NHS
Oxfordshire
Clinical Commissioning Group

Oxfordshire CAMHS Transformation Plan 2020-22 Refresh

An Update on Progress

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Oxfordshire Local Transformation Plan Executive Summary

This is Oxfordshire fourth refresh of the Local Transformation Plan for children and young people's mental health and wellbeing. This 2020 -22 Refresh builds on our previous plans but also takes into account the transformation activity and service developments undertaken since October 2019. The refreshed Local Transformation Plan sets our strategic direction and priorities to bring about the transformational change required across the whole of the children's mental health system for 2022 and beyond. However, this transformational change has been developed in the context of a pandemic where mental health services were responding to a significant increase in referrals, decreasing at that start of the pandemic and then increasing as we moved out of lockdown. There has also been significant increases in demand for access to our Eating Disorder and Crisis services including increased need for specialist tier 4 beds for young people with trauma related mental health issues. experienced significant crisis due to the pandemic. We have seen an unprecedent rise in referrals to specialist CAMHS, decreasing at that start of the pandemic and then increasing as we moved out of lockdown. There has also been significant increases in demand for access to our Eating Disorder and Crisis services including increased need for specialist tier 4 beds for young people with trauma related mental health issues. have been significant increases in need for access to our Eating Disorder and crisis services including increased demand for specialist tier 4 beds for young people with trauma related mental health issues. This has resulted in CAMHS having to gear up to respond to increased referrals and provide increased access.

The Local Transformation Plan has been refreshed to respond to the changing needs of our local population, supported by an updated needs assessment and service changes in response to Covid-19. Our Refreshed Plan also outlines how we have responded to achieving The NHS Long Term Plan deliverables. However, central to our plan are the voices of children and young people that continue to drive service improvements and developments across the CAMHS Partnership.

Our progress, achievements and future plans are set out in this refreshed Local Transformation Plan and our priorities for 2022 and beyond are listed below;

- Continue the transformation of the Eating Disorder Service to meet national priorities, standards, targets and local priorities
- Continue the development of the 18-25 young adults offer
- Continue to respond to the COVID 19 surge including a focus on managing waiting times and developing crisis services
- Address health inequalities through reviewing service access and support for children and young people
- Develop integrated service responses for children with complex needs

- Contribute to the development of an Oxfordshire Emotional Mental Health and Wellbeing strategy to ensure that children and young people can access early help and support from a range of service including from the voluntary Sector.
- Support recruitment and workforce development in Child and Adolescent Mental Health services across the Partnership

Chapters 1 and 2 outline the limited stakeholder engagement that we have managed to undertake to obtain the views of children, young people, parents/carers and professional through a variety of events, surveys, engagement activity and service user feedback. All paint a picture of increasing mental health needs and a higher demand on local services.

The 2020 OxWell school survey helps us to understand the impact of the Covid-19 pandemic on the wellbeing of young people during the school closure period of May to July 2020:

- For almost all measures reported, older age groups reported more negative effects of lockdown (S of England report):
    - Life satisfaction decreased as age /year group increased
    - Lockdown had more negative impacts on happiness and lonelinessfor older age groups
    - Sleep was more negatively affected in older age groups – 40% of year group 13 reported often being too worried to sleep
    - Exercise more negatively affected with increasing age
- Majority (72%) of those in years 4-11 would speak to carer/parent about concerns for mental health, 57% would contact a friend and 17% would look for help online (e.g., ChildLine, mind)
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- The data on loneliness indicated that during lockdown:
- 48% of girls and 50% of boys felt they had less people to talk to
- 17% of girls and 19% of boys had more people to talk to during lockdown.
- Having no-one to talk to was highly and significantly correlated with mental wellbeing in both primary and secondary phases.

The Public Health Wellbeing Needs assessment completed in July 2021 shows that sleep, loneliness and bullying are key areas of concern for children and young people in Oxfordshire. Young adults were also disproportionately affected by unemployment during the pandemic and that the loneliness was highest amongst all adults in 16-24 years old.

These local findings reflect the national findings from the 2020 Children and young People's Mental Health Survey in relation to the impact of COVID 19 and also confirms that the rates of probable mental health disorders have increased since 2017 locally.

Our updated needs assessment highlighted that there are:

- High numbers of young people aged 16-24 with eating disorders
- High prevalence of ADHD among 16-24 year olds
- In 2019/20, Oxfordshire had a higher proportion of hospital admissions as a result of self-harm in 10-24 year olds (462.1 per 100,000) compared to the England average (439.2 per 100,000
- The number of pupils with Special Educational Needs support in Oxfordshire has increased at double the England rate
- There has been a significant increase in the number of police recorded domestic abuse crimes in Oxfordshire involving children
- The % of Oxfordshire's care leavers in employment, education or training was below (worse than) the national average
- 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%

Therefore a focus on improving the emotional wellbeing needs of our children and young people in Oxfordshire is a must do. We outlined a range of local services that focus on providing emotional mental health and wellbeing support at a universal and targeted level. We are working on developing a strategy that aims to both plug the gaps in our CAMHS model and to support the delivery of our specialist CAMH service so that all children and young people in Oxfordshire can access the help they need in the right place and at the right time.

Chapter 3 focuses on outlining how Oxfordshire is responding to the COVID-19 pandemic including delivery of The Long Term Plan national priorities/objectives. In Oxfordshire we achieved an access rate of 60.3% far exceeding the national access target of 35% by 2020/21 resulting in 5,570 children and young people accessing our CAMH services. This increase in service access has been facilitated by our trailblazer status for the Mental Health Support Teams and the 4 Week Wait Pilot.

Our voluntary sector 18 -25 offer is seen as an exemplar of good practice in providing help, support and services to young adults who do not access traditional services. The Eating Disorder service is coping with unprecedented demand and is focusing on transforming the pathway so that support for early identification and prevention is integrated and provided across primary, community and secondary care. Our Crisis services are delivering 24/7 support as outlined in the Long Term Plan and gearing up to address the predicted surge in the South East.

Chapter 4 focuses on the needs of complex children and the significant challenges facing the South East Region in meeting their needs. Locally, where we have high numbers of Children We Care For placed out of area. Evidence shows that these

children and young people have complex social, emotional and mental health needs. The Expression of Interest developed by the BOB ICS to become a Vanguard site (if successful) to deliver a regional service to support children with complex needs will provide locally tailored offers of support

Chapters 5 and 6 focus on the enablers for successfully delivering system wide transformation. It is well known that recruitment of CAMHS workers is a challenging market not least of all because of the cost of living in Oxfordshire but also that we are fishing in a small pool of qualified staff across the region. Whilst the national commitment to continue to increase investment in CAMHS over the next 5 years has started to make a small impact locally, there is still not enough money in the system so difficult choices will have to be made in relation to service development. We have been fortunate in Oxfordshire to have attracted funding for a number of national pilots. We are using these opportunities to increase our service reach through e.g. Mental Health Support Teams (MHSTs) and addressing complex service presentations such as children and young people with co- morbid Autistic Spectrum Disorders/Learning Difficulties/ (ASD/LD) and Eating Disorders/Autistic Spectrum Disorders (ED/ASD) that require bespoke packages of care.

Chapters 7 and 8 outline our 2022 transformation priorities and action plan for delivering service improvements across the CAMHS Partnership. Our mature CAMHS Partnership continues to thrive in Oxfordshire and is committed to innovate and deliver integrated services that place children, young people, parents and carers at the heart of service design and development.

1. Transparency & Governance

1.1. Setting the context

1.1.1. Background

The Oxfordshire Clinical Commissioning Group (OCCG) published the joint five year Child and Adolescent Mental Health Services (CAMHS) Transformation Plan at the end of 2015. This was part of a national drive 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. This refresh will include our emerging plans for implementing the NHS Long Term Plan. CAMHS in Oxfordshire is jointly commissioned with Oxfordshire County Council through a S.75 Pooled Budget arrangement.

1.1.2. Our Achievements

Oxfordshire has been at the forefront of service innovation in relation to CAMHS and our achievements have been many.

- Achieved Trailblazer status for the delivery of national programme for the roll-out of Mental Health Support Teams. This has been built upon strong working relationships with schools and head teachers in Oxfordshire
- Successfully bid to become a 4 week wait pilot site
- We achieved a reach of (60.3 %) 5,570 children and young people exceeding the national access target of 35%
- We are successfully delivering the national Key worker pilot with some early results demonstrating that we are preventing in-patients admissions for our most complex children and young people with ASD/LD
- Our voluntary sector 18- 25 offer focuses on supporting those young people who do not meet criteria for Adult services
- The Community In-Reach service is an example of an innovative service model that provides mental health interventions in community settings within local community organisations
- Our digital platform enables children and young people to access services and support in the way that suits them best. This is evidenced by the rapid

take up of digital consultations/interventions from just over 2,500 in 2019/20 to just over 28,000 in 2020/21.

However, we will not become complacent. We will use the actions identified from our partnership assessment to continue to strive to provide high quality CAMHS for Oxfordshire children and young people.

1.1.3. National Context

The transformation of children's mental health services and addressing the emotional wellbeing needs of our children and young people is described in the following government policy documents:

- **Future in Mind 2015**[1] established key theme for whole system transformation. The key themes are Promoting resilience, prevention and early intervention; Improving access to effective support – a system without tiers; Care for the most vulnerable; Accountability and transparency and Developing the workforce
- **The Five Year Forward View of Mental Health NHSE 2016**[2] makes recommendations to achieve the ambition of parity of esteem between mental and physical health for children, young people, adults and older people
- **Green Paper 'Transforming CYP's Mental Health Provision 2017** Established Mental Health Support teams based in schools and colleges
- **The Prevention Concordat for Better Mental Health 2017- PHE**[3] aims to facilitate local and national action around preventing mental health problems and promoting good mental health
- **The NHS Long Term Plan 2019**[4] outlines national priorities for CYP's mental health services

The Covid -19 pandemic has had and continues to have a significant impact on the mental health and emotional wellbeing of our children and young people. The 2017 Mental Health of Children and Young People survey was updated in 2020[5]. The survey examined the experiences of family life, education and services, and worries and anxieties during the coronavirus pandemic. The following key headline findings are:

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[1] Future in mind - Promoting, protecting and improving our children and young people's mental health and wellbeing NHS England Publication Gateway Ref. No 02939

[2] https://www.england.nhs.uk/wp-content/uploads/2016/02/Mental-Health-Taskforce-FYFV-final.pdf

[3] https://www.gov.uk/government/consultations/transforming-children-and-young-peoples-mental-health-provision-a-green-paper

[4] https://www.gov.uk/government/consultations/transforming-children-and-young-peoples-mental-health-provision-a-green-paper

[5] https://www.longtermplan.nhs.uk/publication/nhs-long-term-plan/

- Rates of probable mental disorder have increased since 2017. In 2020, one in six (16.0%) children aged 5 to 16 years were identified as having a probable mental disorder, increasing from one in nine (10.8%) in 2017. The increase was evident in both boys and girls
- The likelihood of a probable mental disorder increased with age with a noticeable difference in gender for the older age group (17 to 22 years); 27.2% of young women and 13.3% of young men were identified as having a probable mental disorder
- 30.2% of children whose parent experienced psychological distress had a probable mental disorder, compared with 9.3% of children whose parent was not experiencing psychological distress

Further evidence has shown that the trend is for mental ill-health to increase from school age into late adolescence but that will vary with different conditions and that the onset is from about the age of 5 years old[6]. However, UK research identifies that the onset of mental ill-health will occur in 50% under the age of 18 and 75% under age of 25. The most common mental health problems from that age are ddepression, eating disorders, drug/social Media/gaming addictions, self-harm and stress.

The impact of mental ill-health can have far reaching consequences on the lives and physical health of children and young people. Therefore, building resilience in children and young people is considered to be the cornerstone of intervening early to prevent the development of emotional and mental health problems.

1.2. Engagement and Involvement

Engagement and involvement of children and young people, parents and carers continues to drive our CAMHS transformation programme in Oxfordshire. We continue to roll out our programme of engagement with stakeholders including young people who are actively engaged in developing the CAMH service and the Local CAMHS Transformation Plan.

Our approach is to use and build on existing platforms such as:

- Those established by the CAMH service and in schools through the Mental Health Support Teams
- Third sector collaborations between Oxfordshire Youth and Oxfordshire Mind
- Surveys led by youth forums e.g. Voxy
- Issue Focused surveys
- School surveys
- Focus groups on specific topics delivered by OCC Commissioners

[6] Meta-analytic median age at onset of mental disorders Solmi et al, 2021

Examples of strategic engagement and consultation events/activities include:

1.2.1. CAMHS and Mental Health Support Teams

All teams in CAMHS have a Patient Experience Champion who are invited to join the Oxfordshire Participation Forum. This group meets 4 times per year and is an opportunity to share ideas and collect feedback for service improvement
A parent co-production group meets bi-monthly to advise on the development of the new Tier 4 Care Service Model. The group have developed guidance on the role of the Case Manager and what makes a successful discharge

The MHST schools offer includes running regular participation and engagement groups and delivering summer programs with Oxford Hub to support free school meal and pupil premium students.

1.2.2. Third sector collaborations

The annual Youth In Mind (YIM) Conference aims to create a space where all providers of services come together to learn and collaborate on children and young people's mental health.

The YIM conference in 2019 produced the following key messages:

✓ 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.

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.

The YIM conference in 2020 was attended by 450 delegates, offered 60 stalls and 13 workshops. Feedback from participants demonstrated that:

✓ 100% of respondents said we raised awareness of CYP mental health services across Oxfordshire.

✓ 100% of respondents said we formed links across all sectors working with CYP.

✓ 94% of respondents said our workshops improved their confidence working with CYP

"The YIM Conference 2020 was a great event, bringing so many diverse organisations together to discuss young people's mental health. It feels like an important date in the calendar where we all come together to really discuss the current situation."

Highlights from the 2020 Youth in Mind conference can viewed below.
https://www.youtube.com/watch?v=Vw99hvj9x4w

1.2.3. Youth in Mind Virtual Event

A Youth in Mind virtual event has been planned for November 2021 called Youth in Mind TALKS. The next face-to-face Youth in Mind event is scheduled for 16th May 2022.

1.2.4. Surveys led by youth forums VOXY

VOXY is a youth-led countywide forum which provides a voice for all young people in Oxfordshire (aged 11 – 18 and up to 25 with additional needs), so they can have their say about the issues that matter the most to them.

The results from the 2020 survey showed that:

- 79% said they knew who to speak to when they needed support
- 69% said they felt listened to and believed
- 61% said they were able to access information in a way which suited them best
- 47% said they had inspiring role models
- 70% said that when they speak to staff they feel they are experienced and caring.
- 61% said that overall they felt supported enough by the services they used

1.2.5. Issue Focused surveys

An ongoing significant issue starting in 2020 has been the impact of the COVID-19 pandemic. The Children and Young People 2020 Mental Health survey identifies some national significant findings of the impact of the pandemic on children, young

people, families, education and health. Findings from local surveys also mirror these national findings.

1.2.6. The Children and Young People 2020 Mental Health Survey 2020 Family Dynamics

- Children with a probable mental disorder were more likely to be living in a family
- who reported problems with family functioning (28.3%) compared with children unlikely to have a mental disorder (11.7%)Children whose parent experienced psychological distress were more likely to be living in families who reported problems with functioning (25.3%) than those whose parent showed little to no evidence of psychological distress (11.1%)
- 63.8% of 11 to 16 year old girls with a probable mental disorder had seen or heard an argument among adults in the household, compared with 46.8% of those unlikely to have a mental disorder

1.2.7. Parent and child anxieties

- Children with a probable mental disorder were more likely to have a parent that thought that they were worried about; catching COVID-19 (36.1%), family and friends catching COVID-19 (50.2%), leaving the house (18.0%), and transmitting the infection (23.8%), than children unlikely to have a mental disorder (18.6%, 33.2%, 5.1% and 14.6% respectively).
- Among those aged 5 to 22 years, 58.9% with a probable mental disorder reported having sleep problems. Young people aged 17 to 22 years with a probable mental disorder were more likely to report sleep problems (69.6%) than those aged 11 to 16 (50.5%) and 5 to 10 (52.5%)
- One in ten (10.1%) children and young people aged 11 to 22 years said that they often or always felt lonely. This was more common in girls (13.8%) than boys (6.5%), and prevalence again was higher for those with a probable mental disorder

1.2.8. Access to education and health services

- Just under half (47.0%) of children did not attend school between late March and July 2020 because their school was closed. A further 30.0% returned to attending in June or July 2020, either on a full or part time basis, and 6.8% attended school throughout this time due to their parent/carer being a keyworker, being considered vulnerable or for other reasons. The remaining

16.1% did not attend school even though it was open/reopened. There were no differences between those unlikely to have a mental disorder and those with a probable mental disorder

- About six in ten (62.6%) children with a probable mental disorder had regular support from their school or college, compared with 76.4% of children unlikely to have a mental disorder
- About one in twelve (8.2%) children with a probable mental disorder had parents who decided not to seek help for a concern regarding their child's mental health. A further 5.9% of children with a probable mental disorder had parents who decided not to seek help for concerns regarding both their child's mental and physical health
- More than one in five (21.7%) 17 to 22 year olds with a probable mental disorder reported that they had decided not to seek help

1.2.9. Local surveys on the impact of the COVID-19 pandemic Healthwatch Oxfordshire Report 2020

The Healthwatch report on mental wellbeing in 0-5s summarises evidence from 63 responses to an online survey which coincided with first COVID-19 lockdown.

- Mental health/wellbeing of 0-5s is integral to wellbeing of the family as a whole.
- There is a need for clear signposting, central information and advice but families also valued face to face support from professionals, peers and childcare settings as a trusted source of advice and help
- Stigma, fear of being judged or not being taken seriously could act as barriers to them seeking help.
- There is room for more support, training and awareness for childcare workers, health professionals and parents on understanding and supporting mental health and wellbeing in 0-5s
- Covid-19 has had an impact on mental health and wellbeing of both parents and young children in multiple ways- which may continue to become clear over time.

Views of childcare professionals on gaps in support for 0-5s (n=16)

- Black and minority ethnic (BME) families are more likely to be referred for help with family stress/ parental mental health difficulties. Also, the mental health needs of fathers, and involving fathers in interventions
- An intensive family support service such as that offered by Family Support Workers but specifically focused on supporting parents of babies and young

children, and any other siblings. Needs of BME families need specific care and attention because of the need for sensitivity to culture and religion
- There are too many gaps in support: Getting in there early and offering support before things escalate is surely the key
- Training about understanding mental health and wellbeing in 0-5s for those working with this age group and parents.

1.2.10. OxWell Surveys

OxWell surveys were undertaken during 2019 and 2020. The 2019 OxWell survey asked questions on a range of health and wellbeing-related issues to pupils at participating schools in Oxfordshire. The overall preliminary findings show that,

"Primary school pupils scored numerically higher in wellbeing compared to secondary and FE college students, and there were more students in year 12 than in years 8 &10 with low mental wellbeing." [7]

The 2020 OxWell school survey helps us to understand the impact of the Covid-19 pandemic on the wellbeing of young people during the school closure period of May to July 2020, and help schools adapt as pupils return to in person lessons. The survey found:

- For almost all measures reported, older age groups reported more negative effects of lockdown (S of England report):
    - **Life satisfaction** decreased as age /year group increased
    - Lockdown had more negative impacts on **happiness and loneliness** for older age groups
    - **Sleep** was more negatively affected in older age groups – 40% of year group 13 reported often being too worried to sleep
    - Exercise more negatively affected with increasing age
- Majority (72%) of those in years 4-11 would speak to carer/parent about concerns for mental health, 57% would contact a friend and 17% would look for help online (e.g., ChildLine, mind)

The data on loneliness indicated that during lockdown:

- 48% of girls and 50% of boys felt they had less people to talk to
- 17% of girls and 19% of boys had more people to talk to during lockdown.
- Having no-one to talk to was highly and significantly correlated with mental wellbeing in both primary and secondary phases.

[7] https://insight.oxfordshire.gov.uk/cms/system/files/documents/OxWell_SchoolSurvey2019_0.pdf

1.2.11. PHE School Survey

The 2020 PHE school survey of the Social, Emotional and Mental Health needs in school children in Oxfordshire[8] found that overall 3.1% school pupils with Social, Emotional and Mental Health needs (2,980 in 2020) shows worsening trend.
The key messages from these recent engagement, consultation and survey activity with children and young people tell us that:

- Pre-pandemic, children and young people told us that early intervention and prevention support is important to ensure positive emotional wellbeing
- The pandemic negatively impacted on emotional wellbeing and mental health in line with national findings i.e. on children and young people, families, parents, BAME communities

Children and young people knew who to speak to when they needed support which could be a carer/parent, a friend, online or at school

- Emotional wellbeing is more positive in primary school children than secondary pupils. However, the trend is worsening
- Young people are reporting that dealing with anxiety is a big issue

We will use this feedback from engagement and consultation activity to develop and inform our approach and service developments for the coming year.

1.3. Governance

1.3.1. Buckinghamshire, Oxfordshire and Berkshire West (BOB) Integrated Care System (ICS) Governance

The Oxfordshire plan for children and young people's mental health will be governed through the overall BOB ICS mental health governance framework. As our BOB (ICS) matures there is connectivity and governance arrangements being created for Children and young people (CYP) Mental Health. Currently a Mental Health and Learning Disability Oversight group has been established in the last 18 months that includes the CYP mental health agenda. There are 3 key areas of work for this board:

- To scrutinise and assure the Long-Term Plan metrics as well as receive narrative update from our ICS Snr Responsible Officer (SRO) for CYP mental health
- Issues are flagged by exception and very snr leaders in our ICS are available to support mitigating actions.

