and Partnership continues to be committed to participating in the wider IAPT programme. The Trust has employed new staff using the Recruit to Train initiative as well as nurse prescribers, supervisors, using outcomes measures and children's wellbeing practitioners. The wider CAMHS third sector partnership is considering opportunities with the Trust to roll out children's wellbeing practitioners in the partnership.

Funding from NHSE for backfill has ceased this financial year and OCCG has ensured that this funding (now from OCCG) has been included in the core contract to facilitate the continuing participation in the programme.

Oxfordshire CAMHS continues participation in the CYP IAPT programme with HEE. We have increased the number of Psychological Wellbeing Practitioners (PWP's) per year training and recruited substantively into the workforce. There has been a period of difficulty to recruit to Band 6 posts across the model so we introduced a Band 5 development role, for example, newly qualified professionals not quite meeting the competencies of a Band 6 are employed as developing Band 5. Once a

12 or 18 month competency programme has been completed they move into Band 6 role. This has proved successful and will continue.

4.11.2 Restorative Practice

Oxfordshire was awarded £80,000 in January 2018 from NHS Health Education England (HEE) to develop and implement Restorative Practice training for the Oxfordshire children and young people's workforce. This is part of a wider HEE workforce development programme across the South East to support the vision of Future in Mind of promoting early intervention, prevention and the change in culture that mental health is everybody's business.

International and national research and evidence have demonstrated that areas where restorative practice methodology has been used have experienced significant improvement in children's outcomes, including improvements in the quality and consistency of professional practice. Areas have seen reduction in school absence, bullying, children entering care and improved staff wellbeing and retention. The restorative practice methodology originates from New Zealand and Australia and is now the framework for New Zealand's children's services.

A procurement exercise has recently taken place to commission Restorative Practice training with the HEE funding. The training programme will start in October 2019. This is a long term work force strategy plan and has been divided into Phase one (short term) and Phase two (long term).

Phase one consist of:

- Training for systems leaders which took place in July this year.
- One day training for 720 multi agency staff to enable the application of restorative principles and conversations
- Three day training for 48 staff to prepare future trainers
- Training for 24 staff (multi-agency) to deliver a train the trainer programme to enable the training of the wider work force in Phase two.
- Develop a community hub for reflective practice, action learning set to embed and sustain practice long term.

Bespoke training to pilot our approach in delivering this training to:

- St Greg's The Great Primary School
- Cherwell secondary School
- The Virtual School Team
- Children in Care Council
- VOXY

- Oxford City Impact Zone (multi-agency)
- New Safeguarding Model Plus teams

The bespoke training will enable us to get feedback from participants on how to best deliver the training across a range of different groups across multi-agency, specific teams, schools and young people. The intention is to modify and deliver the training to meet the needs of different groups. .

Feedback from training delivered to children at St Greg's has been very positive and further details in Appendix 3 can be found at

<https://www.oxfordshireccg.nhs.uk/about-us/oxfordshire-child-and-adolescent-mental-health-services-refresh.htm>.

Phase two to be delivered through the train the trainer programme:

- Training to 12,000 systems wide workforce
- Initially focussing training for schools via our Mental Health Teams Into Schools Pilots and then roll out wider in consultation with education colleagues.
- Include training for staff working in adult services that will be delivering 0-25 services in partnership with the children's workforce.

4.12 Special Educational Needs and Disability Reforms (SEND)

The Ofsted/CQC area inspection of special educational needs and disability identified five key areas for improvement. The subsequent Action Plan is now in the process of being delivered with oversight from both DfE and NHS England. The following issues and actions specific to health were identified:

- OCCG has not carried out an effective enough self-evaluation of its approach to implementing the reforms.
- Arrangements for holding leaders to account across education, health and care services
- The designated clinical officer post has been vacant for a considerable period of time, despite a national recruitment campaign.
- Timeliness of health contributions to Education, Health and Care Plans (EHCPs)

OCCG has recently undertaken a self-assessment exercise to review progress, which is outlined below.

What are the key changes that have achieved?

- Strong and effective governance arrangements are now in place which are operational and strategic to drive forward the service improvement activity.
- Full partner commitment to the service improvement activity at political, senior management and operational delivery levels.
- SEND Performance Board meets each month to monitor and track progress. The Board also challenges performance across health, education and social care and helps ensure complex problems are resolved.
- A multi-agency performance dashboard has been developed, implemented and reviewed. The performance dashboard has been updated and is reviewed monthly to ensure data is as accurate as possible for board members.
- OCCG completed the CDC self-assessment in January 2018. It is reviewed annually and the outcomes are used to drive service improvement.
- Strong clinical system leadership is provided by the Designated Clinical Officer (DCO). Over the past two years the DCO has:
 - streamlined the EHC assessment programme to drive up timeliness of assessments
 - developed a graduated SEND offer in universal services (Health Visiting and School Nursing)
 - championed bespoke SEND training across the NHS
 - sample audits of EHC assessment reports to share learning and drive up the quality of assessments.

What has been the impact on service users? What evidence do you have that demonstrates this impact?

- Timeliness of health assessments within six weeks has improved, however concerns over CAMHS reports has been highlighted.
- Universal services now have a graduated SEND offer. Evaluation of the new Health Visitors offer has demonstrated strong parental feedback.
- A new neurodevelopmental service (Autism and ADHD) has been implemented, providing streamlined diagnosis, post diagnostic support.
- E-learning training module for professionals was developed which has meant a more consistent introduction to SEND for colleagues across education, health and social care. This has contributed to better understanding of the different responsibilities of specific professional disciplines within the assessment process and enabled them to contribute in a more timely and effective way.
- A questionnaire/survey that goes out to parents and young people when a new EHC plan is issued was co-produced with parent/carers.