[8] 2020 PHE school survey of the Social, Emotional and Mental Health needs in school children in Oxfordshire

- Key decisions are filtered to be taken at the BOB ICS level regarding allocation of resources

Through the ICS Senior Responsible Officer (SRO) for CYP mental health (MH) the board have established a CYP MH sub-group for our ICS. This group seeks to ensure oversight to identify priorities, share learning, challenges, solutions and innovations, and to maximise opportunities for improving the CYP MH offer and experience of services. The membership is a combination of providers and commissioners and as this group matures broader membership will evolve.

This subgroup will seek to establish a programme approach to its work, lifting the cross-cutting themes from the 3-place based Local Transformation Plans (LTPs). Important to the programme will be the need to apply a decision on whether the work is either

1) to track and learning about place-based initiatives and apply that learning and support to the other place plans or
2) to set up a full BOB project that drives a single approach or solution for all 3-place based LTPs.

The 6 cross cutting themes identified for programme planning (so far) are:

1) Increasing access to support for people identified within Health inequalities vulnerable groups.
2) Improving our crisis response
3) Reducing waiting times for meeting mental health needs as well as access to Neuro-diversity assessments
4) Meeting increasing eating disorder and disordered eating (ARFID) demand and acuity presentations
5) Managing Complexity of presentations, Learning Disability & Autism (LD&A) with MH conditions
6) Improving our performance in collecting routine outcome measures.

1.3.2. Oxfordshire CAMHS Governance

Robust governance is fundamental to the success of our CAMHS transformation programme. Locally, the CAMHS Assurance Board (multi-agency) which oversees the CAMHS Local Transformation Plan will continue to fulfil this role and feed into the wider mental health governance framework and any placed based plans to achieve the delivery of the NHS Long Term Plan objectives and local priorities.

1.3.3. Oxfordshire CAMHS Partnership

In Oxfordshire, joint working and partnership collaboration across the children's and young people's local mental health system is both strong, mature and thriving. We are at the forefront of service innovation which has been recognised nationally for example we have been selected to:

- Participate in the first roll-out of the Mental Health Support Team Trailblazing programme in England
- Trial the national 4 Week Wait Pilot; and
- Pilot the key worker programme

The strength of our Partnership is further evidenced by our relationship with the third sector that has enabled us to:

- Attract additional funding x4, every £1 invested has translated into £4, increasing the CYP resource into Oxfordshire
- Reach young people in a non-clinical settings (reaching young people who may not assess traditional NHS provision)
- Join up pathways across sector/programmes e.g. our 18-25 offer is recognised as an exemplar of good practice

We have also audited our partnership using the NHSE CYP System maturity tool. The NHSE/I CYP Maturity tool has been developed to support a structured process for system review of community CYP mental health and emotional wellbeing services. The System Maturity Tool is designed to aid improvement activity through critical self- review of a series of domains, elements and key lines of enquiries. Oxfordshire was required to undertake a self-assessment using the System Maturity Tool and the results are outlined below.

The baseline score below evidences a very strong and mature system in Oxfordshire.

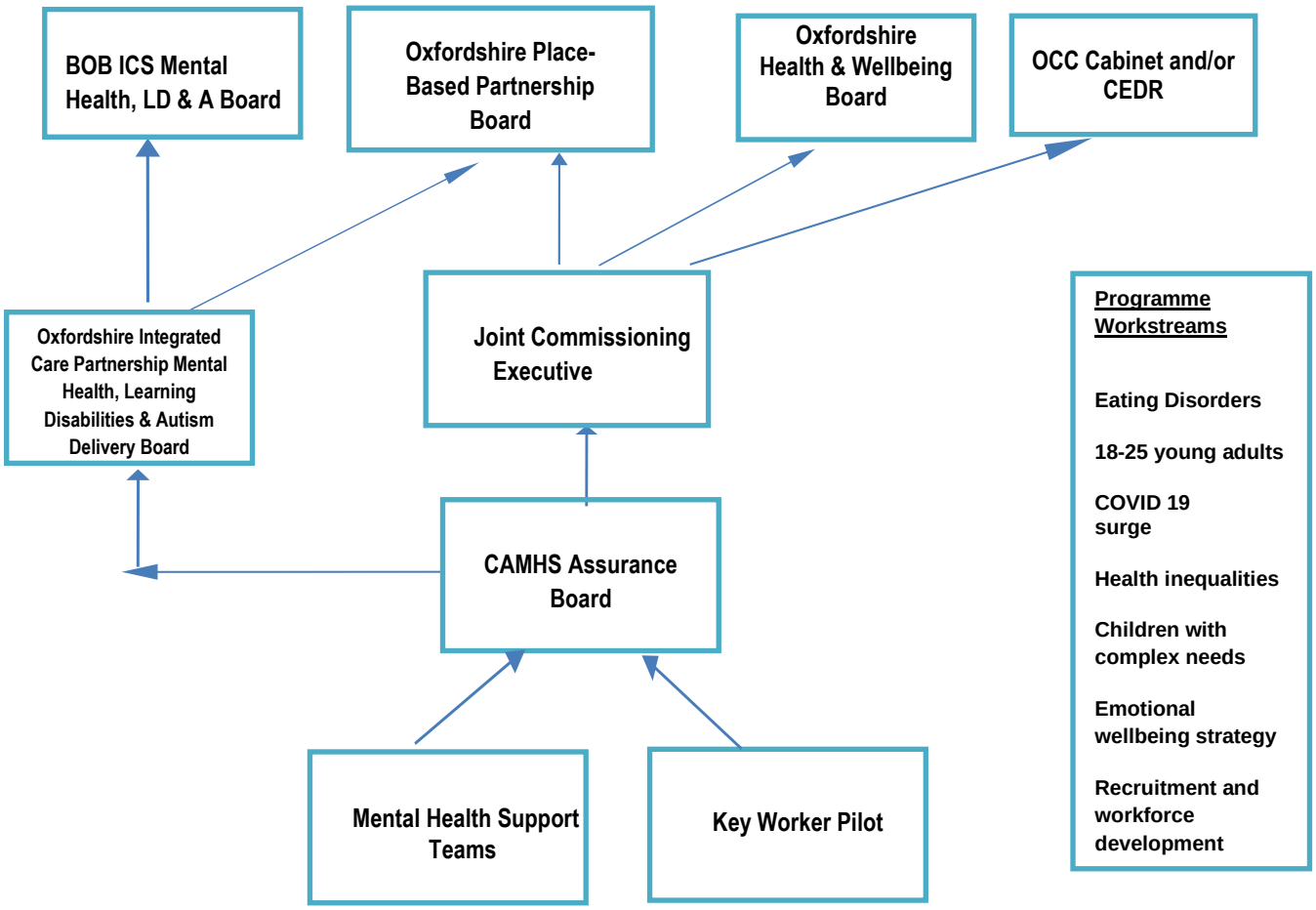
Good Practice Domain	1/7/21
Strategy & Sustainability	20/28
The Model	9/12
Access & Waits	21/32
Practice based on best available evidence	17/28
Workforce	19/28
Involvement & Participation	16/16
Productivity	23/28
Outcomes	10/20
Data & Informatics	19/28
Culture	19/24
Total	**173/244**

The Improvement Plan arising from the System Maturity Tool covers the following actions and will feed into our action plan in section 8:

1) Review and update the vision for CYP Mental Health
2) Review and update the terms of reference of the CAMHS Assurance Board
3) Collate information on investment as part of developing the emotional wellbeing strategy
4) Develop an Oxfordshire CAMHS Access policy
5) Review performance against the collection of Routine Outcome Measures (ROMs) and develop action plan as appropriate
6) Reconcile the flow of ROMs information into the Mental Health Services Data Set (MHSDS)
7) Delegate sign-off of reconciliation of the MHSDS and local data to the Performance and Information Team

The CAMHS Assurance Board (multi-agency) has overseen the development and implementation of the CAMHS Local Transformation Plans since 2015. However, there is a need to refocus the CAMHS Assurance board on the delivery of the NHS Long Term Plan deliverables. As a result of this change in national direction, work has commenced on reviewing the CAMHS Assurance Board's terms of reference. This work is due to be completed by the end of 2021. The CAMHS Assurance Board reports directly to the Joint Commissioning Executive (JCE). The CAMHS transformation plan is owned by the CAMHS Assurance Board.

1.3.4. Oxfordshire Governance Framework



1.4. Aligning local strategic plans

The ambitions outlined in the original CAMHS Transformation 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.
- **Improving the confidence and capability of the whole workforce** – through provision of direct training, supervision and consultation.

1.4.1. Oxfordshire Children and Young People Plan 2018 -23[9]

This plan fits within the Oxfordshire Children and Young People's Plan 2018-23. The vision for this overarching plan is, "Oxfordshire, a great place to grow up and have the opportunity to become everything you want to be". We want to ensure that all children and young people can:

- **Be Successful**
- **Be Happy and Healthy**
- **Be Safe**
- **Be Supported**

Each year the Children's Trust agrees a set of key priorities based around our areas of focus and commit to an implementation plan of work against those priorities. The implementation COVID-19 Recovery Plan 2021-22 (Year 4) in the Be Healthy section focuses on Social, Emotional, Physical & Mental Well-Being and outlines a number of key strategic activities to achieve this focus.

2. Understanding Local Need and Addressing Health Inequality

2.1. The Oxfordshire Context – Updated Needs Assessment

This transformation plan has been updated using the Oxfordshire 2021 local joint strategic needs assessment.[10]

2.1.1. Children and Young People Population Overview

- The total child population 0-19 years is projected to grow by 0.5% between 2020 and 2028. This is similar to the expected growth for the South East 0.5%, but lower than that for England at 1.3%.[11] (Source: 2018 ONS population projections).
- The number of school age children aged 5-16 years in Oxfordshire in 2020 was 101,221. There were 24,871 children and young people aged 17-19 years and 126,092 aged between 5-19 years.
- In the academic year 2020/2021, the proportion of school children from a minority ethnic group in Oxfordshire was 17.8% (or 17,596 children). This is

[9] https://www.oxfordshire.gov.uk/sites/default/files/file/childrens-social care/ChildrenandYoungPeoplesPlan.pdf
[10] http://insight.oxfordshire.gov.uk/cms/joint-strategic-needs-assessment
[11] Source: 2020 ONS mid-year population estimates from Nomis

lower than both the regional proportion at 19.6% and the England proportion at 26.2%[12].

2.1.2. Deprivation

- Oxfordshire is ranked as the 10th least deprived of 151 upper-tier local authorities in England (up from 11th in 2015). According to the Indices of Multiple Deprivation (IMD 2019), making it one of the least deprived counties in England
- 29% of children in Oxfordshire live below the poverty line according to the IoD 2019. After removing housing costs, 1 in 5 children in Oxfordshire are estimated to be living in poverty – within Oxford City this figure rises to a quarter of children (2018/19)
- Oxfordshire has a number of significant pockets of deprivation. 16 areas were ranked in the 20% most deprived areas nationally, 9 in Oxford City, 6 in Banbury and 1 in Abingdon.
- Areas of deprivation showing higher use of services are broadly.
    - Banbury
    - Witney/Carterton
    - Oxford City
    - Abingdon
    - Didcot

We would therefore expect to see in these areas above multiple adverse childhood experiences and related emerging emotional and mental health problems.

Oxfordshire Joint Strategic Needs Assessment 2021 – Summary Findings for Children and Young People

Oxfordshire JSNA 2021 go to sections on Executive summary - young people and service use

2.1.3. Summary – Children and Young People Key findings

- After removing housing costs, 1 in 5 children in Oxfordshire are estimated to be living in poverty – within Oxford City this figure rises to a quarter of children (2018/19)
- The number of pupils with Special Educational Needs support in Oxfordshire has increased at double the England rate (to Jan20)

[12] *Source: Schools, pupils and their characteristics, Academic Year 2020/21 – Explore education statistics – GOV.UK (explore- education-statistics.service.gov.uk. (Note that this does not include independent school children.)*

- The gap in early years development between lower income pupils and other pupils in Oxfordshire had increased for the second year in a row (up to 2019)
- Average GCSE attainment in Oxfordshire (2019/20) was below the regional average and similar to the national average
- The persistent absence rate for pupils in Oxfordshire secondary schools was above (worse than) the national average (2018/19)
- The proportion of Oxfordshire's cared for children who were placed more than 20 miles from their home and outside Oxfordshire increased from 33% as at 31 March 2019 to 36% as at December 2020
- The % of Oxfordshire's care leavers in employment, education or training was below (worse than) the national average (2019/20)
- The proportion of all young people Not in Education, Employment or Training has increased significantly (from 1.6% in Dec19 to 2.6% in Dec20) and the COVID-19 lockdowns have reduced advertised apprenticeship opportunities in Oxfordshire for young people.
- There has been a significant increase in the number of police recorded domestic abuse crimes in Oxfordshire involving children (2019/20).
- The number of mental health referrals for young people has increased significantly over the past 5 years
- Rates of self-harm hospital admissions in younger people (aged 10-24 years) have increased over time. The rate in Oxfordshire is similar to England
- Alcohol-specific admissions for females under 18 in Oxfordshire remain higher than national and regional averages (2016/17 to 2018/19)
- Excess weight in children has remained high. As of 2019/20, 18.6% aged 4 or 5, and 29% in aged 10 or 11 were overweight or obese
- 42% of children in Oxfordshire were not meeting the daily physical activity guidelines (2019/20).

See also Public Health England Child Health Profiles Child and Maternal Health - PHE

2.1.4. Oxfordshire Public Health Mental Wellbeing Needs Assessment

A mental wellbeing needs assessment was completed by Public health during July 2021 and the main findings are listed below.

2.1.5. Children and Young People

Mental wellbeing reduces with increasing age, worse in girls

- In teenager years, CYP also engage less with physical activity, natural environment

- Teenagers more likely to struggle with sleep and feel more lonely
- Higher numbers of pupils report bullying in years 4-6 compared to older years

2.1.6. Young Adults

Young adults disproportionately affected by unemployment during the pandemic and number of NEET has doubled in last year

- Highest levels of loneliness amongst all adults in 16-24 years old
- Those providing support for wellbeing in Oxfordshire feel there is less support and support less accessed by young adults, creating potential unmet need in transition points into adulthood.

2.1.7. Key take home messages – findings

- Oxfordshire adults score well for many aspects of wellbeing, but less well for anxiety.
- Oxfordshire children and young people, wellbeing is slightly better across Oxfordshire compared to other counties.
- Within Oxfordshire there are great examples of partnership working to improve mental wellbeing
- There are many areas where we need to build a better local picture of wellbeing
- E.g. improved community insight and an understanding of inequalities at a more local level; improved understanding of challenges at specific times in the life course; improved local understanding of loneliness through life course
- The effects of COVID-19 on mental wellbeing are numerous and diverse
- Highlighted inequalities and the need to build on local and place-based approaches to addressing these
- In some instances, specific support is likely to be needed
- There are lessons and positive ways of working which have emerged from COVID-19

2.1.8. Key take home messages: opportunities

- Oxfordshire has already established Prevention concordat for better mental health–there is ongoing opportunity for cross-sector and organisational working and sharing of best practice.
- This needs assessment has demonstrated the multi-factorial nature of wellbeing and need for a systems-based approach to improvements to build

on existing work and make improvement of mental wellbeing a priority before people access formal healthcare.
- Within Oxfordshire there are areas of inequality across wider determinants of mental wellbeing and opportunities for action.
- The assessment findings highlight areas of specific need at different life stages and in making wellbeing support more inclusive.
- Opportunities to build back fairer from COVID-19, building on what has worked well

A needs assessment has been undertaken and the finding highlight the following key issues for Oxfordshire:

High numbers of young people aged 16-24 with eating disorders

- High prevalence of ADHD among 16-24 year olds
- In 2019/20, Oxfordshire had a higher proportion of hospital admissions as a result of self-harm in 10-24 year olds (462.1 per 100,000) compared to the England average (439.2 per 100,000
- The number of pupils with Special Educational Needs support in Oxfordshire has increased at double the England rate
- There has been a significant increase in the number of police recorded domestic abuse crimes in Oxfordshire involving children
- The % of Oxfordshire's care leavers in employment, education or training was below (worse than) the national average
- 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
- Persistent absence rate for pupils was above (worse than) the national average
- Alcohol-specific related conditions admissions for females under 18

2.2. Health inequalities and population health management

Addressing childhood adversity and trauma is seen as important approach to preventing mental ill-health in childhood. Adverse childhood experiences (ACEs) is defined as: “stressful events occurring in childhood” [13] 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.

Preventing ACEs should be seen within the wider context of tackling societal inequalities. While ACEs are found across the population, there is more risk of experiencing ACEs in areas of higher deprivation. ACEs have been found to have lifelong impacts on health and behaviour.

Oxfordshire Clinical Commissioning Group (OCCG) and Oxfordshire County Council (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 Plan[14]

[13] http://www.healthscotland.scot/population-groups/children/adverse-childhood-experiences/adverse-childhood-experiences- overview

Public Health England South East, collated a range of information, data, intelligence and research on Health Inequalities in Mental Health for Children and Young People in the South East (July 2021). Key headlines from this work for children and young people with protected characteristics are listed below under the following headings:

- **LGBTQ Prevalence** - Rate of mental disorder was higher in 14-19 year olds who identified as LGB (34.9%) compared to those who identified as heterosexual (13.2%) (NHSD, 2017)
- **Children and young people with a Disability** - Increases in anxiety and depression were greatest in those with a pre-existing physical or mental health condition, neuro disability, SEND or disability[15]
- **Disability – Autism** - There is established evidence that people with ASD are at increased risk of anxiety, OCD – this might be triggered or worsened by fear of infection from COVID-19
- **Disability – Learning Disability** - Children and adolescents with learning disability have a higher prevalence of psychiatric disorder and symptoms and mental health problems. Risk factors are: physical ill health, psychological stress, poor social relationships lack of employment, poverty[16]
- **Ethnicity and Mental Health** - People from black and minority ethnic (BAME) groups living in the UK are more likely to be:
    - be diagnosed with a mental health problem
    - seek help in a crisis situation and in A&E
    - be admitted to hospital with a mental health problem
    - experience a poor outcome from treatment
    - disengage from mainstream mental health services
- **SEND and Social and Emotional Support** - 47.1% of children with SEN requiring statutory assessment will have a mental health condition (NHSD 2017)
- **School Exclusion -Permanent** - School exclusion (systematic review) (Whear et al, 2013) was higher for children with a mental disorder (6.8%) compared to those without (0.5%) (England national survey) (NHSD, 2018a)
- **Risk Factors –** NEET (Not in education, employment and training and NET (Not in education and training) young people - 35% of NEET will have a major depressive disorder, 29% will have a conduct disorder (Champion J, (2019)

[14] 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).

[15] Young Minds 2020, NHSD 2020, Family Fund, 2020, Waite, 2020; Waite & Creswell, 2020

[16] Buckles, Luckasson & Keefe 2013, Glasson et al 2020, Cooper et al 2007

2.2.1. Vulnerable Populations

- **Children in Need** – Oxfordshire was amongst the top 6 authorities in the South East reporting a larger Proportion of Assessments of Children in Need which cite the Mental Health needs in 2018/19
- **Children in Care** - 46.4% of looked after children have a mental health condition (Ford et al , 2007)
- **Young people in contact with the youth justice system** – Examining data on the Rate of First Time Entrants into the Youth Justice System across the South East shows that there are high rates of young people with learning disabilities / neurodevelopmental issues.

The overall conclusion drawn from this work by PHE indicated that:

"Children's mental health is not equally distributed. It is determined by age, gender, disability, ethnicity and the way in which these protected characteristics impact on risk and protected factors including deprivation."

2.2.2. What does this mean for Oxfordshire?

Having considered the PHE work on health inequalities and the outcomes from our own local needs assessment, it has identified that we need a more robust understanding of the health inequality impacts on our vulnerable groups of children and young people. The CAMHS Assurance Board has agreed to make health inequalities a partnership priority and a cross-cutting theme for all our priorities (see section 7). We plan to establish a system-wide health-inequalities working group to better understand this agenda and also to use the outputs from this work to inform our service design, commissioning and service transformation going forward.

2.3. Children and Young People's Mental Health Wellbeing Strategic Plan Ambition

In Oxfordshire we recognise that our approach to meeting the emotional wellbeing and mental health needs of children and young people needs to be better coordinated. We also need to have a stronger focus on early intervention and prevention including developing more targeted emotional wellbeing and mental health services.

The Oxfordshire Mental Health Prevention Framework 2020-2023 states that, "Mental health and a wider sense of wellbeing is a national and local public health priority and is now widely recognised as an asset to invest in throughout our lives.

We need to value prevention activity for mental health equally with prevention activity for physical health."

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 produce a signed off Mental Wellbeing Framework for Oxfordshire

Oxfordshire Framework for Action

2.3.1. Mental Health promotion, support and prevention in universal settings

The Children and Young People's Plan 2018-23 includes a commitment by all agencies to "identify and solve problems early, both from an early age and when problems first arise", including ensuring that we plan our recovery from the impact of the COVID-19 pandemic, "as a system which will have an emphasis on prevention and early intervention."

The information provided below, outlines some examples of the early help offers in relation to providing early intervention and prevention support to addressing issues of mental health and emotional wellbeing in our children, young people and families.

2.3.2. Support for under 5s

The Oxfordshire Perinatal Mental Health Service:
The Oxfordshire Perinatal service supports women who are experiencing moderate to severe mental illness during the perinatal period. The service secured additional funding in September 2019 to fund a specific post to reach out to seldom heard groups and this was appointed to in 2020. The psychological team within the service has been expanded to offer increased psychological interventions.

For the year 2020/21 there was a dramatic reduction in referral to the Oxfordshire perinatal team at the height of the pandemic. This was most likely due to the changes in being able to access GPs, health visitors and midwives. Therefore the ambition to see 581 women was not met and team received 551 referrals of which 468 were accepted and seen for assessment. Not all are accepted onto the perinatal team caseload, some are referred for medication advice only and following this discharge
back to GP, others may be signposted back to primary care, IAPT services (there is a specific perinatal pathway within IAPT), OxPIP or IPPS.

The team continue to meet the targets regarding referral time, 4 hours emergency, urgent 2 days and routine 14 days and the caseload is between 130-150 women. The Perinatal service also works with the home treatment team to support women in crisis.

2.3.3. Future Plans

The Perinatal service is expected to meet The LTP ambition to extend the service to provide support up to 24 months post birth by 2022/23. This being phased in by initially extending the services to patients linked to oxford City AMHT, with the aim next year to expand to the North and West Oxfordshire and South Oxfordshire.

A pathway for partners is currently being developed with the aim to offer assessment of their mental health needs and signposting to appropriate services for support and interventions. This is to be fully embedded by the end of 2021/22.

The BOB ICS Expression of Interest (EOI) to become a fast follower implementation area for Maternal Mental Health Services was successful. The EOI outlined plans for developing a birth trauma pathway (which is not currently available in Oxfordshire) and implementing a trauma and psychologically informed integrated pathway in Oxfordshire. This is to ensure that women and their families across the BOB ICS have equitable access to safe and consistent support. The new service is planned to commence in 2022.

2.3.4. Health Visitors (0-5yrs) and Family Nurse Partnership

- Have a health promotion role
- Recognise and address mental health problems in parents
- Refer one or both parents to specialist mental health/perinatal mental health services
- Assess maternal mental health within 10–14 days of birth
- Complete a Maternal Mood assessment on all mothers at 6/8 weeks

Research is starting to highlight the impact of the pandemic on perinatal and infant mental wellbeing. Isolation, lack of social support, financial concerns and limited access to services have all contributed to a rise in emotional health issues in the perinatal period (Best Beginnings, Home-Start UK and The Parent Infant Foundation 2020; Dibs et al 2020; Vallon et al 2021).

They also provide Listening visits and Knowing Me Knowing You – mother and baby sessions to provide emotional health support to families as early as possible to prevent any long lasting effects on the children from their parent's mental ill health. The service also has a perinatal mental health champion who leads this specialist area within the service.

2.3.5. Community Co-ordinator Service

Supporting funded community groups to develop and run open access sessions for under 5s, and their carers,

2.3.6. School Years

School and College Nurses
School and College Nurses are based within secondary schools and Further Education colleges in Oxfordshire. They deliver support and interventions through 6 high impact areas, area 1 is supporting resilience and wellbeing. [17]

School Health Nurses (SHN) and Children Nurses (CN) will provide 1:1 support for C&YP as well as whole schools health promotion sessions. During the pandemic there have been increased presentations which include low mood, self-harm, emotional health difficulties and anxiety. SHN's and CN's work in partnership with CAMHS and MHSTs as well as with individual children's GPs for emotional health and wellbeing at a universal level.

2.3.7. Whole School Approach

Locally, Oxfordshire has implemented the DfE's Guidance in relation to promoting and supporting mental health and wellbeing in schools and colleges. This has involved schools adopting the PHE framework on the whole school approach 8 principles to promote emotional health and wellbeing in schools and colleges.

[17] School-aged years high impact area 1: Supporting resilience and wellbeing - GOV.UK (www.gov.uk)monitor uptake of the DfE training so that we can identify where we may need to provide additional training.

2.3.8. Mental Health Leads in schools and colleges

All schools have a Mental Health Lead but the training is not consistent. Some schools organise training for their lead or they access the PPEP care training which is provided by the MHST and School In-Reach team.

The DfE is prioritising training for a senior member of school or college staff to apply for a training grant to develop their knowledge and skills to implement an effective whole school or college approach to mental health and wellbeing in their setting. The grant is to be used as a contribution to the cost of training and the hiring of supply staff whilst leads are engaged in learning. The grant will become available between September 2021 and March 2022 but there will only be enough national funding to cover a third of all state schools and colleges. The Learner Engagement Service will

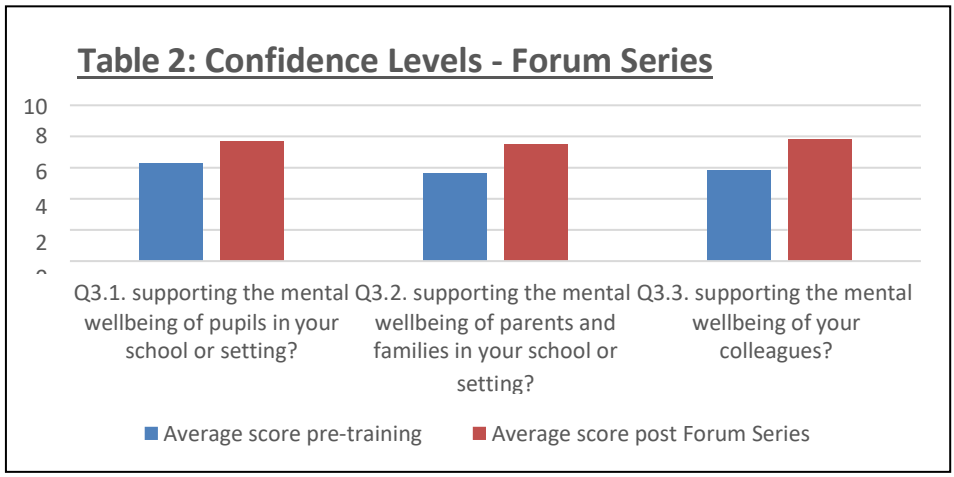
2.3.9. Wellbeing Return to Education

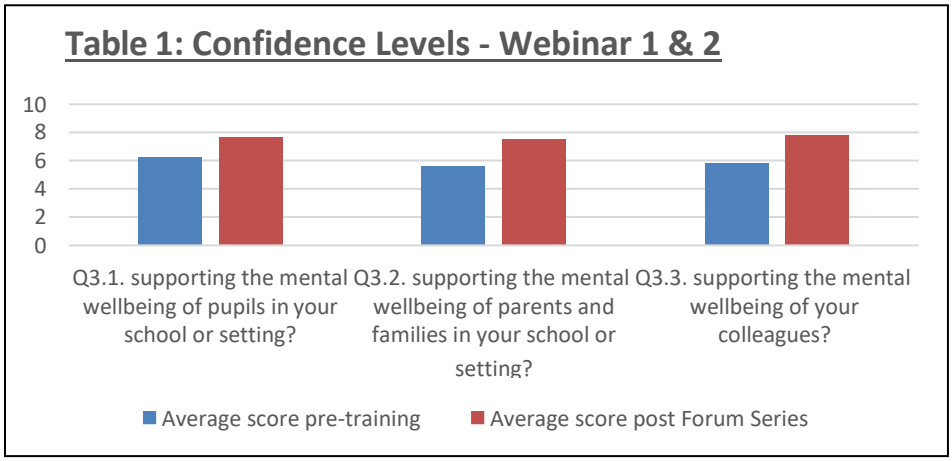
Oxfordshire was successful in obtaining funding of £115k (October 2020 start and finished March 2021) from the DfE to deliver training to support schools and colleges to respond to the immediate mental health and wellbeing challenges arising from the pandemic.

The programme consisted of Train the Trainer Programme and schools were expected to nominate one lead that will become their 'trainer'. Twilight sessions of 2x 1 ½ hours were delivered through the CAMHS Third Sector Partnership and Education – RESPONSE.

- 127 people attending from schools & charities across the county
- 32 training webinars (webinars 1 & 2 combined)
- 19 forum sessions
- Legacy planning and reach to population through combined charities communications

The impact of the programme is displayed below:





"It has been helpful having time to reflect with others. Being able to hear from other school leaders about issues they are facing."

"We have created a whole school plan which is adapted as restrictions change. It has been very useful to ensure support is in place for all stakeholders."

The legacy of the programme is;

- partnership social media reach - 25,000
- collective website reach for training videos - 4991 users a month
- strong partnership formed and equipped to respond
- collaboration and links to CAMHs third sector partnership, MWA, MHST, Youth in Mind & OSCB The Big Day of Learning
- Development of OCC school COVID webpage to support to schools around Whole School Working (one-stop shop for credible information and tools)

Plans are being developed to identify the priorities for the Wellbeing Return to Education Grant for 2021/22.

2.3.10. Relationships, health and sex education (RHSE) training module

Using this resource in primary and secondary schools so that young people can learn about managing their mental health and wellbeing

2.3.11. Mental Health Support Teams in Schools and Colleges

Is a joint government initiative between the NHS and the DfE. The MHSTs are designed to:

- delivers evidence-based interventions for mild to moderate mental health issues
- supports the senior mental health lead in your school or college to introduce and develop a whole school or college approach to mental health
- provides timely advice to school and college staff to help children and young people to get the right support and stay in education

Further information about our MHSTs can be found in section 3.

2.3.12. Place2Be

Place2Be is charity that provides provides mental health counselling support and training to schools to improve the emotional wellbeing of pupils, families, teachers and staff working alongside MHSTs in schools. Place2Be is currently working with five schools in Oxfordshire:

- St Leonard's Church of England Primary School
- Dashwood Banbury Primary Academy
- Harriers Banbury Primary Academy
- St Joseph's Catholic Primary School, Banbury
- Wykham Park Secondary School

These schools have access to a Mental health Practitioner (MHP) one day a week to work one to one with children through assessment and formulation, offer a consultation session to the mental health lead in school to support the wider pathways to link into MHST and possible whole class group work depending on the needs of the school. This service is fully funded by Place2B in the first academic year and they would like schools to commit to funding 50% of the cost in the following academic year and 100% the year after.

2.3.13. One Eighty

One-Eighty is a psychology-focused service, supporting young people (aged 4-18) with complex personal challenges to re-engage with education through working on patterns of thinking, behaviours and emotions that hinder learning. The Make Me Smile programme designed to create a culture of mental wellness specifically around worry management. Y6s are trained to become champions for this offer and then train the Y3s in the techniques they learn. 180 and MHSTs are working in partnership to bring this offer into schools to help develop this culture and role it out more widely.

2.3.14. The Healthy Communities team

The Healthy Communities Team Youth Activators run a Mental Health programme with the support of Oxfordshire Mind and resilient Young Minds for year 5 and year 6 students in Cherwell. This programme consists of a 30minute presentation followed 30 minutes of physical activity.

2.3.15. CAMHS Community and School In Reach service

- In-Reach service named CAMHs worker for each Secondary School – offer direct help to children and advice to school staff. The teams are effective at supporting schools who do not have access to a MHST
- Access to In-Reach services for Primary Schools
- Training for Primary and Secondary schools in dealing with child mental health issues.
- Single Point of Access for professionals and families

2.3.16. Youth in Mind

The Youth in Mind Guide to children's mental health services in Oxfordshire was developed by the partnership between Oxfordshire Mind and Oxfordshire Youth. The Youth in Mind Guide provides contact information and details of organisations working with children and young people by locality but also identifies those organisations that specifically provide wellbeing and support services.

Click Here to view the Youth in Mind Guide 2020.

2.3.17. Oxfordshire Youth

Oxfordshire provide support for the youth sector and a range of services including delivering the 'Introduction to Children and Young People's Mental Health' and in partnership with Oxfordshire Mind, provide the annual Youth in Mind mental health conference. Their work is informed by Youth VOICE, a network of young people

2.3.18. Oxfordshire Mind Wellbeing services

Oxfordshire Mind Wellbeing services delivers a range of services for children and young People in schools, colleges, CAMHS, local authorities, and work with third sector partners including Oxfordshire Youth to improve services for children and young people and campaign for positive change. They also offer bespoke interventions, now that a specific children and young people's co-ordinator and programmes are in place. The aim is to expand opportunities for young people around early intervention within the community.

2.3.19. Oxfordshire Youth Offer

The new youth offer provided by the County Council includes a specific wellbeing campaign and section for young people to access self-help resources. This includes contact details of supportive organisations, referral routes into extra support and a section for parents/carers. This was a response to the pandemic and the three main

areas which young people told us they were struggling with. A Digital Wellbeing offer has been in place from March 2021. The campaign reach was 204,655 and impressions totalled131,617. The Council EET (Youth Employment, Education, Training) Service has its own website for young people OXME https://oxme.info/

2.3.20. Oxfordshire mental health and Emotional Wellbeing Strategy

Given the importance of addressing issues of mental health and emotional wellbeing at all tiers of need i.e. universal, targeted and specialist, Children Services is leading the development of a mental health and emotional wellbeing strategy. A needs assessment led by Children Services and Oxfordshire Public Health Team is currently being undertaken to identify the range of services that address mental health and emotional wellbeing. This will help us to understand the level of need, service access, the gaps in service provision and inform the identification of service development strategic priorities. The strategy is due to be completed by late autumn

2021 with recommendations for future commissioning to address gaps identified at both ICS and place level.

2.4. Update on progress against priorities and other developments

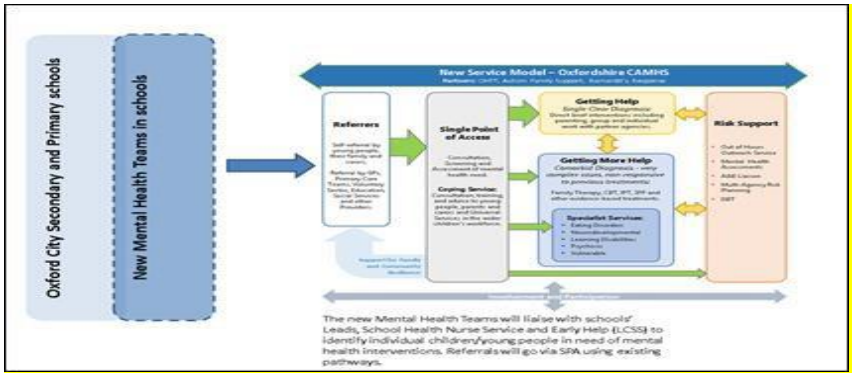
Our Local Transformation Plan (LTP) outlined the following priorities for 2020/21 but due to the pandemic we continued with these priorities in 2021/22:

1) Continued development of our CAMHS Model to include a single point of access to support early intervention, provide advice and information, build resilience, promote awareness of mental health issues and enable self-referral
2) Develop and support partnership working with schools, colleges and the third sector
3) Improving support and assessment for children and young people with neuro-developmental conditions
4) Continued development of the Mental Health Support Teams in schools and colleges
5) Ongoing engagement with stakeholders including children and young people to shape service delivery
6) Developing the Children's workforce

2.4.1. Continued development of our CAMHS model

The Oxfordshire CAMHS redesigned model is based on I Thrive and has been fully operational with all pathways since 2018.

Oxfordshire CAMHS I Thrive model



2.4.2. CAMHS Single Point of Access (SPA)

The SPA triages referrals and ensures the child or young person is directed to the right pathway. The SPA referral for 2020/21 were 4762 as compared to 2019/20 where there were 5650. The reduction in referrals during 2020/21 is attributed to the pandemic and followed the national pattern where referrals "dipped early on in lockdown, but subsequently soared in early Autumn 2020." [18] We know that SPA referrals from schools have reduced and a higher proportion of referral (60%) are now received from GPs.

The School In-Reach service is part of the SPA Team and provides a service to those schools who do not have MHSTs. School In-Reach workers meet with their colleagues (School Health Nurses, Locality Community Support Services, and respective School leads) to agree the plans for the coming year. During 2020/21 the service saw 98 children and young people. www.oxfordhealth.nhs.uk/camhs

2.4.3. Third Sector Partnership

Our model includes a CAMHS third sector partnership under the lead charity Response that includes delivery of the Community in Reach (CIR) service. The aim of the Community in Reach programme is to offer young people the chance to see CAMHS workers in different settings, with more flexibility. The CIR offers the chance to see someone in a more relaxed or interesting location which may help support the mental health need and develop a more organic relationship with the Clinician.

The third sector partners involved in delivering the Community In-Reach 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/

This approach gives CAMHS the chance to work in the community and offer support in skill focused settings. For example, some of the partners offer practical and creative support: RAW offers wood working, TRAX offers motor mechanics and Ark-T art- based support. The young people will benefit from the specialised approached and CAMHS is able to broaden the offer in a more community focused, bespoke way.

[18] The state of children's mental health services 2020/21

Since April 2020 the CIR team have run 816 appointments seeing 105 young people. Referrals in 2021 have increased since 2020 (July 2020: 9 referral, July 2021: 27 referrals) which potentially reflects the general trend of CAMHS teams and the pandemic, but also highlights the need for a team like CIR to have their offer.

2.4.4. Neuro Developmental Conditions (NDC);

The NDC pathway is now fully operational and the team is fully established. However, demand for autism assessments continues to increase. During 2020/21 the team caseload averaged over 44% of the current CAMHS caseload. There is a continued focus to reduce waiting times but this is challenging against the backdrop of increased demand. Those that are on the waiting list will receive regular check-in text messages and 16 week mitigation calls. The team also continue to offer post diagnostic groups, treatment (for ASD and ADHD specifically) and nurse-led prescribing clinics for medication reviews.

2.4.5. Mental Health Support Teams

Implementation of our MHST programme continues to be on track to achieve national targets. During 2020/21 our school coverage was 32,000 children and young people. We received a total of 500 referrals and scheduled 3434 appointments with 2769 attendees, averaging 7 appointment per child and young person. We have also developed our plans for the next Wave of MHSTs which will enable us to reach the 55% target by 2024.

2.4.6. Engagement with stakeholders

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. 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.

There is also strong partnership working between Oxford Health and their parent carer forum where regular meetings take place between both parties. Currently, a young person's and carer survey is being co-produced.

2.4.7. Developing the Children's workforce

The funding received from Health Education England for the roll-out of Restorative practice training continues to be successfully delivered in collaboration with the Mint House. Over the past year at least 30 schools have received training in restorative practice, all schools' police officers, the Violence Reduction Unit, many Early Help and Social Work staff, and several health colleagues.

2.4.8. Other Priorities Service Innovation

The Community In-Reach Service

The 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

"He's a different boy… Having previously said he was too anxious to consider employment, now he has agreed to a trial work period."

"He has now developed healthy coping strategies for his anxiety around leaving the house. He is now able to independently leave the house several times a week to meet up with friends and stay out of the house for long periods of time to socialise"

" She has gained resilience and increased her self-esteem, which has enabled her to find work … She has now has a full-time job and positive relationships with her peers."

2.4.9. Digital Innovation

Oxford Health is an NHS Digital Global Digital Exemplar. In 2019 OH delivered only 2574 digital consultations which increased in 2020/21 to 28,094. OH is trialling the on-line Oxford Virtual Assessment for Autism Tool (OVAAT) to sustain assessments during COVID19. There is on-line access for DBT assessments and the Learning Disability CAMHS Challenging Behaviour Pathway.

2.4.10. 18-25 Young Adults Pathway

Our voluntary sector 18 -25 Young Adults pathway is acknowledged as an exemplar of good practice that brings together a unique mix of statutory, third sector and

college provision including a Dialectical Behaviour Therapy (DBT) offer from the OSCA team to support this group of young people.

2.4.11. Restorative Practice

A restorative approach is a culture or ethos with a practical goal: to strengthen relationships through open and honest dialogue. A restorative organisation allows time to listen to the voice of individuals, staff, families and communities. It wants to hear people's stories, help them clarify their issues and needs, and empower them to find their own solutions to what is concerning them. It thereby promotes child, family and professional participation in key decision-making processes.

Examples of the restorative approach:

"Until now no one has ever sat me down and asked me why I acted like I did, they just said I was naughty". (Young person, gender questioning and out of school from year 7 – 11 and who is now engaged and now has a plan)."

"It has restored my faith in the criminal justice system." (Adult victim of assault who met the young person who attacked him through the Youth Justice Service)

3. The NHS Long Term Plan

3.1. Impact of Covid and Recovery

As the country responded to the covid pandemic in March 2020, Oxford Health NHS Foundation Trust (OHFT) and CAMHS responded quickly in relation to:

- Assessing service demand and delivery
- Implementing emergency planning protocols
- Putting procedures in place to ensure safe levels of staffing in teams
- Focusing on staff wellbeing given home working
- Providing digital access to CAMHS

By Autumn 2020 it was clear that service demand was variable and followed the patterns of the lockdowns – reduced at the start of lockdown, increased as lockdown eased. Some services had reduced demand (e.g. MHSTs) but others services such as (Eating disorders/ Getting More Help (GMH) / Neuro) remained consistent.

Surge planning was considered for future demand, and clinical evidence reviewed in line with national information to think about the nature of likely presentations: increased anxiety, bereavement, trauma and secondary impact due to health issues were all considered initially. Awareness and training were provided to staff in response to emerging need and as need for services by CYP with autism and eating disorders increased, services were adapted to meet these new demands.

Digital access to CAMHS was offered throughout the pandemic and continues to be offered. Services were reviewed in the light of digital access and some changes were made including redesigning the CAMHS website to increase self-help and increases in group treatment and carer support provision was established. Adaptations were made to clinical processes (e.g., remote assessment protocol for Autism). Guidance was provided where face-to-face clinical contact was recommended or required. Services also worked collaboratively across the children's system i.e. with social care, A & E, including increasing temporary staff in Duty and SPA systems where when demand indicated. The Crisis Home Treatment team and Keyworker pilot were quickly established and supported service responses.

3.2. The NHS Long Term Plan - Access

3.2.1. Strategic Context

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 access 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**
• 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

• Achievement of 95% CYP Eating Disorder standard in 2020/21 and maintaining its delivery thereafter		
• 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]		
• Joint agency Local Transformation Plans (LTPs) aligned to STP plans are in place and refreshed annually [to 2020/21]		
• 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 COVID-19 pandemic created unprecedented demand for access to CAMHS nationally in a context of already existing high demand locally coupled with population growth. In 2020/21 South East CYP Mental Health (MH) services saw a significant surge with a number of areas seeing over 70% increase in referrals. NHS Benchmarking predicts a further 20-60% surge in CYP MH demand in 2021/22 and based on the SE surge data from previous year, we are expected to be at the top end of that surge in demand within the South East e.g. c. 50-60%.