Evaluation of progress

Progress in this area is rated at 'green'. The OCCG self-evaluation has been completed and has contributed to strong and effective multi-agency governance arrangements. However, we are not complacent, and the Board members are encouraged to robustly 'challenge' the data and progress reports presented to them.

We need to strengthen the mechanism of collecting the views of young people, rather than their parents or carers.

To ensure we continue to improve, further work is underway:

- Challenging and supporting the CAMHS service to improve timeliness of EHC assessments.
- Locality Community Support Service (LCSS) is reviewing its input into all EHC plans following the annual reviews to ensure this is up to date and relevant.
- The Integrated Children's Therapies Service will be reviewed and recommissioned to ensure it is capable of meeting needs over the next 10 years.
- OCC Cabinet approved the Sufficiency of places Strategy in December 2018, and a focus on delivering additional special school places is underway.

Oxfordshire SEN & Disability Information Advice and Support Service (SENDIASS) have a new post within their service which is focussed on capturing the views of young people. This will support development of a more consistent mechanism of accessing the voice of young people.

4.13 Engagement

We continue to roll out our programme of engagement with stakeholders including young people who are actively engaged in developing the CAMHS service and Local CAMHS Transformation Plan. For more details please refer to Appendix four - <https://www.oxfordshireccg.nhs.uk/about-us/oxfordshire-child-and-adolescent-mental-health-services-refresh.htm>.

The Mental Health Teams into Schools Pilot has held a series of workshops with schools in the pilot area and there are further workshops planned for the new pilot areas in Banbury and Bicester. Our intention is to use the existing platforms in schools to engage with children, young people and parents, and this will be tailored to school settings.

The MHST are at this stage not fully operational so. OCCG's commissioner and the CAMHS engagement worker undertook engagement sessions with Parent Carers Voice and VOXY. This has enabled us to get early feedback on the model and shaping how it will be embedded in Oxfordshire. There was support and agreement that using the schools' own platforms for ongoing engagement is a good way forward *[details of feedback from VOXY can be found here]*. The Oxfordshire model has engagement built into it and the majority of this function will sit with the Mental Health Education Support Workers.

The CAMHS Partnership and OCCG commissioner took part in an event for teachers, parents and third sector organisations at Bladon Primary School in September this year. The event was called 'Young Resilient Minds' and was aimed at [QUOTE from Matt Gregor, PE Specialist, Mental Health and Wellbeing lead] "I am hoping this event will give parents, teachers, support staff and headteachers the opportunity to take part in discussions on the future of children's mental health and wellbeing alongside creating links between outside agencies for support and training.

As we all know, schools play a crucial role in developing the skills young people need to cope and flourish in today's world. Schools are a constant in young peoples' lives, and are often a safe, consistent place for vulnerable young people. With more than 1,000 hours spent at school per year, they are in an ideal position to help provide this support alongside families and other professionals. Research shows that children with better health and wellbeing are likely to perform better academically.

I believe we need to help support people in making our future generation of young children more resilient so they can cope with the demands of everyday life situations they shall face."

There were more than 50 people present and the event organiser, Matt Gregor, received positive feedback from the audience that the event was useful and informative. The headteacher at Bladon has undertaken to invite the OCCG commissioner to the schools partnership, which also includes secondary schools, to present our vision for mental health services in Oxfordshire and our latest developments. This school partnership is not currently taking part in the MHST into Schools Pilot.

4.13.1 Youth in Mind Conference 2019

A collaboration took place between Oxfordshire Youth and Oxfordshire Mind to produce a mental health conference for everyone working with children and young people. The aim was to create a space where all providers of services could come together to learn and collaborate on children and young people's mental health.

The key messages for the day were:

- ✓ Mental health is everyone's business – everyone has a contribution to make
- ✓ Collaboration and partnership working is essential in supporting children and young people's mental health
- ✓ Prevention and early intervention is essential to instil positive wellbeing practices in our everyday lives.

It was an inspiring event with more than 500 people attending: 200 public sector, 200 schools and 100+ voluntary sector participants together with a broad range of quality speakers and workshops providers.

The feedback was very positive with 98% of participants asking for it to become an annual event.

Quote:" [Youth in Mind] was a triumph... for the sector as a whole. Meticulous planning and timing; great variation, pace and content; really stimulating and the best networking opportunity for the third sector that I have seen in 10 years as LL. Many congratulations! Tim Stevenson OBE Lord Lieutenant of Oxfordshire".

Another celebrated feature of the conference was the launch of the Youth in Mind MAP¹⁴, with county wide information about voluntary sector services and groups which support the wellbeing of children and young people as well as key statutory service contacts. A short trailer of the event can be found on YouTube by following this link: <https://www.youtube.com/watch?v=hpg2T-PbnaQ>.

The event was sponsored by a wide partnership including OCCG which will again sponsor the event planned for 2020.

4.13.2 External evaluation and benchmarking of Oxfordshire's engagement programme

NHSE commissioned Young Minds to undertake an evaluation of our engagement programme in relation to young people. The audit covered the following area:

- Commitment 1 : Transparent communication
- Commitment 2: Strategic planning in partnership
- Commitment 3: Co-producing services
- Commitment 4: Promoting a culture of participation

The overall rating was green (across 24 questions) with three areas for improvement which were:

1. Accessible promotion of a youth-friendly version of the OCCG complaints policy.

OCCG will consider this feedback and review its policy. Oxford Health does however have a youth friendly policy.

¹⁴ <https://oxfordshireyouth.org/what-we-do/#sector-support>

2. National level participation opportunities in children and young people's mental health are promoted to young people across your area e.g. through providers, youth services.

OCCG and Oxford Health will consider this feedback and identify opportunities for young people to participate in events where relevant.

3. Young people are involved in quality assurance of mental health providers e.g. Peer Evaluators scheme

OCCG and Oxford Health will consider this and explore opportunities for development in this area.

4.14 Developing 0-25 services

The LTP ambition is for local areas to develop 0-25s services. In Oxfordshire CAMHS we already have a part of the OSCA service providing mental health interventions for up to 20 young people a year up to the age of 25. This is for our most vulnerable young people who often engage late (aged 17.5) and would traditionally have fallen through the transition gap. This cohort of young people are mainly care leavers with complex presentations who benefit from an evidenced Dialectical behaviour therapy (DBT) intervention which aims at developing emotional regulation.

We are exploring other options with our Third Sector Partners to ensure we have a coherent support offer for those who do not need to transition to adult mental health services. Those services are listed in the sections below.

4.14.1 Support to Further Education colleges (16-25 year olds)

The Oxfordshire Wellbeing Service, which is delivered by MIND, is available to people who need support with their emotional mental wellbeing. This service is open to people aged 16+. The review of the service highlighted the need for a different approach to make the service more accessible to our most vulnerable young people, including how we can better facilitate access to IAPT which is available for 16+.

The pilot to deliver this service in Oxford City FE College started at the beginning of the autumn term 2019. Meetings were held with the college during spring and the summer to develop the pilot in collaboration. We have had good engagement from the college and the pilot has had a positive start with young people starting to have interventions.

The learning from this pilot will help to inform our future plan for 0-25 services.

4.14.2 VCSE Health and Wellbeing Fund 2019-20: Children and Young People's Mental Health – Developing an Mental Wealth Academy

Response (CAMHS Partnership Third Sector Lead) and partners successfully submitted a bid to the Wellbeing Fund on the back of the CAMHS contract. The new service takes an innovative approach to expanding the support to young people in the transition phase and we will integrate this with the work taking place in the Community In-Reach and Mental Health Teams into Schools to ensure a seamless experience for young people as they transition out of CAMHS. The service aims to develop a Mental Wealth Academy

The Mental Wealth Academy Model:

The MWAM for 18-25s will be characterised by an aspirational, assets-based approach which sees every expert by experience as exceptional, somebody who survived and is surviving adversity.

- 1) 18-25s affected by life changing events, who are falling through gaps created by transition pathways from CAMHS to Adult Mental Health services
- 2) Families needing support to work with their CYP to recover from mental health issues following a life changing event
- 3) A new county wide participation and campaigns lead for the third sector, working in partnership with the CYP and their families driving the grass roots movement ending stigma and promoting all the MH services available.

Transition wellbeing workers employed across partners delivering this project with the aim of reducing health inequalities, increasing resilience and improving life chances through employment.

1-1 recovery focussed interventions, for 18-25s, which provide evidence- based therapies, emotional literacy and self-management tools, self-care retreats 12 sessions on employability skills and accreditation provided by partners who specialise in employment pathways.

Accredited ambassador training leading to a cohort of 18-25s who can:

- 1) Support CIR workers to run mental health peer support groups for YP aged between 11 and 16
- 2) Assist Oxfordshire Youth as 'experts by experience' in the delivery of mental health awareness training to parents of the CYPs who access the charities, community leaders/school and FE staff

Addressing health inequalities

In The National CAMHS review 2007, parents, young people and carers reported transition as the most critical concern.

Unresolved traumas from childhood play directly into the exacerbation of health inequalities experienced by adults, including higher rates of unemployment, disability, avoidable death and higher risk of suicide. Equipping young people with the skills and qualifications needed to gain meaningful employment is one of the key assets of the partnership in Oxfordshire and will enable the young adults through the MW Academy to improve their life chances.

Frontline training will be delivered by Oxfordshire Youth in geographical areas with a high concentration of low-income families who experience a disproportionate level of unemployment, poor physical and mental health and lack access to life-changing opportunities.

These areas experience much higher rates of persistent mental health issues, combined with poverty, low employment levels and high rates of domestic violence. Mental health awareness training will be a vital component in tackling intergenerational health inequalities.

Several of the partner organisations incorporate physical health and fitness into their programmes which will be a vital part of the young adult's recovery and self-management.

By prioritising this fund solely on those who have experienced a life-changing event, we are demonstrating our commitment to reducing health inequalities as this is one of the critical determinants of persistent mental health problems.(YOUNG MINDS ACE REPORT 2018)

The VCSE organisations will target young adults, aged 18-25, who experience complex barriers to health and wellbeing such as:

- Men from BAME communities
- Young adults from criminal justice system
- Looked after children and care leavers
- Young carers
- LGBTQI
- Learning and physically disabled

4.15 Public Health England Prevention Concordat for Better Mental Health

Background

The Public Health England (PHE) Prevention Concordat for Better Mental Health aims to facilitate local and national action around preventing mental health problems and promoting good mental health.¹⁵ It provides a focus for cross-sector action to deliver a tangible increase in the adoption of public mental health approaches.

¹⁵ <https://www.gov.uk/government/publications/prevention-concordat-for-better-mental-health-consensus-statement/prevention-concordat-for-better-mental-health>

The Oxfordshire Health and Wellbeing Board, Oxfordshire Mental Health Partnership and Active Oxfordshire signed the Prevention Concordat on 21 January 2019; the Concordat was publicly announced on 28 March 2019.