3.2.2. Local Context – Improving Access

In Oxfordshire there has been a steady increase in need for CAMH services over the last 5 years as well as a continued increase in the overall child population even before the pandemic. The demand for urgent assessments, 7-day follow ups and urgent call-backs relating to changes in the presentations of young people awaiting either routine assessment or treatment in CAMHS has notably accelerated since the pandemic and particularly since the easing of restrictions.

Our front door for taking referrals is the Single Point of Access (SPA) and is open 8am-6pm Monday to Friday. The SPA takes self- referrals, family/carer and professional referrals and is open for information, advice about services, where there are concerns about emerging mental health problems. The SPA will also offer consultation to families and other stakeholders.

3.2.3. Progress to Date Management of the surge

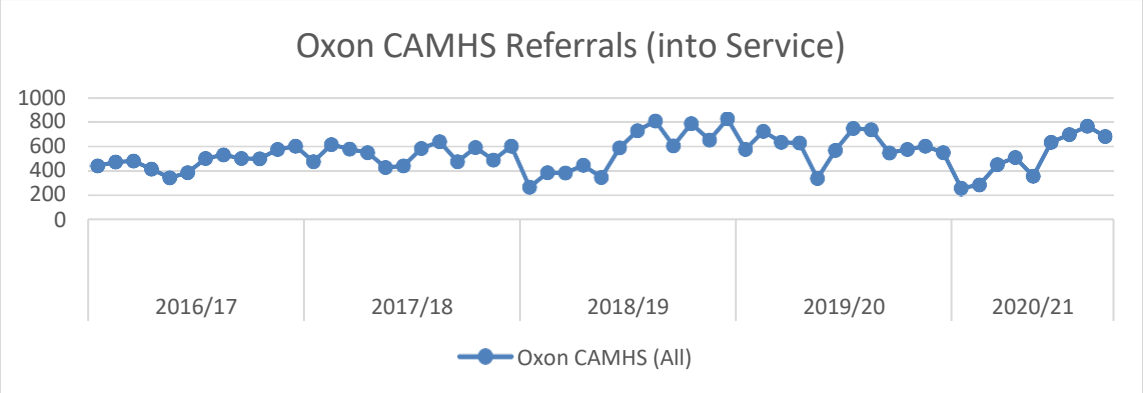
Oxford Health used nationally provided tools to consider surge information and used our own prediction tools to consider the impact of increased demand. Due to the baseline demand being high, there are no easy solutions. Responses include redeployment to services where demand is higher (e.g. Eating Disorder services, SPA), supporting staff to do extra hours, increasing the crisis and duty response.

We are increasing recruitment to support the duty and therapy offer. Our SPA is supporting people to access self-help or support from the wider system if appropriate.

Staff across teams accessed Health Education England provided training on working with trauma and working with neurodevelopmental difficulties.

3.2.4. Referrals

From 2016 to 2018 there has been a steady growth in referrals to Oxfordshire CAMHS. However, during 2019 referrals substantially increased and in 2020 at the beginning of the lockdown referrals then saw a steep decline increasing sharply by the autumn 2020. This pattern of increase and decrease follows the national pattern in referrals to CAMHS.



3.2.5. Waiting times

Reducing waiting times is a strategic priority for the Oxfordshire CAMHS Partnership. Oxfordshire was invited to bid for funding for the national 4 Week Wait Pilot, which we successfully achieved. We are among a group of 12 CCGs in England that is working with NHSE to develop a national access standard. The 4 Week Wait Pilot is designed to embed learning from the national implementation of the Cancer Standard that is now in place.

3.2.6. Week Wait Pilot

NHSE time limited funding for the 4 Week Wait pilot was approved for 2 years (April 2019 – March 2021). The bid included funding for 25 additional staff to clear the waiting lists in the core CAMHS services/pathways of Getting Help and Getting More Help as well as further increasing capacity by commissioning an online provider – Healios to undertake assessments and 6 session CBT informed model to assist in the decrease of those waiting to be assessed and seen in the Getting Help Pathway. A large number of children and young people have received support through this service, with good feedback so far from families.

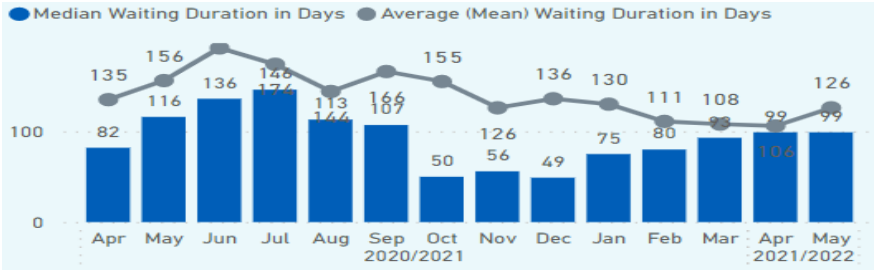
The Trust has been working with NHSE Improvement Team to undertake demand and capacity modelling alongside some internal work within specific teams. Learning from the national pilot will help inform NHSE about capacity and investments needed, as well as an appropriate and realistic waiting times for treatment.

3.2.7. Local CAMHS Waiting Times

The 4 Week Wait Pilot has improved CAMHS local waiting times which are reported using median and average measures. Despite large number of referrals and increasing caseloads, waiting times are reducing. The median waiting duration is calculated in days and is shown in the bar chart below. The average waiting duration is also shown in days as a line chart.

CAMHS Pathway/s	Current Average Waiting Times			
	Mean Days	Median Days	Mean Weeks	Median Weeks
Core CAMHS (GH, GMH)	126	99	18.0	14.1
Neuro Diagnostic (ASD, ADHD)	320	198	45.7	28.3
Eating Disorders	33	34	4.7	4.9
MH Support Teams	33	24	4.7	3.4

3.2.8. CORE CAMHS (GH, GMH) Waiting Times



3.2.9. NDC Diagnostic Waiting Times

The 4 week wait pilot has also closed some of the gap in waiting times by increasing our workforce capacity and through the implementation of digital innovations to meet service demands.

3.2.10. Progress to Date

Given the impact of COVID 19, NHSE approved an additional year's funding to continue with the above pilot until March 2022. The NHSE funding for the 4WW pilot is time limited and comes to an end on 31 March 2022. An impact assessment and mitigation plan is currently being developed by Oxford Health in order to manage the impact on the service.

A review of the Getting Help (GH) pathway has taken place, the allocation process has been amended; the service is working to a 7 week model for case allocation and interventions. Improved throughput is positively impacting on waiting times. Further demand and capacity work is due to commence.

The GH allocation pilot in the north Oxon CAMHS has started. It has proved successful and average waits have now reduced to 4 weeks. This has been achieved through a process review e.g. it included increased case load management and clear

intervention lengths, i.e. 12 sessions. This has now been extended to the central and south of the country with a countywide waiting list.

3.2.11. CYP/Parent Feedback

The pilot has progressed well for Getting Help, positive feedback and outcomes from patients and families –

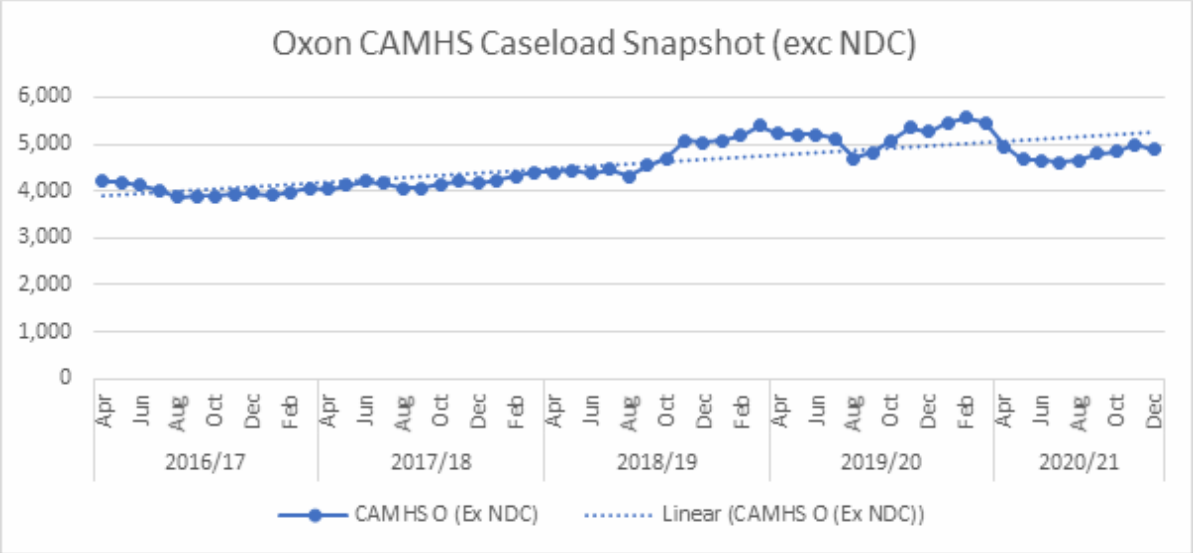
"Made us feel comfortable and I know have more confidence that online help can help"

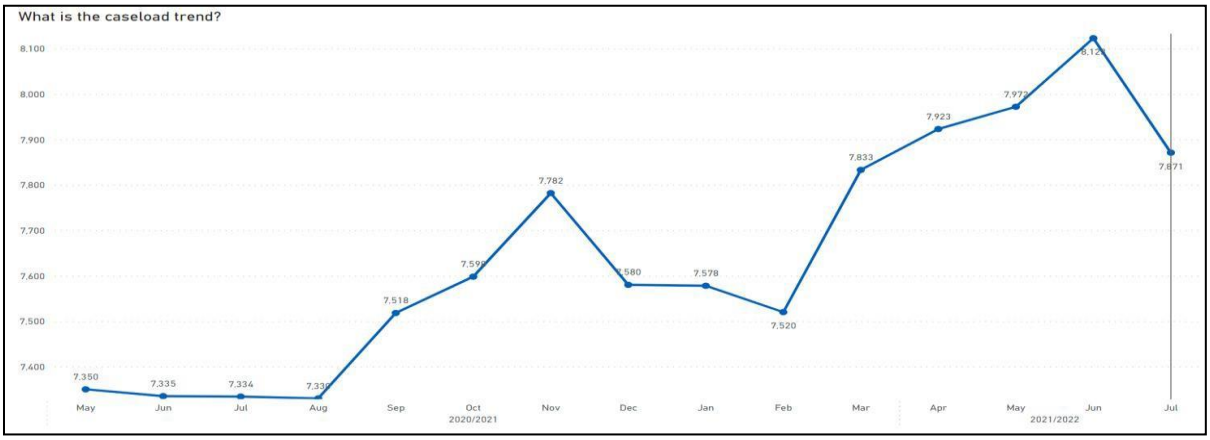
"Covered all areas, questions were specific and asked clearly. I love the ability to have therapy over video sessions"

3.2.12. Caseloads

The graph below represents the growth in caseloads over the last 4 years. This graph does not include our Neuro Development Conditions (NDC) open caseloads.

NDC caseloads are currently averaging at 2,783 young people open at any time, the rest of Oxfordshire CAMHS is averaging 4,893 young people open, totalling average open caseload for Oxfordshire CAMHS at 7,398 young people. NDC is 44% of the overall caseload. There has been a 23% increase in Oxon CAMHS (ex NDC) caseload from FY16/17 to FY19/20 and 151% increase in NDC over the same time.





3.2.13. The Five Year Forward View

The National Access Target for CYP MH CAMHS is based on the national estimated number of CYP requiring an intervention for a diagnosable mental health condition. The purpose is to increase the number of CYP who access evidence-based mental health interventions in line with government targets from a baseline set in 2015/16 of 25% to 35% of CYP receiving support by 2020/21 as set out in the Five Year Forward View (FYFV) for Mental Health.

Oxfordshire CAMHs achieved 60.3% access rate for 2020/21 which equates to 5,570 CYP and have been continuously over exceeding the national target, a reflection of the continued increased demand to Oxfordshire CAMHS. There is an evident gap between our capacity and the demand to our CAMH services. Waiting times for service are a direct consequence of increasing demand versus capacity to meet the demands. The increased access rate means that in Oxfordshire more CYP get the help they need but because of this there have been occasions where waiting times are longer than we would like.

The NHS Long Term Plan will stretch the targets nationally over the next five years to 2023/24 resulting in an additional 4,567 Oxfordshire children and young people accessing CAMH services locally.

3.2.14. Digital Innovation

OHFT has used digital innovations to improve service access generally and to respond to the COVID -19 pandemic. OHFT has an established track record in digital innovation and development. It is:

- An NHS Digital Global Digital Exemplar
- Currently finalising a Trust Digital Strategy (2021-26), with a focus on:
    - Empowering people who use our services and their families and carers to benefit from digital innovation
    - Embedding a digital culture amongst our staff and ways of working
    - Continuing to support research, collaboration and partnership
    - Ensuring the Trust is building on a solid digital foundation and infrastructure
- Developing and disseminating new ways of working across the Trust's geographical footprint

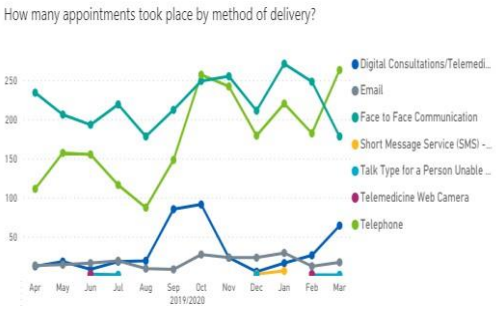
Oxford Health CAMHS have implemented digital consultations for assessment and treatment in the Getting Help" early intervention and neuro-developmental conditions (NDC) assessment pathways. Oxford Health has also commissioned Healios, a digital provider to provide treatment via a digital platform.

The data below on the uptake of digital consultation shows that digital consultations increased substantially in 2020/21

3.2.15. Comparative totals:

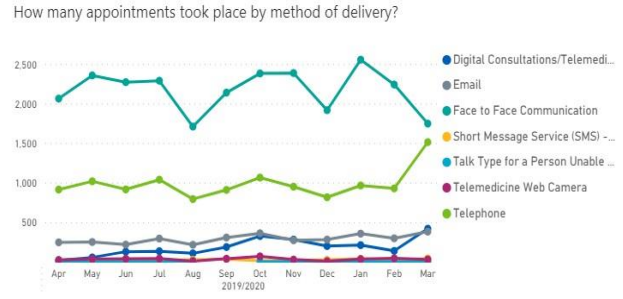
Financial Year	Face 2 Face	Phone	Digital	Total appointments
2019/20	28,696	13,928	2574	45,198
2020/21	4,714	22,714	28,094	55,522

First appointment delivery method FY2019/2020

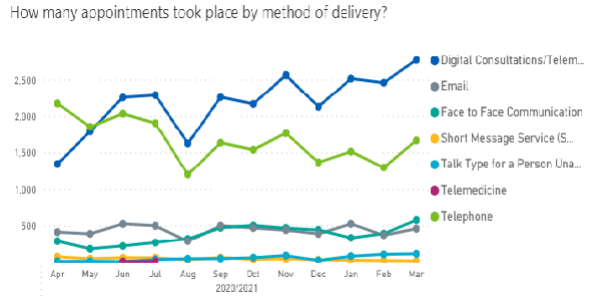


First appointment delivery method FY2020/2021

Follow up appointment delivery method FY 2019/2020



Follow up appointment delivery method FY 2020/2021



The digital Apps trialled in the CAMHS include:

- Sleepio online CBT-based intervention for young people with insomnia trial of a 6 weeks
- BlueIce app to help young people manage their emotions and reduce urges to self-harm
- The new Trust website for CAMHS including self-help videos and resources
- Use of Oxford Virtual Assessment for Autism Tool (OVAAT) to sustain assessments during COVID19
- DBT on-line providing increased accessibility for young people to attend group and 1:1 sessions, and for parents to attend parents group
- Online Learning Disability CAMHS Challenging Behaviour Pathway supporting over 50 families since March 2020, delivering greater access to Positive Behavioural Support (PBS) plans and outcome data suggesting lasting improvement
- Graphic tablet pilot sharing 30 tablets between all CAMHS pathways – the ink and paper experience for online consultations

3.2.16. Measuring Impact

How many children did we reach?

- 5,570 CYP based on our 60.3% access outturn metric

3.2.17. What was the outcome for these children?

- CYP are able to access to support and interventions in a more timely way.
- Reduced referrals into specialist CAMHS due to being able to access other support e.g. digital services

3.2.18. What have we learnt?

- Children and young people have a strong preference for accessing services digitally as demonstrated by the substantial increase in digital consultations in 2020/21. This was confirmed by feedback that was received at a consultation event in August 2021. Therefore, we will continue to embed this approach
- The importance of providing regular check-ins and information for those CYP waiting to access services to ensure we manage risk appropriately

3.2.19. What will we do next – Future Plans

- Continue to manage waiting times through demand and capacity modelling including developing provision in universal and targeted services to support early help.
- Complete the work around the 4WW impact assessment
- Contribute to the development of the emotional mental health and wellbeing strategy to ensure that early intervention and prevention services are well coordinated and joined up with specialist CAMHS
- Use transformation monies to:
- Recruit staff to support our duty and therapy offer. This includes staff who will be dedicated to organising group treatment offer across the Getting More Help pathway
- Increase staffing capacity in the to the Crisis Response and Home Treatment Team (CRHTT).

This increase in staffing will release 4 existing core CAMHS clinicians across the county each day and result in increased capacity of 4,048 clinical appointments over the course of the available 253 days of the year (excluding weekends/bank holidays), with staff that are already in post and able to offer a high quality of intervention

These proposals will therefore meet the brief of responding to both the surge and access requirements of this funding stream, while providing a more consistent Duty response, decreasing waiting times for treatment, and supporting staff wellbeing. However, they are currently on hold until the outcome of the funding of the 4 week wait pilot has been resolved.

3.3. Developing 18-25 services

3.3.1. Strategic Context

Improving transition from children and young people's mental health services to adult mental health services is a key ambition of the NHS Long Term Plan. The key NHS Long Term Plan deliverables for 18-25 year olds include:

- Delivering an integrated mental health 0 -25 service offer across health, social care, education and the voluntary sector
- Improving access to mental health services for student populations.

3.3.2. Local context

In Oxfordshire CAMHS we have developed a comprehensive 18 -25 offer. Health provide an Outreach Service for Children & Adolescents (OSCA) that is available 24 hours a day, 7 days a week which delivers 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 17.50) and traditionally fall 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

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+. A 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+.

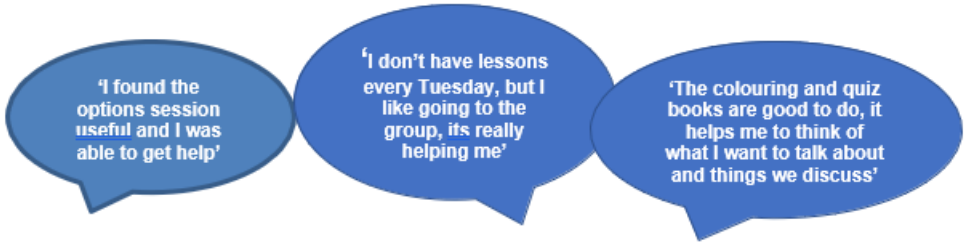
3.3.3. The Oxford City College pilot

The Oxford City College pilot was a new 6-month project aimed at providing a mental health and wellbeing resource for students at the college commenced in September 2019. Individual students were able to access a 1:1 Options Session with an Oxfordshire Mind Wellbeing Worker. The project also provided a peer support group for students based at the college on a weekly basis, facilitated by Oxfordshire Mind workers.

Some key recommendations included:

- Provide flexible support for students over a 2-day period during the week, This will improvement student engagement and help to include students who might not attend college every day of the week
- To provide staff wellbeing support, having a few sessions to provide wellbeing advice to staff at the college, could help to support themselves, colleagues, and students.

Student Feedback



3.3.4. Project Numbers

	Number	%
Number of referrals made (professional/self) for Options Session	25	N/A
Number of students (16-25) who attended the Options Session	14	56%
Number of students who did not attend their booked Options Session	11	44%
Number of students who have been accessing the peer support group	8	57%
Number of students who have attended up to 5 or more peer support sessions	5	36%
Number of students who have attended up to 10 or more peer support sessions	3	21%

The Mental Wealth Academy

The Mental Wealth Academy is an innovative project that has been specifically designed for young people aged 16-25 experiencing mild-moderate mental health issues, who are currently falling through gaps in the transition pathways from Children to Adult Services.

Furthermore, as part of this innovative project, families are supported to enable them to work with their young people to recover from mental health issues following a life-challenging events. Through the use of CDT & Solution Focused Therapy, the work is characterised by an aspirational, co-productive approach to increase resilience and improve life chances.

The project has expanded the third sector's reach and impact through a proactive and preventative programme consisting of mental health training, peer mentorship and support, social media campaigns and direct intervention in both a group work setting and 1:1s.

Response (CAMHS Partnership Third Sector Lead) and partners successfully submitted a bid to the Wellbeing Fund on the back of the CAMHS contract. The

project has initially been partially funded by the Department of Health & Social Care for 3 years 2020 – 2022 and was launched just before the Covid-19 pandemic began. The MWAM integrates its work with 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 is delivered by Response in partnership with five VCSE partners.