Oxfordshire Health and Wellbeing Board, includes:

- Oxfordshire County Council
- Oxfordshire Clinical Commissioning Group
- Healthwatch Oxfordshire
- Oxford Health
- Oxford University Hospitals
- Oxford City Council
- Cherwell District Council
- South Oxfordshire District Council
- West Oxfordshire District Council
- Vale of the White Horse District Council

Oxfordshire Mental Health Partnership, includes:

- Connection Floating Support
- Elmore Community Services
- Oxford Health
- Oxfordshire Mind
- Response
- Restore

Project scope

Public Health will coordinate the production of an Oxfordshire Mental Wellbeing Framework in 2019, which will inform the work of the partner organisations and other stakeholders from 2020 onwards.

The Framework will involve representatives from each partner organisation which will further develop the shared vision for the prevention and promotion of mental wellbeing that all partners have signed up to.

Project milestones

This project will achieve change through delivery of the following key milestones:

- A task and finish group involving all the key partner organisations, to produce a signed off Mental Wellbeing Framework for Oxfordshire
- Additional partners signing up to the Framework
- At least one progress report on the delivery of the Framework
- Achieving the agreed year 1 outputs and outcomes defined in the Framework across all partners (Action Plan 2019-20)

- Joint communications delivery

The project will demonstrate what difference the Framework will make over a 1-3-year period.

Project deliverables

This project will achieve change through delivery of the following key deliverables:

- Local statistics related to mental wellbeing will be reported to the Health Improvement Board (HIB)
- Existing local data will be collected and reviewed along with additional data from communities which will give insight into their needs and assets
- The existing Joint Strategic Needs Assessment (JSNA) chapter with a mental wellbeing focus will be refreshed
- The Framework project group will also consider including the following:
 - Mental health equity audits across the partnership
 - Collaborative analysis of local information and intelligence sharing
 - Shared prioritisation and resources
 - Mental health impact assessments to integrate wellbeing into partnership plans and strategies.

Benefits for Oxfordshire residents

The concordat is underpinned by an understanding that taking a prevention-focused approach to improving the public's mental health is shown to make a valuable contribution to achieving a fairer and more equitable society. The concordat promotes evidence-based planning and commissioning to increase the impact on reducing health inequalities.

Quality, governance and controls

Successful delivery of this project will involve the engagement of key stakeholders and project level governance controls. The Framework will be signed off by the HIB, which will provide oversight on progress against the Framework, and delivery of relevant partnership plans and strategies.

4.16 Innovation and good practice

4.16.1 The CAMHS Third Sector partnership

This innovative partnership between Oxford Health and seven local CYP charities continues to deliver exceptional outcomes for young people. The feedback from CYP, families and professionals is very positive.

Feedback from families

'I really feel that since we have had the help from RAW¹⁶ xxx has changed for the better even though we still have good and bad days they are not as frequent as they were and it's a pleasure to see him smiling and chatting about his sessions with you all'.

'Since attending RAW after a referral from CAMHS xxx seems to be dealing with his day to day issues slightly better than he was, he is able to make conversations with people at greater ease and loves to talk about what he does there all the time, he feels like he is part of the team and doesn't feel singled out because of his issues'.

Schools feedback

'Thank you so much for having XXXX every Friday morning. He has thoroughly enjoyed the experience and has really began to develop confidence in his ability'.

Statutory service provider (Local Authority) - Young People/Care Leavers

'I think what happened this morning was pretty amazing and for me a real model of good practice. XXX still has some way to go before being really stable but I think this project is a huge trampoline to help him learn how to fly!'

The community in-reach workers offer an alternative approach to working with CYP and continually innovate to engage young people. The Ark T project¹⁷ has begun running self-care retreats for teenagers in the school holidays, and feedback has been positive.

From young people re CIR sessions:

'It's definitely more relaxing here than in other buildings I have been to for this kind of thing. I find it really helpful to come here.'

'I feel much better after going for a walk and having someone to talk to. I feel more positive.'

'The sessions make a difference because they give me structure and something regular to do. I know someone will be there to talk to.'

'The sessions make a difference to my life because it gives me time to speak and an hour to think about what I want to say. It feels safe. A lot safer than school.'

'I feel better now. If I hadn't come here I would feel the same as before.'

'I just feel 100% confident that I am safe.'

From professionals re self-care retreat:

¹⁶ <https://raw-workshop.co.uk/>

¹⁷ <http://www.ark-t.org/>

'I enjoyed that young people were given a different environment to what they would usually find themselves in and that it was a healthy, safe place for them to meet other young people and do an exercise that promotes their wellbeing and opens their minds to different ways of expressing themselves and I would hope they found the tools to get a good night's sleep.'

'Young people are under so much pressure these days to perform that there is no chance to just be themselves. These sessions provide the essential opportunities to not only have down time but also learn essential skills and build lasting relationships with people in their local communities in spaces which they might not always access as fully as they could. These sessions are vital in young people's development. The fact that they are provided for free ensures there is no barrier to accessing them no matter your background, demographic, or otherwise.'

'It was clear to me as the yoga teacher that the group really wanted to be there and really wanted to learn how to better take care of their minds and bodies. They were very focused and I think this is because they felt empowered by the experience and by their choice to have a day devoted to their own wellbeing. They may not have been able to attend the event if there was a cost, so I believe a low cost or no cost policy for events that attract vulnerable young people in particular is very important.'

From parents, carers and referrers re self-care retreat:

'She really enjoyed the whole day - it was quite hard to persuade her to join it so I was really glad that she went, I knew she'd like it. She mentioned enjoying the yoga and baking and the talking sessions - all of it really!'

'I haven't come across anything else like this for my daughter so far. They are under so much pressure at this age, academic and social, and it's wonderful to have an opportunity to learn some self-care skills, and just to have it stated upfront that this is important. Personally I would have been happy to pay a small amount for it, but I know many other families would not have been able to, and I think given that it's often difficult to persuade teenagers take up this kind of opportunity, as many barriers as possible need to be removed.'

'These two girls are a great example of young people who are generally poorly provided for. This was a unique opportunity and financial challenges would not have enabled the family to pay.'

Two of the third sector partners have received funding from the Police Commissioner to work with YP on the edge of the criminal justice system and particularly focusing on vulnerable young people at risk of becoming involved in Gangs.

4.17 Shortlist for national health award

Oxford Health services have been selected twice as finalists in the 2019 National Mental Health Awards. The Outreach Service for Children and Adolescents (OSCA) provides a mental health treatment service for children, young people and their families in Oxfordshire and the BlueIce App.

BlueIce -a prescribed smartphone app designed to help young people manage negative emotions and periods of extreme anxiety - has also been shortlisted. The app, which is designed to be used alongside traditional face-to-face therapies, was developed in conjunction with patient groups.

5 Update on workforce, finances and activity

5.1 Workforce

5.1.1 CAMHS overall workforce is currently (The table includes the increase in WTE as per the 4ww pilot, increasing WTE from Band 5 to 8a in GH, GMH and ASD)

Admin & Clerical - Band 3	6
Admin & Clerical - Band 4	20.15
Behaviour Therapist (LD) Band 6	1
Clinical Psychologist - Band 7	4.6
Clinical Psychologist - Band 8a	7.2
Clinical Psychologist - Band 8b	3.3
Clinical Psychologist - Band 8c	0.3
Clinical Psychologist Assistant - Band 4	5.8
Clinical Team Manager - Band 8a	7.75
Dietician - Band 7	0.77
Family Therapist - Band 7	0.5
Family Therapist - Band 8a	1.9
Family Therapist - Band 8b	1.1
PWP- Band 5	4.6
Mental Health Practitioner - Band 5	14.7
Mental Health Practitioner - Band 6	39.5
Mental Health Practitioner - Band 7	28.93
Nurse Prescriber - Band 7	4
Office Manager - Band 5	3.88
Parent/Behaviour Support Worker Band 4	1.45
Participation Worker - Band 4	1
Psychiatrist - Consultant	12.6

Psychiatrist - Specialist Registrar	1
Psychotherapist - Band 7	1.75
Psychotherapist - Band 8a	0.5
Psychotherapist - Band 8d	1
Psychotherapist Trainee - Band 6	3
Response Worker - Band 5	7
Social Worker - Band 6	3.5
Social Worker - Band 7	1
Speech & Language Therapist - Band 6	1
Speech & Language Therapist - Band 7	0.5
YOS Worker 8a	0.2

5.1.2 ALL-Age Intensive Support Service workforce:

The new services workforce that is in addition to the CAMHS workforce is as follows for the Learning Disability Intensive Support Service and the Specialist Perinatal Mental Health Service:

Learning Disability All Age Intensive Support Service		
Role	Band	WTE
Family Therapist	8a	1
Nurse	6	1
Nurse	7	1
OT	6	0.5

5.1.3 Specialist Perinatal Mental Health Workforce:

Specialist Perinatal Mental Health Team		
Role	Band	WTE
Consultant Perinatal Psychiatrist	N/A	1
Community Team Manager	8a	0.8
Pharmacist	8a	0.2
Specialist Community Services Practitioners	7	1
Specialist CBT	8a	0.8
Specialist Community Services Practitioners	6	3
Project & Performance Manager (for 18/19 only and whole service)	8a	1
Link Midwife	6	0.6
Training & Development (for 18/19 only and whole service)	6	1
Community Nursery Nurses	4	2
Team Administration	4	0.8

Medical Secretary	4	0.5
Peer Support Worker	4	1

5.1.4 Mental Health Teams into schools Pilot

Phase one Wave 1 January 2019	
City 1 MHST	City 2 MHST
Project Implementation Manager B8a 1.0 WTE (also covers 4WW)	
Project Management Support B6 0.5 WTE	
County Wide Operational Lead B8a 0.5WTE	
Area Manager B7 1 x WTE (covers both City and North)	
Supervisor/Clinical Lead B7 1 x WTE	
MHST Administrator B4 1 x WTE	
Education Wellbeing Practitioner Trainees B4 3 x WTE	Education Wellbeing Practitioner Trainees B4 4 x WTE
Mental Health Education Support Worker B3 5 x WTE	

Phase two Wave 1 September 2019	
North 1 MHST (Banbury)	North 2 MHST (Bicester)
Supervisor/Clinical Lead B7 1 x WTE	
SPA Mental Health Practitioner B5 1 WTE	
MHST Administrator B4 1 x WTE	
SPA Administrator B4 1 x WTE	
Education Wellbeing Practitioner Trainees B4 4 x WTE	Education Wellbeing Practitioner Trainees B4 4 x WTE
Mental Health Education Support Worker B3 4 x WTE	

5.2 Finances

The budget for CAMHS in Oxfordshire is managed through a S.75 pooled mental health budget with OCCG as the lead commissioners. The investment for last five financial years was as follows:

5.3 The investment for 2015/16 financial year

CAMHS Budget 2015-16	
<i>Oxfordshire Clinical Group Investment in CAMHS</i>	
CAMHS including PCAMHS	£5,226,322
Parity of Esteem investment	£680,000
Sub Total	£5,906,322
<i>Oxfordshire County Council Investment</i>	£754,000
Total Investment	£6,660,322