- Oxfordshire Youth
- SOFEA
- Banbury Young Homeless
- Oxfordshire Mind
- Ark T

3.3.5. Progress Update – Mental Health Wealth Academy

The Mental Wealth Academy was intended to support 18-25yr olds but at the request of system leaders, the age range was reduced to 16. It is envisaged that the eligibility criteria will remain 16-24 for the foreseeable future. The service was initially planned to be face to face but rapidly adapted to deliver virtual support sessions. The service has been supported by Oxford Health throughout the pandemic and has closely followed their COVID policies in terms of face to face interactions.

MWA has a team of 5 x Full-time & 2 x Part-time Transitional Wellbeing Practitioners who provide up to 12 weeks of 1:1 interventions; Based on Cognitive Behaviour Therapy (CBT), Dialectical behaviour Therapy (DBT) and Solution Focused therapies.

The MWA are now offering a blended offer of walk and talk sessions outside, meeting in COVID secure locations with PPE and/or virtually. The sessions often include:

- Dealing with anxiety/stress; Access to education employment and training, Personal identity; Physical health/body image; Recognising/managing emotions; Relationships/social media; Steps to wellbeing; Social skills/engagement; Community engagement

The MWA has delivered:

- 14 x Mental Health Awareness workshop sessions for parents/carers have been delivered
- 13 x Mental Health Ambassadors 18 -25 years old have been recruited and trained

- Group Work projects for 11 – 17 year olds delivered with 92 x attendees
- Delivered 1905 digital interventions and worked with 289 young people during 2020/21

3.3.6. Support 16–25-year-olds:

Number of young people refereed into the Mental Wealth Academy (to date):	463
Number of young people completing 1:1 intervention (to date):	354
Number of young people currently attending:	96

With an annual target of working with 335 young people, in our first year of delivery (April-April) the service over-delivered by 7.7%.

MWA Social Media Platforms **(Target audience:** 18–25-year-olds**):**

	Twitter	Facebook	Instagram
As of 25/06/21	263 Followers	133 Page Likes/169 Followers	425 Followers

3.3.7. Mentoring and Peer Support Service for 14-25s

Autism Family Support Oxfordshire are delivering a one-year pilot Mentoring and Peer Support Service for 14-25s with high functioning Autism and emerging or ongoing mental health difficulties. The pilot aims to develop community based early intervention and evidence-based support through:

- Supporting families to implement/embed strategies and make links in local communities.
- Co-facilitating peer support groups for children and young people; and parent/carers.
- Using peer support and self-advocacy to improve resilience and support strategies
- Enabling young people to access community services to improve their outcomes.
- Providing support to step down from inpatient care and Key Working.

Due to recruitment difficulties with the community outreach post and the COVID-19 pandemic the project has not fully started. However, the project has established creative ways to work remotely during the pandemic using digital platforms to support young people such as Teams, Zoom as well as young person friendly

platforms such as WhatsApp, and Discord. Since July 2021 the project has provided:

- Post diagnostic support for 56 young people
- One Peer support group
- Mentoring for 17 young people

3.3.8. Measuring Impact

How many children did we reach?

- Approximately over 1000 young adults

3.3.9. What was the outcome for these children?

- Increased independence, confidence, empowerment, improved resilience and skills to support self advocacy
- Improved family and peer relationships

3.3.10. What have we learnt?

- We need to provide a variety of service models in a range of settings to increase access to support for this group of young adults
- Offer services that are flexible to meet individual needs and changing circumstances
- Importance of having services that can facilitate a seamless transition from school into the community e.g. the Community In-reach services and MWA

3.3.11. What will we do next- Future Plans

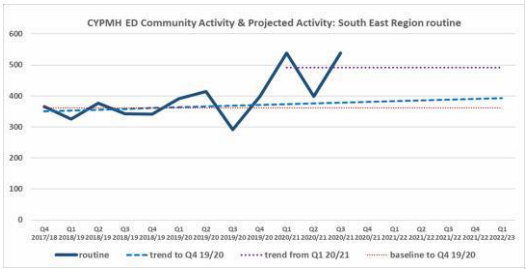
- Expand and further increase access for 18-25s using the OSCA DBT provision including accepting referrals for younger adolescents (under 15 years old) on a case-by-case basis depending on the clinical presentation and clinician judgement. Also enabling those transitioning to an Adult Mental Health Team (AMHT) and those who have previously received CAMHS input and who are open to an AMHT.
- Review the current 18 -25 pathway to identify how we can build on the mixed economy of service provision to have a specific focus on addressing health inequalities and vulnerable young adults.

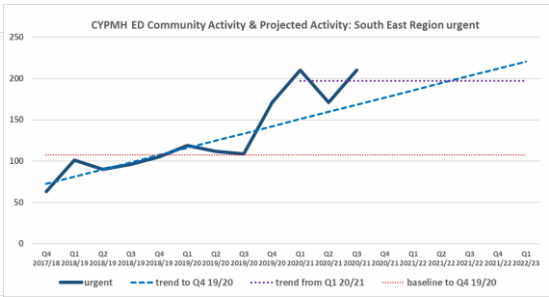
3.4. Eating Disorder Service

3.4.1. Strategic Context

The NHS Long Term Plan deliverables for Eating Disorder services are to:

- Increase investment in children and young people's eating disorder services over the next five years.
- Meet and maintain the 95% standard waiting time for treatment to be provided within one week for urgent cases, and four weeks for routine cases by 2020/21 as set out in the 2015 Eating Disorders commissioning Guidance
- The FYFV also set out an objective that the that use of specialist in-patient beds for children and young people with an eating disorder should reduce substantially.
- Further Eating Disorder guidance released in 2019 extends the pathway to
- include the provision of inpatient and intensive day care.
- Across the South East we know that Community Eating Disorder services are experiencing significant pressure and containing most of this pressure in community i.e. preventing escalation to Tier 4





3.4.2. Local Context

The Specialist Eating Disorder service aims to provide treatment consistent with 'The National Institute for Health and Care Excellence (NICE) guidelines for eating disorders (2004)'. The specialist community eating disorder service provides outpatient treatment for children and young people (up to the age of 18-years) with eating disorders together with their parents, carers and families.

In response to the surge of eating disorders as a result of the pandemic, CAMHS Eating Disorder Services were required by NHSE to produce a Restoration and Recovery Plan. The Eating Disorder Service has identified the following key objectives for service transformation.

3.4.3. Progress to Date Key objectives:

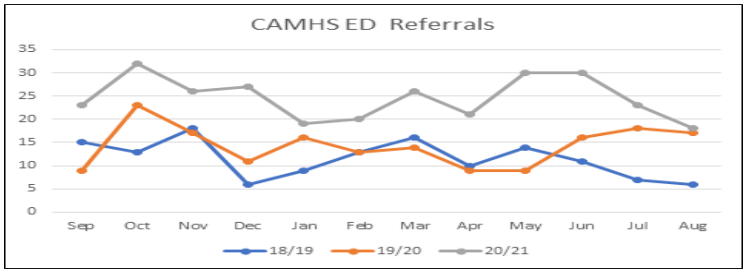
1. To increase team capacity to meet and sustain 95% Access and Waiting Time Standard in the face of increased demand above that expected in 19/20

2. To increase capacity to offer intensive community-based support to those at risk of admission given the sustained and extreme pressures on paediatrics and Tier 4 beds

3. To expand service provision to meet needs of appropriate CYP with ARFID

1. To increase team capacity to meet and sustain 95% Access and Waiting Time Standard in the face of increased demand above that expected in 19/20

- The Eating Disorder service have been able to exceed the 95% standard for urgent cases. However, the need to prioritise limited resources during the pandemic has resulted in a decline in meeting the target for routine cases.



	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Totals
18/19	15	13	18	6	9	13	16	10	14	11	7	6	**138**
19/20	9	23	17	11	16	13	14	9	9	16	18	17	**172**
20/21	23	32	26	27	19	20	26	21	30	30	23	18	**295**

Access and Waiting Time standard

Indicator	2020/21 March outturn
CYP Eating Disorder Waits - Urgent	100%
CYP Eating Disorder Waits - Routine	57.7%

- The CReST modelling tool has informed 3-year workforce planning resulting in estimations for whole team staffing capacity. It has further enabled the development of skill mixing which is necessary to meet the standard and deliver evidenced based care.

- We have been unable to recruit the existing Band 7 Family Therapist post. This is a key post in the team as the majority of treatment delivered is family-based. We propose to fund this post to an 8a level to maximise recruitment and retention potential.

- The 8b Psychologist post will play an important role in the clinical leadership team and supporting service development, the treatment of the most complex cases and the supervision or more junior staff. Currently we only have 0.32 Band 8c Psychologist time and no 8b Psychology resource. This post will improve retention by allowing progression for psychologists with significant knowledge and training in eating disorders.

- The Band 7 psychologist and Band 6/7 nurse/SMHP development posts will increase out capacity to deliver NICE-concordant treatments to increasing numbers of CYP with ED. In addition to the roles above, these posts are key to increasing core team capacity sufficiently to meet AWTS.

2. To increase capacity to offer intensive community-based support to those at risk of admission given the sustained and extreme pressures on Tier 4 beds

We propose funding 3 posts to expand team capacity to intensify community treatment for those CYP with severe ED at risk of admission/post-discharge. These posts will function as part of the MDT, under the supervision of more senior staff and work alongside the existing CAMHS Crisis Team offer. We propose to evaluate the impact of intensive community provision by assessing the impact on T4 admissions, length of stay and feedback from CYP and families.

- The Band 6 nurse post will play a key role in improving links and the care of CYP with ED who require paediatric admission. This post could be a paediatric or mental health trained nurse. CYP requiring paediatric admission frequently require high levels of nursing care whilst in the community and frequent liaison with the acute hospitals. They will function under the guidance and supervision of the Lead Nurse for CAMHS ED. This post will sit alongside the Band 4 CSW posts to provide more intensive community-based support.

- Two further Band 4 CSW posts will extend capacity to provide intensive community support to CYP with ED at risk of admission and create a second role to that recruited from 19/20 uplift funding. This role will offer (i) support with meals in the home and (ii) distress tolerance skills to CYP to support engagement in treatment and to reduce the need for admission and (iii) bespoke support to CYP reintegrating into the community on discharge from hospital. Employing two further dedicated ED community support workers will increase our capacity to deliver evidence-based consistent support for

families requiring community or home-based intervention for their eating disorder with the aim of avoiding admissions where possible.

3. To expand service provision to meet needs of appropriate CYP with ARFID

Rationale for investment: Unmet Needs of CYP with ARFID

Avoidant and Restrictive Food Intake Disorder (ARFID) recognised as a type of eating disorder and a psychiatric disorder in the updated diagnostic manuals. ARFID is a condition whereby a person restricts their food intake for psychological reasons that differ from the weight and shape concerns that characterise anorexia and bulimia nervosa. ARFID can lead to many of the physical complications and psychological and functional sequalae that are familiar to professionals working with eating disorders. CAMHS have seen increasing numbers of young people referred with suspected ARFID and there is currently no clear treatment pathway in Oxfordshire. As a result, many CYP are passed between different services and do not receive appropriate treatment, often over many years.

NHSE have highlighted that CYP with ARFID are often inadequately served by existing services and have set an expectation, alongside additional funding, that Children & Adolescent Eating Disorder Services (CAEDS) will transform to provide support for CYP with ARFID. In line with NHSE expectations, we propose to expand the current CYP ED service to include assessment and treatment for appropriate forms of ARFID from 21/22.

3.4.4. Measuring Impact

How many children did we reach?

- 295 young people

3.4.5. What was the outcome for these children?

- Children and young people with ARFID have been passed between different services and do not receive appropriate treatment, often over many years
- Those with ED and ASD are often ending up in tier 4 placements
- Without intensive community treatment many CYP will require multiple paediatric admissions

3.4.6. What have we learnt?

- The importance of early intervention and working with all partners across the system e.g. GPs, schools, public Health, third sector, hospitals to support prevention and treatment at an earlier stage
- The need to provide intensive community support to prevent hospital admission and admission to tier 4 placements
- The acuity of presentation has placed increasing pressure on the service which is in part due to the impact of COVID 19
- Increased numbers of young people presenting with complex autism and an eating disorder requires specific interventions so we are introducing the PEACE pathway
- That we are not providing an adequate service for those children and young people presenting with ARFID therefore we are introducing a service to meet this need
- The importance of obtaining agreement for medical monitoring across the whole pathway so that we can agree shared priorities

3.4.7. What will we do next- Future Plans

- A carer lead post has proved successful in engaging with families and young people working with them prior to first appointments. We would like to expand on this success by extending this role into Primary Care with consultation, support, advice, and guidance

- Build on our existing digital offer to include experts by experience as well as our carer lead, peer support workers, to enable mentoring work and relapse prevention for patients as well as parents/carers.

- OHFT are keen to expand service delivery and work alongside third sector colleagues, extending models of care into the community, schools, voluntary and independent sector. This will enable support to be provided to young people and adults across a wide range of services that can promote preventative and supportive measures for people with Eating Disorders.

- **First Episode Rapid Early Intervention for Eating Disorders (FREED)** is a service model that provides rapid, specialised treatment for young people with a recent onset eating disorder (anorexia nervosa, bulimia nervosa, binge eating disorder or another eating disorder). The implementation of FREED into the Eating Disorder pathway will provide an opportunity for early intervention working and support via MHSTs into schools.

- To increase medical input and specifically to add a GP liaison role with the key aim of improving medical monitoring and enabling good work with primary care

- To implement the PEACE pathway (www.peacepathway.org) in order to better meet the needs of children & young people with autism and an eating disorder and to improve outcomes, treatment and experience for young people and their families. This pathway will be implemented across the BOB footprint

3.5. Crisis Support

3.5.1. Strategic Context

The NHS Long Term plan sets out an ambition that Children and young people experiencing a mental health crisis will be able to access timely, age-appropriate crisis services and support when needed. CYP Crisis service 0-18 years must operate 24/7 and;

- Provide a Single point of access including through 111 to crisis support, advice, and triage
- Offer Crisis assessment within the urgent and emergency care departments on wards of paediatric and community Trusts and in community settings
- Offer Crisis assessment and brief response within the emergency department and in community settings
- Provide an Intensive Home Treatment service operating 7 days a week
- Deliver an Integrated approach where adult mental health services provide the response

3.5.2. Regional Context

At a regional level work is being undertaken to integrate NHS 111 with the urgent mental health pathways. This work is building on feedback from users, “I want someone on the end of a phone to listen, provide empathy and understanding of my condition”, I want to feel heard and I don’t want to be made to feel like I am wasting someone’s time.” The aim of work is to:

- Facilitate the option for callers to have the option of self referring to specialist mental health service they require
- NHS providers must be able to facilitate timely urgent face to face to face assessments
- Ensure that the triage service has up to date and complete directory of services of the NHS, local authority and voluntary/community sector.

Two current models of delivering urgent mental health via NHS 111 are being considered based on a service model already in existence in Cambridge and Peterborough and in Hampshire and the Isle of Wight.

A key function of the service will be a telephone triage service and a SPA. This work will inform our local crisis line.

3.5.3. Local Context

Crisis Resolution Home Treatment Team (CRHTT)

The CAMHS Crisis Resolution and Home Treatment Team provides care and support to the most vulnerable children and young people experiencing mental health crisis, and their families, where and when they need it most. The service offers emergency assessment and intensive care and treatment. The team aims to support children and young people to help prevent the need for hospital admission or to support them to return home to their families and loved ones after a stay in hospital.

Children and young people can be referred to the Oxfordshire CAMHS Crisis Resolution and Home Treatment Team by other CAMHS mental health teams, the CAMHS Single Point of Access or their GP. However, the service does not support self-referral currently, but this is a future ambition.

The key components of the model are:

1) Crisis response (emergency assessments and reviews)
2) Intensive crisis support characterized by multiple contacts each day which are of a length and content to allow for specialist psycho-social intervention to be delivered
3) Enabling early discharge from psychiatric admissions

They will work with young people who may be at risk of admission to, or ready to be discharged from, specialist hospitals. It is a service which will provide intensive home treatment within their age groups in a variety of settings including a client's own home.

3.5.4. Progress to Date

During Covid a 24/7 phone line was put in place for all ages for 12 weeks in response to a government mandate. NHSE requested that that this service remained

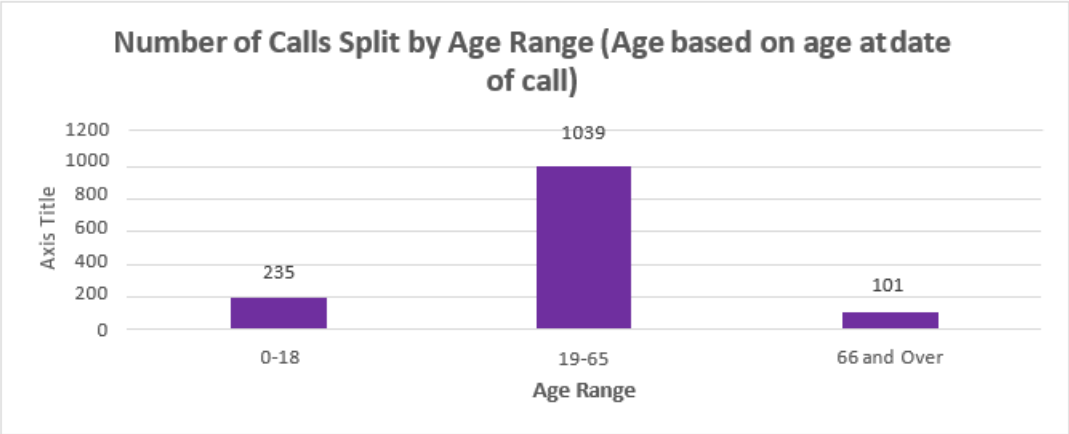
in place and Oxford Health extended an existing service to make this a permeant specialist 24/7 children's mental health team to support youngsters in crisis.

The CHRTT continued to provide face to face assessments and intervention in people's homes. Digital solutions were employed to work with people who are Covid positive or shielding.

The transformation investment to the service has focused on the Home Treatment Team element and has focused on recruitment of an MDT to facilitate a wider caseload.

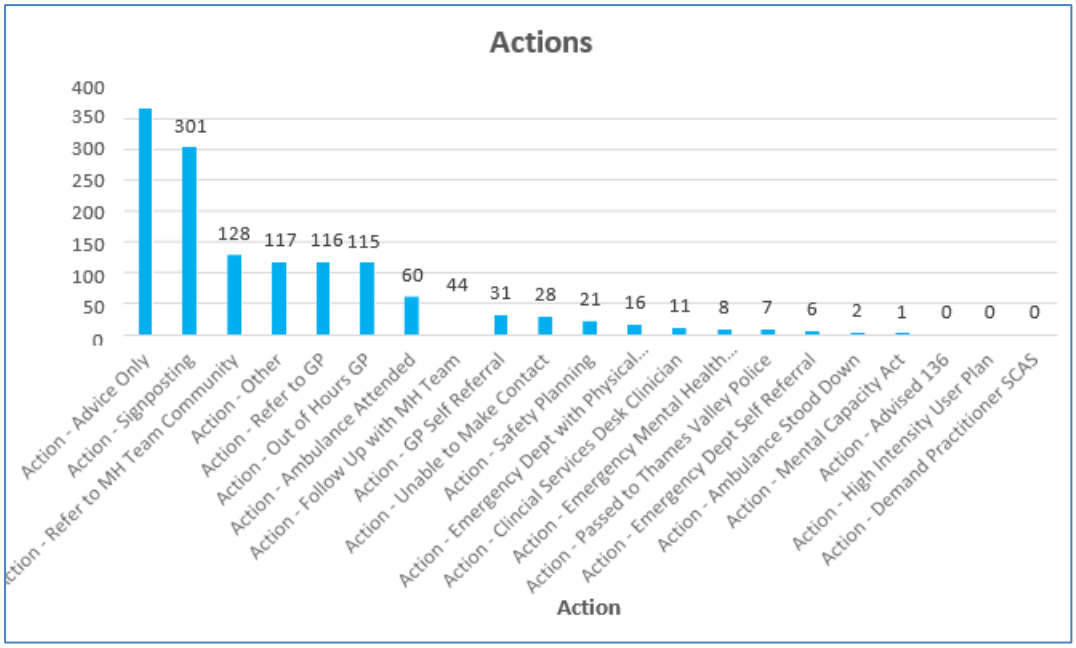
The SCAS triage sits in the 111-call centre and is an all-age Mental Health Triage assessment service. It only offers telephone triage assessments and as such has not been impacted by Covid. The SCAS continues to support the service and will provide additional capacity to manage the surge in mental health presentations. New investment was utilised to expand the existing services supported by the recruitment of staff to increase the service to a 24/7.

The SCAS 111 triage data for 12/04/2021 to 04/07/2021 shows:



The outcomes of the service are to reduce presentations to Emergency Department for those without a physical health need and to ensure people receive the right care at the right time in the right service 1st time.

The SCAS triage staff utilise a trusted assessor model and can refer directly into CAMH services if indicated following a triage assessment.



Alongside this, all those young people open to the CAMHS Crisis team also have access to a dedicated 24/7 service. SCAS triage along with other professionals can refer young people to the service 24/7. This service also receives CAMHS specialist support from Out Of hours team (OOH) to help manage Crisis and prevent admission.

The service received 235 calls during April – July 2021. Anecdotally, most are unique callers, but our information system is unable to specifically capture this data.

3.5.5. Measuring Impact

How many children did we reach?