Other CAMHS additional Funding 2015-16	
Eating Disorder Funding (already received)	£322,090
Transformation funding (subject to approval of Transformation Plan)	£806,222
Liaison and Diversion	231,299
CYP IAPT	£75,000
NHSE Specialist commissioning - Tier4	£1,781,884
Total Investment	£3,216,495

The total funding for CAMHS 2015-16 from all funding sources was:

Total CAMHS funding from all funding sources 2015-16	
Oxfordshire CAMHS funding (CCG&LA)	£6,660,322
CAMHS additional funding	£3,216,495
Total	£9,876,817

5.4 The investment for 2016/17 financial year

CAMHS Budget 2016-17	
CAMHS including PCAMHS	£5,274,583
Parity of Esteem	£687,050
Subtotal	£5,961,634
Oxfordshire County Council Investment	£754,420
Total CAMHS investment (CCG & OCC)	£6,716,054

Other CAMHS additional funding 2016-17	
Transformation funding	£1,059,850
Eating Disorder funding	£334,000
New developments	£80,000
Liaison and Diversion (NHSE Health and Justice)	£231,300
NHSE specialist Commissioning -in patients (Tier 4) services	£1,782,000
Children's IAPT	£75,000

total investment	£3,562,150
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Total CAMHS funding from all funding sources 2016-17	
Oxfordshire CAMHS funding (CCG & OCC)	£6,716,054
CAMHS additional funding	£3,562,150
Total	£10,278,204

5.5 The investment for 2017/18 financial year

CAMHS Budget 2017-18	
New CAMHS contract*	£8,400,000
Additional funding earmarked for stretch targets	£175,000
Total CAMHS investment (CCG & OCC)	£8,575,000
*includes OCC investment of £754,420 and Eating Disorder investment of £334,000	
Other CAMHS additional funding 2017-18	
New developments -Positive Behaviours Project	£200,000
Housing Pathway Post (NHSE Health and Justice)	£73,000
Liaison and Diversion (NHSE Health and Justice)	£231,300
NHSE specialist Commissioning -in patients (Tier 4) services	£1,782,000
Children's IAPT*	£75,000
total investment	£2,361,300
* awaiting final confirmation from NHSE on funding	
Total CAMHS funding from all funding sources 2017-18	
Oxfordshire CAMHS funding (CCG & OCC)	£8,575,000
CAMHS additional funding	£2,361,300
Total	£10,936,300

5.6 The investment for 2018/19 financial year

CAMHS Budget 2018-19	
New CAMHS contract*	£8,693,000
Total CAMHS investment (CCG & OCC)	£8,693,000
*includes OCC investment of £754,420 and Eating Disorder investment of £334,000	
Other CAMHS additional funding 2018-19	
New developments -Learning Disability all age Intensive Support Team)	£207,500
Specialist Perinatal Mental Health Service	£778,430

Housing Pathway Post (NHSE Health and Justice)	£73,000
Liaison and Diversion (NHSE Health and Justice)	£231,300
NHSE specialist Commissioning -in patients (Tier 4) services	£1,782,000
Children's IAPT*	£45,150
total investment	£3,117,380

Total CAMHS funding from all funding sources 2018-19	
Oxfordshire CAMHS funding (CCG & OCC)	£8,693,000
CAMHS additional funding	£3,117,380
Total	£11,810,380

5.7 The investment for 2019/20 financial year

CAMHS Budget 2019-20	
CAMHS contract*	£8,981,000
Total CAMHS investment (CCG & OCC)	£8,981,000

*includes OCC investment of £754,420, Eating Disorder investment, IAPT

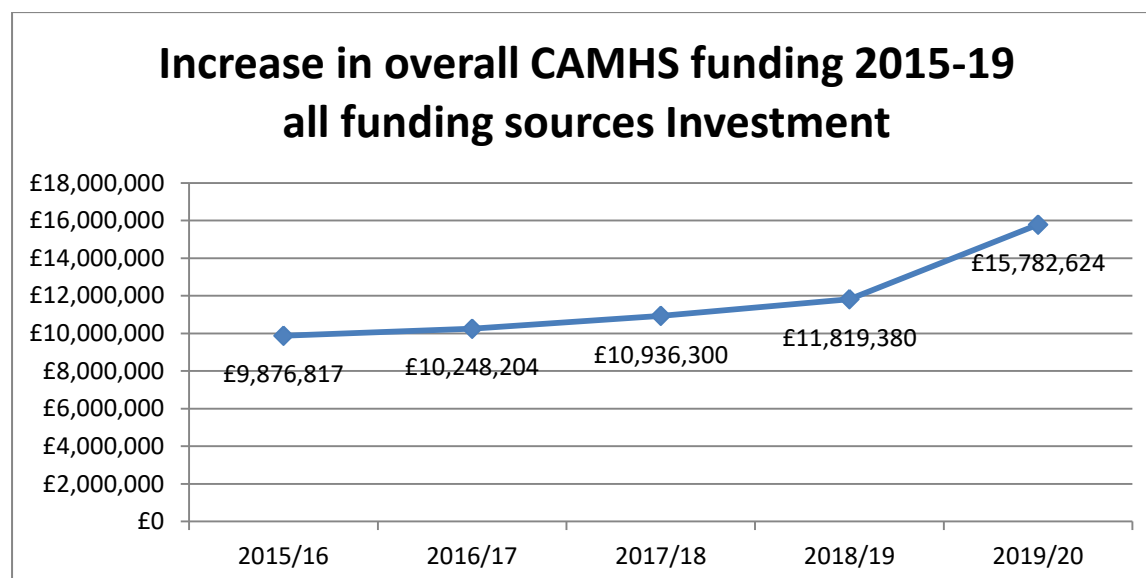
Other CAMHS additional funding 2019-20	
New developments -Learning Disability all age Intensive Support Team)	£207,500
Specialist Perinatal Mental Health Service	£778,430
Housing Pathway Post (NHSE Health and Justice)	£73,000
Liaison and Diversion (NHSE Health and Justice)	£231,300
NHSE specialist Commissioning -in patients (Tier 4) services	£1,782,000
NHSE Waiting List funding for ASD diagnosis waits	£95,000
total investment	£3,167,230

CAMHS Green Paper Funding (MHST and 4WW)	
Funding 18/19 (Healios* and MHSTs Wave one 2018)	£711,514.00
Funding 19/20 (MHSTs Wave one 2018) and 4WW	£2,040,685.00
Funding 19/20(MHST Wave one 2019)	£882,195.00
Total Investment	£3,634,394

* Services from Healios to be delivered 19/20

Total CAMHS funding from all funding sources 2019-20	
Oxfordshire CAMHS funding (CCG & OCC)	£8,981,000
CAMHS additional funding	£3,167,230

CAMHS Green Paper funding	£3,634,394
Total	£15,782,624



5.8 Performance

Below is a summary of the benchmarking performance from 2014/15 in table 1, table 2 shows the performance for 2015/16, table 3 for 16/17 and table 4 for 17/18.

Table 1.

Oxon CAMHS (All Services) 14-15	Number
Referrals Received	5318
Referrals Accepted ¹⁸	4634
Direct Contacts (Attended)	31,672
Indirect Contacts (Attended)	10,150
Waits-% seen within 12 weeks	YTD
Tier 2 PCAMHS	45%
Tier 3 CAMHS	76%

¹⁸ *Those not accepted would have been signposted elsewhere, or advice would have been given.

Table 2.

Oxon CAMHS (All Services) 15-16	Number
Referrals Received	5953
Referrals Accepted ¹	5278
Direct Contacts (Attended)	30,941
Indirect Contacts (Attended)	9,865
Waits-% seen within 12 weeks	YTD
Tier 2 PCAMHS	42%
Tier 3 CAMHS	54%

1*those not accepted would have been signposted elsewhere, or advice would have been given.

Table3

Oxon CAMHS (All Services) 16-17	Number
Referrals Received	6153
Referrals Accepted	5086
Direct Contacts (Attended)	42462
Indirect Contacts (Attended)	13465
Waits % seen within 12 weeks	YTD
Tier 2 PCAMHS	44%
Tier 3 CAMHS	62%

Table 4

Oxon CAMHS (All Services) 17-18	Number
Referrals Received	6881
Referrals Accepted	5986
Direct Contacts (Attended)	40739
Indirect Contacts (Attended)	18249
Waits % seen within 12 weeks	YTD
Getting Help	45%
Getting More Help	67%

Table 5

Oxon CAMHS (All Services) 18-19	Number
Referrals Received	8561
Referrals Accepted	7947
Direct Contacts (Attended)	33339
Indirect Contacts (Attended)	15438
Waits % seen within 12 weeks	YTD
Getting Help	26%
Getting More Help	70%

The FYFV has a target of 70,000 more children and young people receiving treatment by 2020. This is in recognition that only 25% of CYP with diagnosable mental health disorders had access to treatment at the beginning of the programme. The CAMHS Transformation funding is intended to increase access with the aim of 35% having access by 2020. The national trajectory is set out in the table below:

Objective	2016/17	2017/18	2018/19	2019/20	2020/21
At least 35% of CYP with a diagnosable MH condition receive treatment from an NHS-funded community MH service.	28%	30%	32%	34%	35%
Number of additional CYP treated over 2014/15 baseline	21,000	35,000	49,000	63,000	70,000

Implementing the FYFV for Mental Health

Oxfordshire CAMHS is currently showing an access rate of 64% which is among the highest performing areas in England.

6 Priorities for 2019-20

Priority	Actions	Timescales	Responsible Lead
CAMHS Partnership			
Mental Health Support Teams into Schools	1. Continue to roll out and embed new teams, working in collaboration with schools, other partners and NHSE	Spring 2018 -21	CAMHS Partnership/OCCG/Education/OCC
4 Week Wait : Access - Reduce waiting times	1. Continue to work towards reducing waiting times by implementing NHSE IST recommendations and capacity/demand modelling/increase productivity/improve efficiencies 2. Above action to include the NDC pathway and access to autism diagnosis. 3. Work with NHSE to inform the future National Access Standard for CAMHS	1. Ongoing 2. 2018-21	CAMHS Partnership/OCCG/NHSE IST
Workforce Development	1. Continue to roll out CYPIAPT 2. Deliver schools offer to schools not participating in pilot 3. Work with HEE/BOB ICS and SCN to support recruitment and workforce development 4. Deliver training to Third Sector on how to identify and support mental health in CYP 5. Roll out Restorative Practice to CAMHS, third sector and Education	1. Ongoing 2. Ongoing 3. Ongoing 4. Ongoing 5. October 2019	CAMHS Partnership OCC and CAMHS Partnership