- 414 CYP and 235 calls about/from those under 18 year olds to the SCAS triage

3.5.6. What was the outcome for these children?

- Reduced presentations at A & E and therefore lessened the likelihood of an inpatient admission
- Supported families in crisis and prevented family breakdown
- Supported young people in short stay admissions to be discharged into community placements

3.5.7. What have we learnt?

- The importance of maintaining a relationship with the YP or family in crisis in order to build and maintain trust
- Need to provide a flexible and responsive service and that may mean for example, providing regular or daily visits to the home to provide support for a YP or /and family

3.5.8. What will we do next- Future Plans

- Increase staffing capacity in the to the Crisis Response and Home Treatment Team (CRHTT) to meet the expected surge in demand

3.6. New Care Models

3.6.1. Mental Health Crisis Pathway and New Care Models Provider Collaboratives

NHS-Led Provider Collaboratives[19] are being established to ensure that people with specialist mental health, learning disability and autism needs experience high quality, specialist care, as close to home as appropriately possible, which is connected with local teams and support networks. NHS-Led Provider Collaboratives are seeking to enable specialist care to be provided in the community to prevent people being in hospital if they don't need to be and to enable people to leave hospital when they are ready.

CCG commissioners are working with NHS England specialist commissioners to ensure there is collaborative working and joint planning for those children and young people who may require in-patient care. This includes crisis response, admission avoidance and early discharge/ step down support. These plans are advanced in Buckinghamshire in that there is already a crisis support and assertive outreach service in place including for those with a learning disability. During 2021/22 with the additional investment in CAMHS for crisis, this support will be strengthened.

[19] https://www.england.nhs.uk/mental-health/nhs-led-provider-collaboratives/

Provider Collaborative

Thames Valley Tier 4 CAMHS Provider Collaborative

In 2018, Oxford Health NHS Foundation Trust (OHFT), in partnership with NHS and Independent Sector providers of secondary and tertiary CAMHS services in the Thames Valley region, formed the Thames Valley T4 CAMHS Network. The network successfully applied to become a New Care Model (NCM) for T4 CAMHS services for the two-year pilot period 1st April 2018- 31st March 2020 and went live in shadow form with NHSE/I on 1st April 2019 to ensure a smooth transition to new arrangements and responsibilities.

On the 1st April 2021 the Provider Collaborative (PC) went live bringing together Berkshire Health Care NHS Foundation Trust, Gloucestershire Health and Care NHS Foundation Trust, The Huntercombe Group and Oxford Health NHS Foundation Trust. Oxford Health is the lead provider, commissioning inpatient beds for under 18s from Oxfordshire, Buckinghamshire, Berkshire, Gloucestershire, Swindon, Wiltshire and BaNES. Covering 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 and low secure adolescent inpatient services.

The Collaborative work together to improve the quality of care across the region and strengthen links between the units. This including health, education, social care and other stakeholders to improve outcomes for this group of young people. By managing the care pathway, the PC are able to ensure that children and young people are cared for in an inpatient setting or via an ‘out of hospital’ model as close to home as possible. Through winter pressure funding a new Hospital at Home pilot will be launched and focus on young people with eating disorders who meet the threshold for inpatient care. This with the aim of preventing/providing an alternative to admission as well as young people being stepped down to this model following a short inpatient admission.

Key Aims of the Network are to:

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

There has been an increase in demand for Tier 4 inpatient admissions, compounded by an increase in acuity and complexities for young people alongside national and regional reduction in CAMHS inpatient bed capacity. The provider collaborative has successfully reduced out of area admission and length of stay, a key deliverable of provider collaboratives is to keep young people close to home and reducing length of stay.

	January 2019	January 2021
Out of area inpatients	46	28 ↓ 39%
Out of Area Occupied bed days	1379	822 ↓ 40%
Inappropriate Out of Area OBDs	1184	300 ↓ 74%

3.7. Mental Health Support Teams

3.7.1. Strategic Context

In 2017, the Government published its Green Paper for Transforming children and young people's (CYP) mental health. The Green Paper detailed proposals for expanding access to mental health care for CYP to provide additional support through schools and colleges and reducing waiting times for treatment.

One element of The Green paper set out the development of Mental Health Support Teams (MHST) in schools/colleges for 5-17 year olds. The key deliverables identified for MHSTs in the Green 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.

3.7.2. Regional Context

Currently BOB has 9 teams that cover 67780 pupils or 24% of our ICS pupil population, split relatively evenly across the 3 CCG footprints. Although

Buckinghamshire was under-represented in comparison to Oxfordshire and Berkshire West, which resulted in the ICS prioritising a team to be established in that CCG area, lifting it from 13% to 23% coverage. The regional allocation to our ICS was to add 3 teams for wave 5 (starting Sept 2021) and a further 4 teams in wave 7 (starting Sept 2022). The table below outlines that profile across the ICS.

	Current coverage	**Total pupil population**	**Current total coverage (%)**	**Wave 5 contribution –by end of 21/22**	**Wave 7 contribution – anticipated by end of 22/23**
ICS Total	**67,780**	**286,568**	**24%**	**32% (92,347)**	**43% (124,347)**

With reasonable coverage already established across the ICS the next key factor in decision making was to identify the teams of schools with the highest levels of need. The ICS officers responsible for the MHST developments reviewed both the regional data packs and collected team level data and agreed the following steps to get to clear decisions on allocation of sites.

1) To organise and confirm the necessary number of teams per area/ CCG
2) To profile the new teams according to 4 key criteria using data from the January 2020 School Census
    - Deprivation/ poverty. Using the pupil premium data
    - Emotional/ Mental Health. Using the SEN data.
    - Vulnerability. Using the Child in Need data
    - Inequalities. Using the pupil Ethnicity data.
3) Once profiled then apply a scoring system to create a priority order of teams.
4) To map each team list at place to create a BOB pipeline of teams.

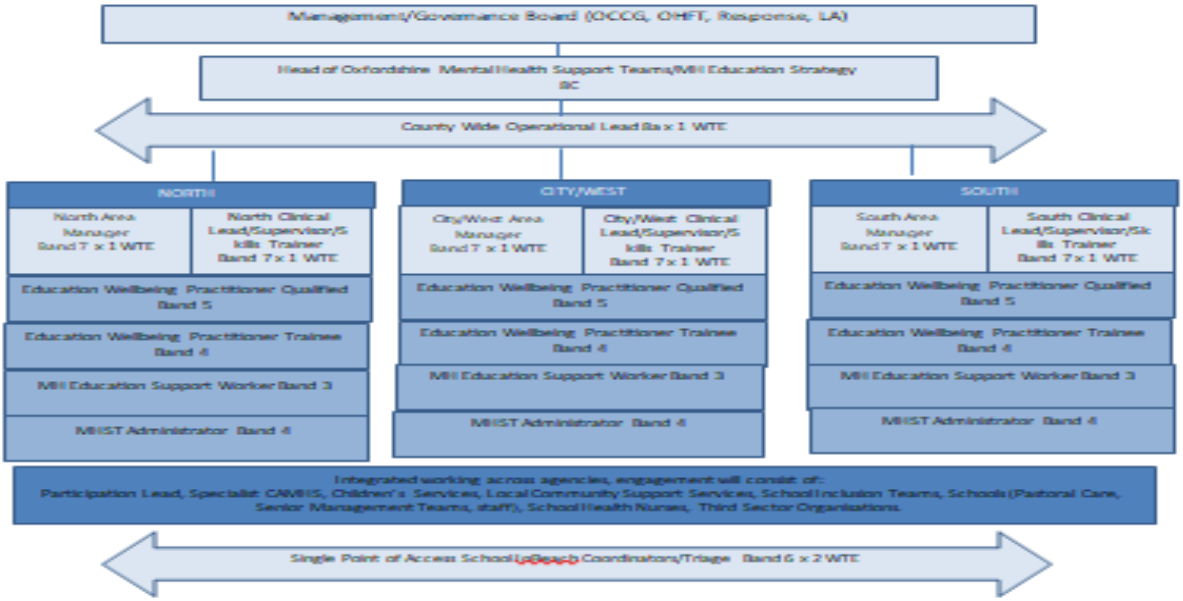
The ICS will review options to make the best use of the allocation over the 3 years.

3.7.3. Local Context

Implementation of the Mental Health Support teams took place during 2019 supported by a multi-agency project group. The Oxfordshire model is outlined below:

3.7.4. Full Mental Health Support Teams Model:

The model is 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.



The bid was for full coverage of all schools and colleges, but we were initially awarded two teams in Wave one in 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.

4. Oxfordshire's MHST Project

4.1. Progress and lessons learnt from Wave one 2018.

4.1.1. Governance

Having clear strong governance and robust engagement from Public Health, education (including a primary and secondary head teacher), children's' services, third sector, our CAMHS provider, OCCG commissioners and clinical leads on our MHST into Schools Delivery Board has been key to the early success of mobilisation

in Oxfordshire. Having two headteachers on our Board has allowed us to reach out beyond the trailblazer schools into wider partnerships and further develop a collaborative approach.

4.1.2. 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. This ensured transparency with our stakeholders and enabled a robust decision-making process.

4.1.3. MHST Role and Partnership working

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.

MHSTs worked with the schools to support the establishment of Schools Mental Health Leads. Training has also been provided in addition to the national training offer to ensure we have a place-based approach.

4.1.4. Progress to Date

a) Mental Health Support Teams

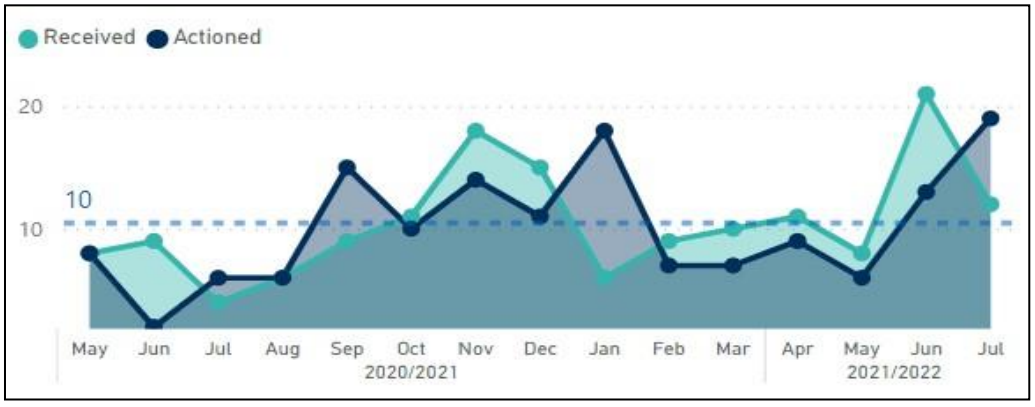
Oxfordshire MHSTs have now been operational for just over two years. The Trailblazer team in Oxford supports 35 schools with a range of interventions and whole school offer. The Wave 1 team in Banbury and Bicester was set up 9 months later and supports 44 schools. The team is run as a joint project between Oxford Health and Response.

The initial impact of COVID was to reduce the teams' access to schools as they went into different versions of lockdown. This meant a drop off in school- based referrals and a cessation of front-line work directly in schools. In response to COVID, MHSTs were able to develop an online offer where 1:1 interventions were offered over MS Teams or similar. For the parent led work, this change happened easily with a lot of parents preferring this model. With our CYP direct work, we liaised with schools and parents to help manage this. With the different changes we have been able to continue a blended offer of physical face to face and virtual interventions. In reaction to COVID we also put in place more content that can be accessed online, such as videos and podcasts, and our monthly newsletter to schools. (https://www.response.org.uk/mental-health-support-team-podcasts-videos/)

Although we didn't see a massive surge in cases for MHSTs, we worked alongside SPA and other teams to best support families. Our blended offer meant that our capacity to deliver was not reduced.

We will continue to offer the blended approach out of lockdowns. We have also added more to our family focused work and developed how we support parents directly. New roles are currently being implemented within the MHST with a focus on LGBTQ+ and BAME across the county. The teams are holding drop in consultations for staff and CYP with a view to reaching out to those CYP the next level down and possibly under the radar in terms of obvious concerns. We are now working more closely with schools to plan for the new term in September.

MHST Central Referrals



MHST North Referrals

We are on track with our MHST spend. Confirmation of funding from NHSE has been received for 5 new MHSTs over the next two school years, the first wave to be implemented in September 2022 and the second by September 2023. This means that our MHST reach which is currently 35% will increase to 55% coverage by 2024. Therefore, we continue to be on track with the implementation of our current and future MHST programme.

4.1.5. Measuring Impact

How many children did we reach?

- The service reach was 32,000 CYP. We received a total of 500 referrals and scheduled 3434 appointments with 2769 attendees,

4.1.6. What was the outcome for these children?

- CYP were able to access the help they need within 3-4 weeks of waiting
- Access to an whole school offer meant that MHSTs were able to deliver groups and workshops. In June 331 young people were seen (whole school work and 1:1); July was 971 young people
- Schools have had the opportunity to discuss cases with directly with MHST workers which means CYP have received appropriate support without the need for a referral into SPA for help

4.1.7. What have we learnt?

- CYP engagement improved when we made them more aware that the MHST service accepted self-referrals

- The importance of robust governance, engagement and joint working with schools so that they see themselves as equal stakeholder with the expectation of contributing to the delivery of the MHST programme
- Having clear modes of communication with schools for messages: not just via email as teachers and Senior Mental Health Leads tend to be very busy
- New Emotional Mental Health Practitioners (EMHPs) need to feel supported from the beginning of their employment in order to retain them

4.1.8. What will we do next - Future Plans

- Roll-out first wave MHSTs to the south of the County by September 2022 and second wave to the west of the County by March 2023
- Expand the current MHST model to include two new equality and diversity leads that will have a focus on BAME and LGBTQ+ within schools that MHSTs are supporting
- Implement the collection of Routine Outcome Measures (ROMs) across the partnership

4.2. 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.

4.3. 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 to undertake Patient Level Tracking.

4.4. Risks and mitigations in the local system

Risk	Mitigation
Waiting times will increase due to financial pressures within the local system and the potential surge in demand creating serious service risks for CYP	• Undertake demand and capacity modelling to increase efficiency of specialist CAMHS • Utilise additional investment made available as part of the Long Term Plan and the response to COVID - 19 to increase capacity • Continue to provide mitigation calls and regular check-ins for all patients on the waiting list
Recruitment and retention difficulties in the local workforce in key service areas such as Eating Disorders may result in service transformation being negatively impacted	• Workforce strategy has been developed for Oxford Health NHS Foundation Trust • Continue to utilise third sector providers who are often able to expand their services • Use of online remote providers to complement existing service • ICS partners are developing workforce initiatives
The lack of local placements is leading to high numbers of young people placed out of county who may not have access to timely and comprehensive mental health support	• Commissioners to consider developing bespoke wrap around packages of care to maintain young people in the community • Oxfordshire CC to establish a team/service that will maintain contact with those YP placed out of county to ensure that their mental health needs are fully met • Commissioners to consider developing a bed-based service across the ICS to support complex CYP funded between • Health and Social Care

The lack of system focus on meeting the emotional health and wellbeing needs of children and young people will continue to drive high numbers of referrals into specialist CAMHS	• Carry out needs assessment to ascertain collective partnership spend on mental health, volumes of CYP accessing services, waiting lists and prevalence rates • Develop an emotional wellbeing strategy • Address the gap in targeted mental health support service through a variety of delivery mechanisms including digital solutions
Continued pressure through crisis presentations at A & E will lead to ward closures and lack of access to in-patient beds	• Increase the capacity of the crisis team to provide community and home intensive support • Develop local specialist placements to include wrap around care across the BOB footprint
Impact of Covid-19 on children's mental health and wellbeing still not fully realised	• Implement rollout of new MHST • Develop early intervention and targeted support services

4.5. Flowing Data for the National Minimum Data Set

Flowing Data for the National Minimum Data Set - The Mental Health Services Data Set (MHSDS) has been mandatory from April 2017. Commissioners and Oxford Health continue to work collaboratively to ensure accurate reporting is in place, to capture data which monitors the performance of the service and report on nationally mandated measures in support of the NHS Long Term Plan such as CYP Access and Eating Disorder wait times.

The extent and completeness of this data in monitored via the Data Quality Maturity Index (DQMI). April 2021 MHSDS DQMI (latest published report) is 96.9%. In addition, NHSE/I have introduced in FY21/22 DQ KPIs. Performance for Oxford Health for these in May 21 (latest available) is: 100% Coverage; 100% Consistency, 15.6% Outcomes, 96.7% SNOMED CT. The Trust is reviewing the Outcome score to identify an action plan to improve performance.

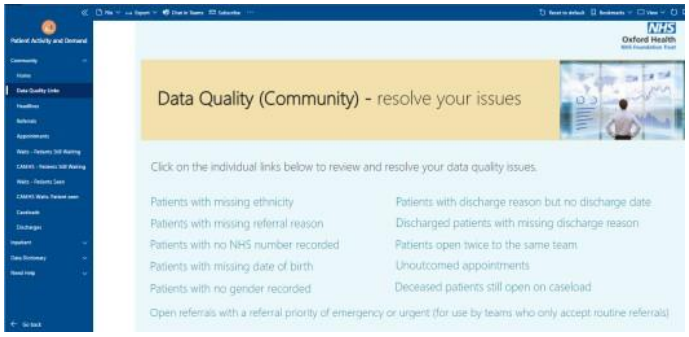
The performance and information team at Oxford Health routinely monitor compliance in relation to MHSDS, using the latest Data Quality Maturity Index (DQMI) published by NHS Digital to identify areas of priority for improvement. Oxford Health Information Management and Technology Service works with operational services to develop and enhance the functionality of the clinical information systems to support accurate data collection. A recent example of this has been the development of new functionality to capture CYP outcome information.

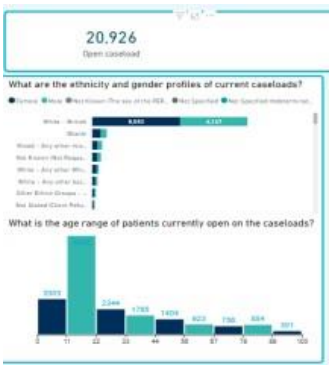
A number of CYP Outcome measures are available in experimental data, which included the following as of Feb 21 for Oxford Health:

Number (%) of closed CYP referrals, with at least one Child-related assessment that have a paired score	57% (England 49.3%)

The Trust is engaged in regional and national programmes to improve the recording and reporting of all aspects of data linked to the LTP. 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. Oxford Health has developed a range of dashboards/performance reports locally, which are used to improve performance/ delivery of care.

Below are examples from Oxford Health Trust Online Business Intelligence (TOBI) Patient Activity & Demand app which is used by services to improve data quality and understand performance/delivery of care:





The Trust continues to develop these business intelligence solutions. The Trust is fully engaged with the regional Strategy Clinical Network programme to improve data and reporting. OHFT works collaboratively with the SCN and other providers within the STP and region in relation to data quality/validity which will also offers further oversight.

4.6. Learning Disability and/or Autism Long Term Plan

4.6.1. Strategic Context

The NHS Long Term Plan deliverables for children and young people with learning disability and/or autism are as follows:

Action will be taken to tackle the causes of morbidity and preventable deaths in people with a learning disability and for autistic people.

- Achieving 75% uptake for those eligible for a health checks
- Stopping over medication
- Funding the Learning Disabilities Mortality Review Programme (LeDeR),

The whole NHS will improve its understanding of the needs of people with learning disabilities and autism and work together to improve their health and wellbeing. Key targets for 2023/24 include:

- By 2023/24, to have a 'digital flag' in the patient record to ensure staff know a patient has a learning disability or autism
- By 2023/24 children and young people with a learning disability, autism or both with the most complex needs will have a designated keyworker
- Reduce inpatient provision to less than half of 2015 levels by March 2023/24

4.6.2. Local Context

In Oxfordshire there are currently a range of services that support children and young people with a learning disability and/or autism.

The Learning Disability service provide mental health services for children with moderate to severe learning disabilities, autism, and challenging behaviour. The service works in close partnership with families and carers, residential homes, Social Care, special educational schools, Paediatricians, and other health services. The Multi-disciplinary Team includes: Psychiatry, Psychology, Learning Disability Nursing, Occupational Therapy, Behaviour Specialist and Support Worker roles. The clinical whole time equivalent (WTE) is 7.0 and admin is 1.0 WTE.

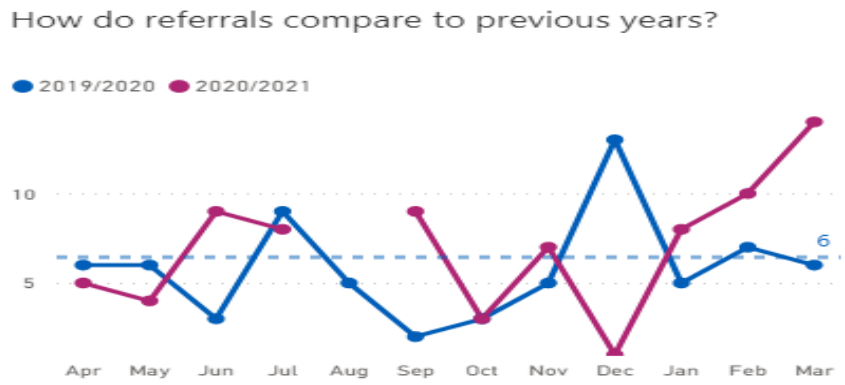
The team has a caseload of 157 patients with a moderate to severe learning disability and offers consultation and advice to the other mainstream CAMHS services for patients with a mild to moderate learning disability.

Data relating to August 2019 to August 2021:

- 145 new referrals
- 131 90% were appropriate and accepted

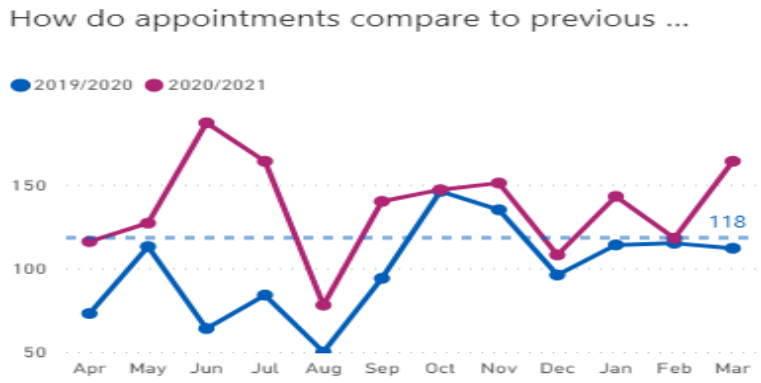
- 8 weeks was the average waiting time from referral to assessment

Referral rates have remained largely stable over the past 2 years. LD CAMHS receives 6 new referrals on average per month. A total of 70 were received in 2019 and 78 in 2021. However, we did notice a 62% increase in our referral rate between January 2021 and May 2021 on the previous year, which we believe was a result of the surge associated with the pandemic.