Priority	Actions	Timescales	Responsible Lead
	6. Deliver Youth in Mind conference	6. Spring 2020	Oxfordshire Youth and partners
Engagement and Young People's feedback	1. Continue to develop programme of engagement to include MHSTs 2. Work with schools in the pilots to embed platforms for engagement for children, young people and their families. 3. Continue to implement outcome based planning in CAMHS 4. Review feedback from Engagement Benchmarking by Young Minds	1. September 2019 2. September 2019 3. Ongoing 4. January 2019	CAMHS Partnership CAMHS Partnership/Education CAMHS Partnership OHFT/CCG
Collaborative working	1. Continue to develop partnerships with schools 2. Contribute to School Health Improvement Plans 3. Continue to work with Children's Service, School Health Nurse Service on integration and support to schools	1. Ongoing 2. Ongoing 3. Ongoing	CAMHS Partnership/OCCG/OCC/ Education
Special Education Needs and Disabilities Reform			
SEND Action Plan	1. Target support to the highest excluding secondary schools for CYP with social, emotional and mental health problems through discussion at joint LCSS/Vulnerable Learners Board 2. Review Integrated Therapies Contact to	1. September 2019 2. Autumn 2019	OHFT/CCG/OCC OCC/OHFT

Priority	Actions	Timescales	Responsible Lead
	<p>respond to strategic changes for SEND and 0-25 services</p> <p>3. Oversee Health actions for the SEND Reforms</p>	3. Ongoing	Designated Clinical Officer (DCO)
Five Year Forward View and Implementation of NHS Long term Plan			
Young People's Crisis Care Pathway	1. Review pathway in light of new developments and Long Term Plan requirements	1. Spring 2020	OHFT/ OUH/OCC/OCCG and Stakeholders
Improving Access to mental health support	<p>1. Develop trajectory for Oxfordshire</p> <p>2. Work with NHSE to meet new data requirements for measuring access as they develop.</p>	<p>1. September 2019</p> <p>2. As required</p>	OHFT/OCCG/NHSE
National Mental Health Minimum Dataset	<p>1. Continue to work with NHSE to flow data via the National Mental Health Minimum Dataset</p> <p>2. Continue to work with NHSE to report on outcomes</p>	<p>1. Ongoing</p> <p>2. Ongoing</p>	OHFT/OCCG/NHSE
New Care Models and collaborative working	1. Implement New Care Models for inpatient care and crisis provision	1. Spring 2018	OHFT/NHSE Specialist Commissioning/OCCG
0-25 services	<p>1. Continue to work with EIP to ensure fidelity to model and timely access for young people</p> <p>2. Deliver and Evaluate Oxford City FE college pilot</p> <p>3. Operationalise VCSE Health and Wellbeing Fund bid to improve transitioning</p>	<p>1. From September 2019</p> <p>2. From September 2019</p> <p>3. From September 2019</p>	<p>OHFT Adult MH/OCCG adult MH commissioners</p> <p>OHFT Adult MH/OCCG adult MH commissioners</p> <p>Response and partners</p>

Priority	Actions	Timescales	Responsible Lead
	<ol style="list-style-type: none"> Review Integrated Therapies contract. Undertake exercise with BOB ICS and ICP to identify opportunities for 0-25 services 	<ol style="list-style-type: none"> As above Spring 2020 	<p>As above</p> <p>BOB ICS/Oxfordshire IPC</p>
Eating Disorder Services	<ol style="list-style-type: none"> Maintain National Access Standard 	<ol style="list-style-type: none"> Work with NHSE on known data issues such as accurate data capture of commissioned service and appropriate start/stop clock measures Review impact of referrals and patient choice 	OHFT/OCCG
Perinatal Mental Health Service	<ol style="list-style-type: none"> Improve access to meet LTP access target 	<ol style="list-style-type: none"> 2019 	OHFT/OCCG
Joint Targeted Area Inspection for children's mental health	<ol style="list-style-type: none"> Set up multiagency project group to ensure the system is inspection ready Review impact on children's outcomes as part of project Use learning to inform commissioning and/or redesign 	<ol style="list-style-type: none"> November 2019 	OCCG/OCC
Health Inequalities	<ol style="list-style-type: none"> Develop Dashboard to monitor health outcomes of Looked After Children 	<ol style="list-style-type: none"> November 2019 	CGG Designated Looked After Children's Nurse/ Phoenix Team/OCC Corporate Parent Manager
Digital Solutions	<ol style="list-style-type: none"> Review Healios (on-line digital provider) 	<ol style="list-style-type: none"> Spring 2020 	OHFT

Priority	Actions	Timescales	Responsible Lead
	and future opportunities 2. Continue to roll out the use of BlueIce App to help young people manage their emotions and to reduce urges to self-harm. 3. Continue to explore using technology to improve access and efficiencies	2. Ongoing 3. Ongoing	
Transforming Care for those with a Learning Disability and/or Autism			
Crisis Support to avoid unnecessary hospital admissions or out of county placement in 52 week residential settings.	1. Review IST and build on learning	1. From November 2010	OHFT adult LD Service & CAMHS/OCCG
Care Education and Treatment Reviews	1. Review policy and dynamic risk register 2. Explore opportunities for managing CETR/CTRs across the Bob ICS to ensure consistent approach, quality and capacity.	1. January 2020 2. January 2020	OCCG/OHFT/OCC/Parents and young people BOB ICS
Workforce development	1. Continue to deliver comprehensive training plan to further enhance workforce skillsets to implement a Positive Behaviours Approach and autism friendly interventions	1. 2018/19/20 (Two year training plan)	CAMHS Partnership/OCC
Prevention			
PHE Prevention Concordat	1. Implement the Oxfordshire Prevention Framework when approved by H&WB	To be Agreed	CAMHS Partnership/OCC Public Health