Despite the Pandemic, we have had a 37% increase in appointments offered with no increase to resources in the service.

Appointments offered 2019/20 total: 1,196 2020/21 total: 1,643

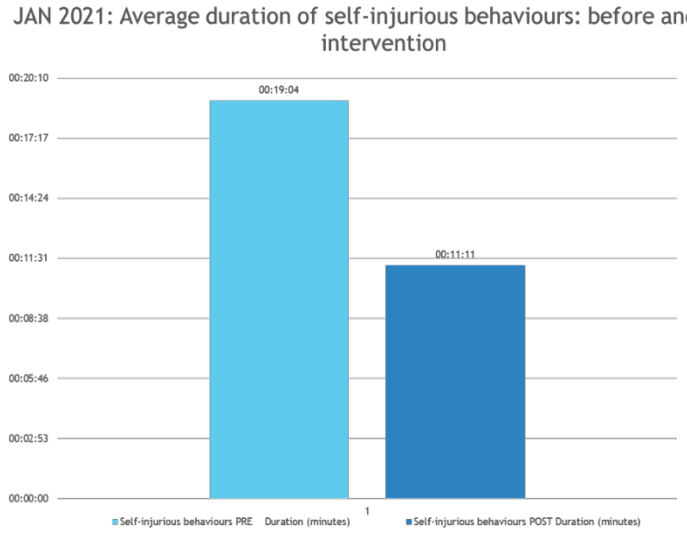


4.6.3. Progress to Date

In February 2020 a successful pilot of the Team Working model was concluded. The Team working pilot included a service redesign which helped to clinically guide the interventions offered but also demonstrate the effectiveness of the pathway. The Pilot was provided to over 50 families and achieved reductions in the intensity, frequency and duration of challenging behaviours being reported, significantly reduced the waiting list with average waits for access to the service meeting the key performance target of 16 weeks or less.

In March 2020, at the beginning of the Covid pandemic and lockdown, the service was unable to offer face to face appointments with patients, families, carers and schools. This resulted in the creation of a longer waiting list for interventions around Challenging Behaviour. In order to address this issue the service undertook the following actions:

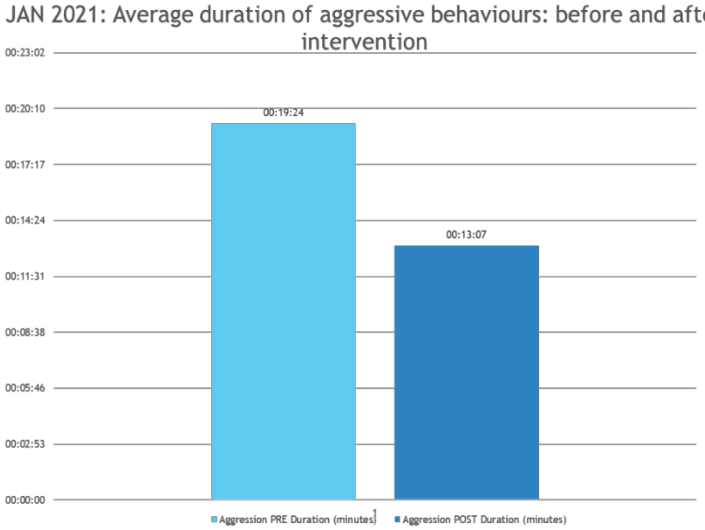
- To focus on the young people who may not have the most challenging behaviour as they are often overlooked when staff are responding to more severe cases
- Developed a new Challenging Behaviour pathway that involved virtual working i.e. either by telephone or video conferencing within existing resources. The challenging behaviour pathway is outcome focused based on a stepped model of care. The outcomes demonstrated a reduction in the numbers on the waiting list and severe challenging behaviour at home and in schools



This demonstrates the average time that self injurious behaviours were reported to last amongst 27 patients.

Following the Challenging behaviour Pathway intervention, this reduced by around 8 minutes on average.

To represent this statistically as an average is helpful, but for some of the families, the actual reduction, particularly for two patients was over 1 hour of self-injurious behaviours. This is also a mix of Green and Amber cases which increases the complexity, but still demonstrates an improvement.



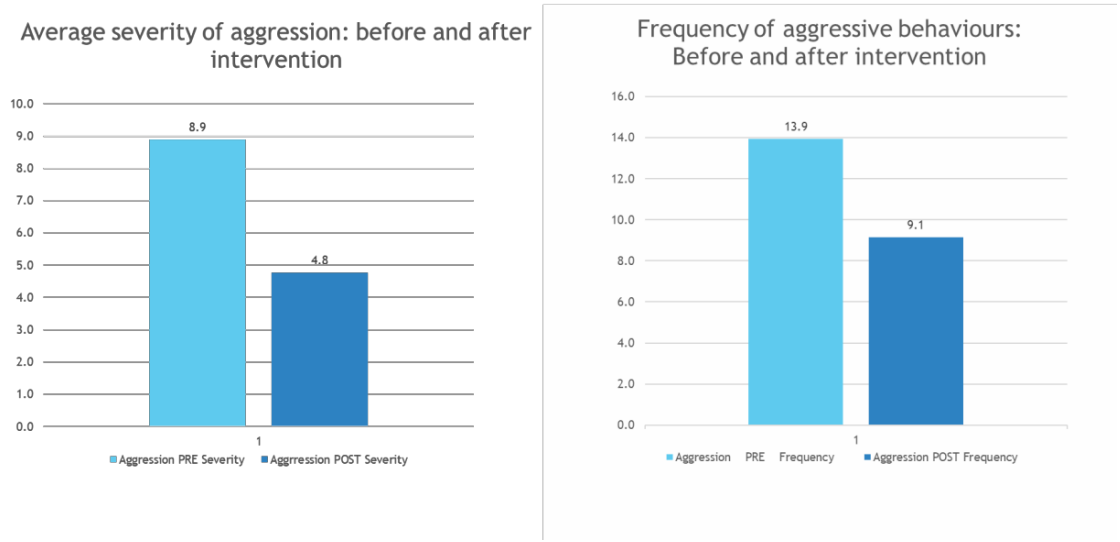
This demonstrates the average time that aggressive behaviours were reported to last amongst 27 patients.

Following the Challenging behaviour Pathway intervention, this reduced by almost 6 ½ minutes to 13 minutes and 7 seconds on average.

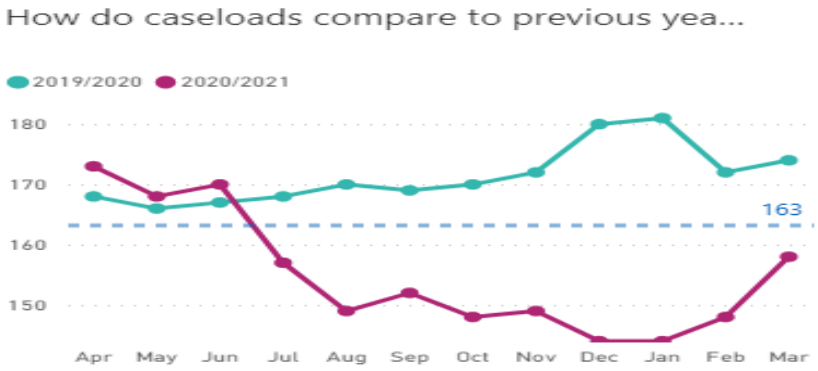
It is important to also reflect that these are not just simple Green cases, but in fact include some Amber, more challenging cases, but on average it has still led to a reduction.

On an individual level, some families were seeing reductions of 30-40 minutes of challenging behaviour.

JAN 2021: We also noted reductions in the average reported severity of the behaviour and how frequently it occurred following pathway intervention.



Alongside the increase in activity, the pathway has meant other clinicians have more capacity to offer better care coordination and interventions that are specific to their profession, supporting discharge in the wider team and the number of discharges has increased by 54% on the previous year. This has led to a consistent reduction in the overall caseload.



The service has received positive feedback from families and professional partner agencies for these new service initiatives. The overall user experience of the LD CAMHS service is monitored through the Trust's 'I Want Great Care Survey', demonstrating very good feedback specifically about the pathway.

"When I was introduced to LD CAMHS I needed someone to LISTEN to my situation and give PRACTICAL advice that I could apply in the everyday 'lockdown' situation. I was introduced to Andy Prophet, the Senior Behaviour Specialist who took me through the Challenging Behaviour Pathway process. Even after the first meeting I felt a renewed confidence in my own professional ability, and how to approach the challenging behaviour I was trying to interpret

and understand. It was a turning point in working with a deeply traumatised little boy. Six months on, and the foundations built in those initial meetings is still having a profound and wonderful influence on a developing and happy boy." (June 2020)

"I have had several telephone conversations with Andrew Prophet where we have gone through strategies for helping [Child] with his anxiety. He has been very helpful in analysing my replies to a series of questions.
We have used the methods he has suggested to help [Child] deal with anticipated problems when he is out of doors. Note: [Child] was not present during the telephone calls." (October 2020)

"He hasn't had direct contact. He never met with the team. It was me who was involved but the strategies that were given have massively helped him." (November 2020)

"Dr Amanda Muir was incredibly helpful, caring and thoughtful throughout our 8 months with CAMHS LD. By the end of the process, I felt I had a greater understanding of my son's needs and how I could support him." (June 2021)

The LD CAMHS is now in a much stronger position to provide the challenging behaviour pathway on a larger scale. The aim is to support more families and offer an alternative service to the existing model of the Intensive Support Team for children and young people when further referrals aren't possible, as the maximum is 6 young people at one time.

4.6.4. The Intensive Support Service (IST)

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 works 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.

During 2020/21 the service worked with five under 18s. It should be noted that the timescale for working with these cases varies and this can be anything from one month to 15 months.

4.6.4.1. Progress to Date

Work has commenced on auditing the IST pathway to provide a gap analysis of where service improvements need to be made. The first referrals/consultation meeting of the transitions workstream is to take place in October which includes representation from LDCAMHS, other OHFT CYP's services and OCC

We are trialling goal-based outcomes alongside the other defined outcome measures with the intention of developing an agreed service approach. Periodic service reviews of our interventions are undertaken as part of the IST pathway and the outcomes are used to drive service improvements e.g. the MDT meeting was reviewed and improvements were made on how we provide feedback and consider cases

4.6.5. The Neurodevelopmental Conditions Diagnostic pathway

The 0 – 5 years Neurodevelopmental Conditions (NDC) Pathway is provided by Oxford University Hospital. In 2020 the service accepted 338 referrals. As at the end of 2021, there were approximately 420 patients on the waiting list. Approximately 80%-90% of those assessed receive an ASD diagnosis. Plans are in place to increase capacity to assess around 350 children per year.

The 5 - 18 years Neurodevelopmental Conditions (NDC) Pathway is provided by OH to undertake autism assessments for children and young people. The service offers , screening and assessment, where appropriate, for ADHD due to high levels of co-morbidity of the conditions.

4.6.5.1. Progress to Date

Despite the significant impact of Covid-19 in the ability to undertake 5 -18 year olds autism assessments, the team has adapted by developing a virtual assessment tool which has enabled them to continue to offer a service at full capacity. The audit tool has shown high levels of satisfaction for parents / carers, children and young people, and professionals, and enabled a very high level of confirmation of diagnosis, as well of engagement with young people who otherwise would have not attended the face to face clinic.

In June 2021, the team was awarded further funding from NHS England to further develop the digital tool to increase sensitivity to children and young people who may

experience more internalised symptoms, as well as research the validity of the tool, with the view to expand the provision across the region.

The NDC Pathway and the Community Paediatrics department at Oxford University Hospitals have strengthen their links and have developed a small pilot in which the assessment is provided jointly, and therefore enabling the child and family to complete diagnosis without transfer between agencies, as well as access post-diagnostic support which otherwise they would not be entitled to. Over the course of the year, the pilot will provide approximately 50 assessments.

As numbers of referrals for diagnostic assessment continue to increase in Oxfordshire, in line with the national picture and which has been further compounded by the pandemic, Oxford Health NHS FT has commissioned a number of assessments to Healios with positive outcomes.

The NDC team - in partnership with the Oxfordshire Parent Carer Forum (OxPCF) - is currently exploring options to support parents and carers whilst waiting for an assessment, through focus groups. The service is also scoping post-diagnostic provision for more mature adolescents, to enable them to understand their diagnosis and prepare for post-18 transition.

4.6.6. The Keyworker Pilot

The Oxfordshire Children and Young People (CYP) Autism and Learning Disability Liaison service has been identified as pilot site by NHS England in 2020, as a joint-partnership between Oxford Health NHS Foundation Trust, Oxfordshire County Council, the Local Education, the Oxfordshire Parent Carers Forum, and Oxford Health NHS Foundation Trust, the latter being the host provider of the service. The service aims to reduce unnecessary psychiatric admissions placements and family or placement breakdown-up. The CYP Autism and Learning Disability Liaison Team

helps to pull together holistic plans and follow-up on actions from specific health, education and social care plans to keep young people out of hospital when it isn't the best option for them.

The team is made up of Specialist Community Case Managers who work closely with selected families and young people and helps all of the involved agencies make the necessary adjustments required according to the young person's diagnosis and guide young people and families through the complex care networks that they are involved with, be it to do with health, education or care in the community.

4.6.6.1. Progress to Date

Following a soft launch in April 2021, the service is now directly supporting 17 of the most at risk young people, plus supporting the wider network of professionals of a further 9 young people. The service is also responsible for the managing the Dynamic Support Register that holds information about young people and what areas of their care may require enhanced community support. Most of the young people on the register have been successfully maintained in community settings (only 1 moved to residential, although inpatient admission avoided), and preventing 6 hospital in-patient admissions. A further 2 young people have had hospital admissions which were significantly reduced as a direct result of the team's involvement. In addition, the team is in now the process of recruiting Recovery and Social Prescribers to support the work of case managers, and connect families, carers and CYP to voluntary and 3rd sector, and therefore make changes that are sustainable, and closer to home.

As the pilot project proceeds, the remit of the team will also increase to include supporting autistic young people and/or with a learning disability who are cared for by the local authority, to support preventing home or specialist placement breakdown.

The team has been chosen as an example of best practice by NHS England, and is supporting the launch of other early adopter sites by sharing their learning up to now, and has been involved in developing both standards for keyworker core competencies and core electronic training for all staff nationally.

The Key worker pilot is supported by a project steering group that includes a representation from all council and health professionals /clinicians including Oxfordshire Parent Carer Forum.

The service is developing a comprehensive data collection protocol that includes both outcome data, and parent and young people feedback, which in itself will

continue to drive further changes. The protocol is expected to be complete by mid-September 2021, and will be shared with other regions

Feedback from parents and young people has been very positive, including one parent that states that she “is so grateful” for the keyworker involvement, and one who stated “we managed to not admit him”.

The service has recently renamed itself as CYP Autism and Learning Disability Liaison Team following consultation with service users, and has launched a competition for young people to design their logo.

4.6.7. Keyworker Pilot Personal Health budgets

During 2021, additional funding was allocated by NHSE to support children and young people with Learning Disability and Autism most at risk of admission to mental health hospitals through the provision of respite care, short breaks and personalised approaches to support.

In Oxfordshire a project has been developed to provide access to Personal Health budgets (PHBs) with children and young people (CYP) who are part of the key worker pilot initiative. The project is initially focusing on developing local processes/procedures to provide access to PHBs. Recruitment of PHB worker post is due to commence in quarter 2 of 2021/2.

4.6.8. Transforming Care

Transforming Care is a national programme aimed at improving the lives of children, young people and adults with a learning disability and/or autism who display behaviours that challenge, including those with a mental health condition. Care and Education Treatment Reviews (CETRs) are an important part of the Transforming Care programme designed to reduce admissions and unnecessarily lengthy stays in hospitals.

4.6.9. Care, Education and Treatment Reviews (CETRs)

A CETRs is a meeting about a child or young person who has a learning disability and/or autism and who is either at-risk of being admitted to, or is currently detained

in, an in-patient (psychiatric) service. A full description of what CETRs are and how to ask for one is located on our 'Local Offer'[20].

There have been three CETRs held up until September this year and only one decision was made to admit the young person into an in-patient bed.

4.6.10. Annual Health Checks

In order to reduce the risk of avoidable deaths in people with a learning disability, annual health checks were introduced for those aged 14 and over. An annual health check provides an opportunity for the early identification of problems. The numbers of health checks completed in 2020/21 were 2220 out of a total of 3066 on the register of people aged 14+ on the GP register.

4.6.11. STOMP initiative

NHSE has developed a national programme called STOMP (stopping over medication of people with a learning disability and or autism) to prevent the overuse of psychotropic medicines.

As part of the service improvement work in the specialist Learning Disability Service a pathway was developed to support the STOMP initiative by offering non-pharmacological treatment first. All cases where medication is being taken or have been are placed on the pathway as well. This action should result in a reduction in the reliance on medication.

4.6.12. Learning Disability Death Review (LeDER)

The LeDer programme aims to identify what needs to change to improve the lives of people with a learning disability.

The Fourth LeDer Oxfordshire 2020/21 Annual Report PowerPoint Presentation 16.9 (osab.co.uk) presents the findings from the 61 case reviews undertaken in 2020-2021. However, there were no deaths identified in the under 18 age group.

Key areas identified from the LeDer requiring further improvement are:

[20] https://www.oxfordshire.gov.uk/residents/children-education-and-families/education-and- learning/special-educational-needs-and-disability-local-offer

1. Annual Health Checks (AHCs) and Health Action Plans (HAPs) / Education and Health Care Plans (EHCPs) need to be more closely aligned and linked so they inform each other, both being valued by all.

2. Transition from child to adult services needs to start with earlier discussions across teams and service, including primary care. This needs to include hearing the voice of the individual, their views and choices more consistently, whilst not excluding families

3. Anticipatory care plans, and preparing for lifestyle changes needs to be more proactively supported across the system, including end of life choices, best interest decisions, advocacy and family roles.

Local LeDer priorities in 2021/2022 are:

- Improve the rate of Health Screening Uptake
- Reduce the number of people with LD dying in hospital to more in line with general population
- Support social care teams and providers to work in a person centred way to reduce the need for hospital care and to ensure that people live well in their community
- Improve the experience for individuals and their families when they move from children to adult services.

4.6.13. Measuring Impact

How many children did we reach?

- Approximately 1569 CYP across the LD network of services

4.6.14. What was the outcome for these children?

- Achieved reductions in the intensity, frequency and duration of challenging behaviours through the implementation of a challenging behaviour pilot
- Children and young people have had increased access to an autism diagnosis through the implementation of the virtual assessment tool which means that their needs can be better understood in their education setting
- The prevention of in-patient admissions for our most high risk children and young people with ASD/LD

4.6.15. What have we learnt?

- The importance of achieving good outcomes is dependent upon working in partnership with CYP, parents/carers, families, professionals and clinicians
- The use of digital tools have increased service access and overall satisfaction
- That we can reduce in-patient admissions/stays and maintain CYP with ASD/LD in the community by working intensely with all partners

4.6.16. What will we do next- Future Plans

- Implement a small joint NDC assessment pilot between OH and OUH to provide approximately 50 assessments.
- Roll-out Personal Health budgets (PHBs) for CYP who are part of the key-worker pilot initiative.

5. Complex Children

5.1.1. Strategic Context

The NHS Long Term Plan places a strong emphasis on addressing health inequalities and the use of early intervention and preventative strategies that involve whole system' collaboration and support.

Key vulnerable groups that are nationally recognised as being at risk of the effects of health inequalities are children and young people:

- Looked after children
- With SEND
- In the criminal justice system
- Who have learning disabilities and/or autistic spectrum disorders
- With conduct disorders and or ADHD

5.1.2. Regional Context

Across our ICS a scoping exercise across BOB has been completed to understand the scale and response model we could use to meet the needs four overlapping groups of complex children and young people:

1) Those with challenging behaviours/presentations who may be ‘bounced around’ between health, social care and other agencies, because their presentations don’t ‘fit’ existing services or because their presentation changes;
2) Those with whom services cannot/find it difficult to engage or those who cannot maintain progress within existing services and who cannot be referred further on to other services;
3) Those known to social care, police and other agencies, for whom there is lack of security of family/ safe home and who are more vulnerable to exploitation; and
4) Those who are out of school (whether elective by parents/family, whether emotional-school avoidance, whether at risk of being or having been permanently excluded).

From the data analysis two cohorts were identified across the four above
Cohort 1: 250-550 children and young people – those who are at the upper end of the needs/vulnerability spectrum and have the most complex presentations.
Cohort 2: 2,000-9,500 children and young people – those who have early indicators and presentations of complex needs and vulnerabilities.

Key findings of the report from the experience were:

1: There is high complexity in the existing system, with multiple services available to children and young people with complex needs.

2: Children and young people often struggle to engage with a vast number of professionals, especially if there is limited time available.

3: Children and young people and their families/carers find it difficult to navigate the system and access the support required. Stakeholders fed back the desire to have a trusted adult to help coordinate services.

4: There is a large estimated cohort of children and young people with complex needs in Thames Valley which would all benefit from trauma- informed care.

5: There is a gap in multi-agency forums to coordinate and integrate care for children when their complex needs are first identified.

The BOB ICS (to include Frimley) will be submitting an Expression of Interest at the beginning of October 2021 to become one of seven vanguard sites in the country to implement a model to improve outcomes for the most vulnerable children and young people with complex needs. The Framework aims to work as a scaffold for innovative working practices and collaborations that stretch across traditional agency

and service boundaries. This is in response to the Long Term Plan Integrated Care Framework in the Community.

Based on the findings of the scoping exercise, the emerging opportunity is to create a 'hub and spoke' outreach liaison model across the Thames Valley. The proposed Framework offer will work from the regional (Integrated Care System) to the local (Integrated Care Partnership/County) levels through: upskilling & supporting existing teams and agencies to identify vulnerable young people with complex needs earlier; engage them in the community & support them to access help; coordinate the system around them; and provide specialist input as and where required. Such a model would support overtime a shift to collaborative, integrated whole system working, that is required to meet the needs and improve the outcomes for the complex needs cohort.

5.1.3. Local Context

Children We Care For

Work to improve the outcomes for Children We Care For has highlighted the need for better information and evidence of impact on health outcomes. There continues to be a strong commitment as a system to improve the outcomes for our most vulnerable children.

The key data for children social care shows that there has been a significant decline in referrals and a slight decline in the rate of children who were subject to a child protection plan over a four-year period.

Rate per 10,000 children aged 0-17	2017/18	2018/19	2019/20	2020/21	19/20 to 20/21	% change
Yearly rate of referrals to Children's Social Care	475	468	513	445	-68	-13%
Rate of children who were the subject of a child protection plan (as of March 31st)	47.9	40.9	37.2	31.0	-6	-17%
Rate of cared for children (as of March 31st)	48	54	52	53	1	-2%
Number of cared for children (as of March 31st)	685	779	767	784	17	2%

There has however, been an increasing trend in the numbers of children we care for coupled with data showing that 42% of that cohort of children are placed out of area.

Oxfordshire has found it increasingly difficult to find appropriate residential placements in and out of county 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 trauma, abuse, neglect and many present with autistic traits, eating disorders, ADHD and mental health problems (self-harm). We wish to avoid these young people turning up to A & E experiencing a mental health crisis and inappropriately being admitted as inpatients. The Complex Children Vanguard EOI detailed above, offers an opportunity to take a regional approach with local support to improve outcomes for these most vulnerable children and young people with complex needs.

5.1.4. Family Solutions Plus model and our most vulnerable families

Children's Services have been addressing increased demand through the delivery of a Transformation Programme and by implementing a new safeguarding model. Evidence has shown that it reduces demand on 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.

The four key elements of the Family Solutions 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 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.

5.1.4.1. Progress to Date

Family Solutions Plus, Children Social Care's new practice model for working with children in need of help and protection, launched in November 2020. The service is

comprised of 17 teams across County, delivering support and interventions in the communities in which families live.

Family Solutions is a strengths- based practice model, with motivational interviewing at its heart; previous transfer points in the system have been removed, so that families don't experience multiple changes of social worker throughout their involvement with children's social care and as such, rapport and trust can be built to enable meaningful change work to take place.

Family Solutions' way of working seeks to tackle the "quad of vulnerabilities" parents face, of poor mental health, domestic abuse, substance/alcohol misuse and significant learning needs. To do this, mental health, domestic abuse and substance misuse adult-facing practitioners providing interventions to parents when needed have been recruited to Family Solutions and are now fully embedded in teams. This means that parents don't need to wait for the interventions they need, with the aim of minimising the duration of statutory social care intervention and, in getting to the heart of family difficulties and achieving suitable change, reducing the need for repeated social care involvements over time.

Family Solutions mental health workers have been commissioned from Oxfordshire MIND and work directly with parents and carers, providing interventions to parents with emotional and mental health needs consequential of adverse childhood experiences and early trauma, such as depression and personality disorders; they do not work with adults with serious mental illness or with children with mental health support needs.

Family Solutions Teams are currently facing an increase in demand, as evidenced by the increase in volume of children subject to the legal frameworks of pre-proceedings and care proceedings over the past 18 months

Month/year	Pre – proceedings	Care Proceedings
February 2020	62	131
August 2021	129	202

We have seen a sharp increase in children presenting with significant emotional distress and related behaviours, many of whose parents are unable to manage their care; this, compounded by local and national placement sufficiency challenges.

The number of children we care for remains over Oxfordshire's target of 750 and it is believed that the increase in complexity of children's needs evident in referrals post-lockdown is a contributory factor in this.

5.1.5. Children and Young People with SEND

On the 1st September 2014 the Children and Families Act came into effect. Part 3 of the Act introduced significant reforms. These reforms placed new duties on Local Authorities (LAs), Clinical Commissioning Groups (CCGs) and their partners, for how services and support are developed and delivered for children and young people with Special Educational Needs and/or Disabilities (SEND).

The overarching objective is to secure the best outcomes for children and young people with SEND to support them to achieve well in their early years, at school and at college and lead happy and fulfilled lives.

To ensure reforms are being effectively implemented a SEND inspection programme has been introduced. Ofsted and the Care Quality Commission (CQC) are tasked with jointly providing an independent external evaluation of how well a local area effectively carries out and meets its statutory responsibilities. A SEND local area inspection was in September 2017. Between 14 October and 17 October 2019, Ofsted and the Care Quality Commission (CQC) revisited the area of Oxfordshire to decide whether sufficient progress has been made in addressing each of the significant weaknesses detailed in the written statement of action (WSOA) issued on 27 November 2017.

The area has made sufficient progress in addressing three of the five significant weaknesses identified at the initial inspection. The area has not made sufficient progress in addressing two significant weaknesses:

- The quality and rigour of self-evaluation and monitoring and the limited effect it has had on driving and securing improvement. The revisit recognised the aspiration by leaders to improve outcomes for children and young people with SEND. However, parents do not feel part of this vision and do not understand what work is being done to achieve it. Leaders' self-evaluation of progress in this area of wok is overly positive and do not fully reflect the experiences of service users.
- The quality of EHC plans; Overall, the quality of EHC plans remains too variable. Outcomes described in the EHC plan do not reliably reflect children, young people and their parents' aspirations. Health contributions to the EHC needs assessment process are too inconsistent. Although professional reports from therapists and Child and Adolescent Mental Health Services (CAMHS) are detailed and useful, contributions from universal services are often not of the same quality.

Oxfordshire is monitored by DFE and NHSE through the Accelerated Progress Plan (APP). The mechanism of monitoring and quality assurance of EHC plans are embedded and signed off by DfE and NHSE.

The SEND Joint Strategic Needs analysis was completed in 2019

5.1.5.1. Progress to Date

- OCCG recently undertook a self-assessment exercise to review progress and some of the findings are outlined below:
    - Strong and effective governance arrangements are now in place which are operational and strategic to drive forward the service improvement activity.
    - Health representation at the weekly Education, Health and Care multiagency panel to support the Local Authority in making robust and equitable decisions for EHC needs assessments and plans.
    - Health visiting have strengthened the offer for SEND children under 5 to ensure school readiness. Specialist training for the workforce to deliver better care that is reasonably adjusted to the needs of the child.
    - CAMHS representation on EHC multiagency decision-making panels to determine if applications proceed to an EHCP.
    - Seamless transition to adult services, services reviewed their transition pathways.
    - The appointment of a SEND lead in CAMHS to drive improvements in SEND with the DCO

- Strong clinical system leadership is provided by the Designated Clinical Officer (DCO) and over the past four years the DCO has:
    - Ensured CAMHS is consistently meeting the SEND statutory timeframes
    - Championed the delivery of bespoke SEND training across the NHS and building on this with workshops co-produced with education and care leaders.
    - Led the improvement of LD health checks for students in the special schools resulting in increased knowledge of health professionals to support transition planning
    - Facilitated MHSTs and School Health Nurses to work collaboratively to support the transition of children from primary to secondary school

6. 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

6.1. Local Youth Justice and Exploitation services Oxfordshire County Council

In recognition of the unmet need faced by children experiencing criminal and other types of exploitation rather than purely sexual exploitation, Oxfordshire County Council (OCC) created a specialist multi-agency team of social work staff, police and a specialist nurse for exploitation called the Kingfisher Team. During 2020 a new Youth Justice and Exploitation Service (YJES) was created that brough together the Kingfisher Team with the Youth Justice Service. The YJES has a wider role of supporting children and families at risk of exploitation. The most recent information

received from the YJES is that there are now 80 children on the exploitation caseload, not including the siblings of the children accepted into the service. This is

a significant increase to a caseload that has remained consistent at around 50-55 children prior to the reorganisation.

6.2. Oxford Health

The Horizon service aims to help reinstate a sense of safeness and well-being for children and teenagers who are experiencing distress as a result of sexual harm. The service works in partnership with other professionals, through consultation and assessment, to develop a joint understanding of the strengths and difficulties of both the young person and their environment. Horizon specializes in working with complex trauma and will focus on building compassionate resilience and developing positive attachment relationships. During 2020/21 the service worked with 120 CYP.

Horizon is in partnership with Safe! (Commissioned by the Thames Valley Police and Crime Commissioner), which supports young people affected by crime.

6.3. 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.

6.4. 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.

6.5. Early Intervention into Psychosis

By 2024, 95% of people experiencing first episode psychosis will be treated with a NICE-approved care package within two weeks of referral. The standard is targeted at people aged 14-65 in line with NICE recommendations. As indicated in the *Mental Health Implementation Plan*, all areas should ensure there is provision for people with an ARMS.

The standard is 'two-pronged' and both conditions must be met for the standard to be deemed to have been achieved

1) A maximum wait of two weeks from referral to start of treatment, and
2) Treatment delivered in accordance with NICE guidelines and quality standards for psychosis and schizophrenia

Locally, Oxford Health are commissioned to provide the Early Intervention into Psychosis service as part of the Adult Mental Health service and provides the interventions required for CYP aged 14 and over. The service works to the provision of the NICE recommended treatment interventions. The EIP service has consistently exceed the expected 60% access standards.

Work with EIP services has started to ensure that there is an integrated offer within the transformation of MH community services through the implementation of the community mental health framework, and across Oxfordshire there will be mental health hubs sitting across two Primary Care Networks. The aim of the transformation is to provide an improved preventative responsive approach for people with severe mental illness (SMI), improve outcomes, be proactive in connecting people to their communities and keeping them well in their homes.

Plans are already in place to deliver a competency and training framework that will support the clinicians in the hub to provide ARMS informed interventions. This would be phase one of meeting the ARMs requirements of the Long Term Plan. An ARMS specific developments project group will be established with CYP to consider more service specific options for AMRS delivery.

6.6. Suicide

The Mental Health Taskforce Five Year Forward View set a target of reducing suicides in England by 10% by 2020/21. In Oxfordshire, suicide research by The Oxford Centre[21] tells us that:

[21] Oxford Centre for Suicide Research 2016 OMS Annual Report

- 15-24 year olds females have the highest rate of self-harm
- Suicide is more commonly the motive for self-harm amongst older age adults
- Alcohol and drug use are common in people who present with self-harm
- Relationship difficulties, psychiatric disorders, employment and/or study pressures were the most common problems preceeding self-harm

Oxfordshire has developed a Suicide and Self-Harm Prevention Strategy 2020-24 that sets out the key priorities, focus areas and actions that local partners working together will take to prevent and reduce suicide and self-harm in our local population. The strategy states, that a majority of people (two thirds) who die by suicide in Oxfordshire are not in contact with mental health services means that suicide prevention is a shared public health and mental health service priority.
OH have developed a suicide prevention strategy that does not encompass all suicide prevention related objectives identifies specific areas for development based on accepted evidence and best practice and has been developed in line with the overall OHFT strategy 'Caring, Safe and Excellent"

Key areas in the suicide prevention strategy action plan include e.g.

- All patients at risk of self-harm or suicide will have a safety plan in place
- All patients will receive face to face contact from their AMHT within 48 hours of discharge from inpatient care
- All clinical staff will receive suicide prevention and Suicide awareness training

Across the BOB ICS we funded child bereavement charities as well as services for people bereaved by suicide. The latter has been funded hitherto by transformation funding with a view to sustaining ongoing provision in collaboration with local authorities. Seesaw provides a service in Oxfordshire that offers support for children and their families when a parent or sibling is dying or has died. During 2019/20, 544 children from 351 families were seen, 23 school visits and 118 telephone consultations were carried out support and training delivered to 238 school staff who received 140 telephone consultations.

7. The Workforce

7.1. BOB ICS Workforce Plan

The Buckinghamshire Oxfordshire and Berkshire West (BOB) People Strategy is being delivered through five multi-year programmes of work: (I) Workforce Planning and Change; (II) Recruitment and Resourcing; (III) Productivity; (IV) Retention; and (V) Culture and Leadership. Each programme is aligned to the People Plan 20/21

and 21/22 priorities. A range of projects sit under each of the five programmes areas.

The people Strategy also recognises the importance of addressing the health and wellbeing of staff through delivery of a number of BOB wide initiatives. The BOB People Strategy is in the process of being finalised.

7.2. Mental Health Workforce plan

7.2.1. Wessex and Thames Valley Children and Young People's Mental Health workforce Project

In autumn 2019, Health Education England (HEE) commissioned a short-term project within Wessex and Thames Valley to support the Children and Young People's Mental Health (CYP MH) workforce in the region. The project undertook the following tasks

- A desk-based competency mapping exercise to understand the composition of the CYP MH workforce in the region and the possible career trajectories for staff
- A short survey was held during August and September 2020 with sector representatives to ascertain the key issues they were facing
- A virtual workshop was held during October 2020 with representation from across the two regions

The outputs from all three aspects of the project led to the following recommendations:

a) Develop a rolling programme of evidence-based training across services to include induction, upskilling and new ways of working

b) Create a training map for services that includes online training, where to access external CPD courses (at a cost) and any nationally/locally funded opportunities

c) Sustainability Transformation Partnership (STP) /Integrated Care System (ICS) level discussion on how best to utilise the CPD training funds within the CCG baselines

d) Create a visually appealing 'Career Pathway' map for potential recruits and existing staff to promote opportunities

e) Use webinars to promote and inform service leads and CCG leads around HEE New Roles, Apprenticeship and Recruit to Train models

f) Map out and publicise the current Supervision training available and share good practice across trusts

g) Set up a Task & Finish group to address some of the issues around access to Supervision training

Promote the Knowledge, Skills and Attitudes (KSA) pathway which is the BABCP3 approved route for becoming a registered therapist without a core profession, and ensure Service Leads are confident in the process.

7.2.2. Next steps

The report is designed to enable organisations and strategic leads to open discussion into the current issues that are being faced by the CYP MH workforce in the South East.

7.3. The Local CAMHS workforce

The main recruitment difficulties are within the CAMHS Eating Disorders teams. Repeated adverts at times are not attracting any new staff. We are creating paediatric nurse job descriptions to work within the service and have advertised some roles across Adult and CYP ED to try to vary the roles. We also have recruited more assistant psychologists.

Within our Getting More Help service we struggle to recruit band 6 Senior Mental Health Practitioners (there is also competition from private providers who are advertising digital only roles). Consultant Psychiatrists are extremely hard to recruit to and we are working with only a few substantive consultants currently. We have advertised some roles with joint research responsibilities which have made some posts more attractive.

There have been 34.6 leavers in the CAMH service across the last 12 month rolling period. 11.4 of those leavers were from the Getting More Help (GMH) teams. This is a high proportion of the overall staff turnover in the CAMH service and the retention strategy outlines initiatives in relation to staff wellbeing that is aimed at supporting staff.

7.3.1. Workforce – staffing

The Oxfordshire CAMHS overall workforce is currently listed below

Workforce Analysis	TOTAL 19/20	TOTAL 20/21
Qualified Nursing - Band 5	11	13.89
Qualified Nursing - Band 6	10.1	13.95
Qualified Nursing - Band 7	14.9	13.68
Qualified Nursing - Band 8	0.95	5
Nursing Associates - Band 4	1.2	0
CAMHS Consultant Psychiatrist	13.75	18.1
Other Medical	2.88	2
CYP Education MH Practitioner	18.49	0
Support Worker / Unqualified Nursing Staff	0	15.09
Clinical Psychology	32.06	30.59
Psychotherapy	6.1	4.58
Therapists	25.54	16
Social Worker	18.42	25.16
Other	13.76	29.59
Admin	39.39	40.74
TOTAL	208.54	228.37

7.3.2. ALL-Age Intensive Support Service Workforce:

The Learning Disability Intensive Support Service and the Specialist Perinatal Mental Health Service are in addition to the CAMHS workforce:

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

7.3.3. 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

8. Update on Investment and Activity

8.1. Finance

8.1.1. Total budget across the partnership

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 seven financial years is listed below:

8.1.2. The investment for 2015/16 financial year

CAMHS Budget 2015-16	
Oxfordshire Clinical Group Investment in CAMHS	
CAMHS including PCAMHS	£5,226,322
Parity of Esteem investment	£680,000
Sub Total	**£5,906,322**
Oxfordshire County Council Investment	£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**

8.1.3. 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**

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**

8.1.4. The investment for 2017/18 financial year

CAMHS Budget2017-18	
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**

8.1.5. 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**

8.1.6. 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 NHSE Waiting List funding for ASD diagnosis waits	£1,782,000 £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**

8.1.7. The investment for 2020/21 financial year

	2020/21	**2021/22**
CAMHS Budget		
CAMHS contract*	£9,278,630	£9,278,630
Total CAMHS investment (CCG & OCC)	**£9,278,630**	**£9,278,630**

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

Other CAMHS Additional Funding		
CYP Crisis - MHIS	390,000	0
CYP Crisis	100,000	0
CYP ED	61,334	0
CYP EDS - MHIS	0	£481,003
CYP - Community & Crisis -SDF	0	£687,000
CYP - Community & Crisis -SR	0	£462,000
CYP - EDS – SR	0	£123,000
Perinatal - MMHS	89,000	£178,000

Specialist Perinatal Mental Health Service	£778,430	£778,430
Keyworker Pilot	250,000	£500,000
CYPMH	30,000	0
Liaison and Diversion (NHSE Health and Justice)	£231,300	£231,300
NHSE specialist Commissioning -in patients (Tier 4) services	£1,782,000	£1,782,000
Total investment	**£3,712,064**	**£5,222,733**

CAMHS Green Paper Funding (MHST and 4WW)		
MHST 18/19 Trailblazers - SDF	610,000	£675,000.00
MHST 19/20 Sites Wave 1&2 19/20 - SDF	662,000	£736,000.00
4 Week Wait Sites	1,855,000	£1,856,000.00
Total investment	**£3,127,000**	**£3,267,000.00**

Total CAMHS funding from all funding sources		
Oxfordshire CAMHS funding (CCG &OCC)	**£9,278,630**	**£9,278,630**
CAMHS additional funding	**£3,712,064**	**£5,222,733**
CAMHS Green Paper funding	**£3,127,000**	**£3,267,000**
Total Investment	**£16,117,694**	**£17,768,363**

8.2. Activity & Performance

Below is a summary of the benchmarking performance from 2014/15 – 2016/17 in table 1, table 2 shows the performance from 2017/18 to 2020/21

Table 1

Oxon CAMHS (All Services)	**2014/15**	**2015/16**	**2016/17**
Referrals Received	5318	5953	6153
Referrals Accepted[2]	4634	5278	5086
Direct Contacts (Attended)	31,672	30,941	42462
Indirect Contacts (Attended)	10,150	9,865	13465
Waits-% seen within 12 weeks	YTD		YTD

Tier 2 PCAMHS	45%	42%	44%
Tier 3 CAMHS	76%	54%	62%

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

[2] *Those not accepted would have been signposted elsewhere, or advice would have been given.

Table 2

Oxon CAMHS (All Services)	**2017/18 Number**	**2018/19 Number**	**2019/20 Number**	**2020/21 Number**
Referrals Received	6881	8561	11338	9796
Referrals Accepted	5986	7947	5771	5408
Direct Contacts – F2F (Attended)	40739	33339	29171	4575
Indirect Contacts - non-F2F (Attended)	18249	15438	21657	56689
Waits % seen within 12 weeks	**YTD**	**YTD**	**YTD**	**YTD**
Getting Help	45%	26%	15%	33%
Getting More Help	67%	70%	59%	66%

9. Priorities for 2022/23

The CAMHS Assurance Board at its September 2021 meeting agreed the following key partnership CAMHS priorities for 2022/23:

1. Continue the transformation of the Eating Disorder Service to meet national priorities, standards, targets and local priorities

2. Continue the development of the 18-25 young adults offer

3. Continue to respond to the COVID 19 surge including a focus on managing waiting times and developing crisis services

4. Develop a strategy to address health inequalities to improve service access for key vulnerable groups

5. Develop integrated service responses for children with complex needs

6. Contribute to the development of an Oxfordshire Emotional Mental Health and Wellbeing strategy to ensure that children and young people can access early help and support from a range of service including from the Voluntary Sector.

7. Support recruitment and workforce development in Child and Adolescent Mental Health services across the Partnership

Each of these priority areas must include addressing the following cross cutting themes:

- **Needs assessment**
- **The voice of CYP**
- **Health inequality**
- **Involvement of cross sector partners**
- **Focus on improving outcomes**

10. CAMHS Action Plan 2021 – 2023

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 2021 -24	CAMHS Partnership/OCCG/ Education/OCC
Manage waiting times	1. Continue to work on demand and capacity modelling to increase productivity and 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 4. Implement the recommendations of the 4WW pilot Impact assessment report	1. Ongoing 2. 2021-22 3. Ongoing 4. From Autumn – March 2022	CAMHS Partnership/OCCG/ NHSE IST OHFT OHFT OHFT
Partnership Development	1. Implement the findings from the CYP System Maturity Tool Assessment	1. March 2022	CAMHS Partnership

Priority	Actions	Timescales	Responsible Lead
	2. Undertake follow-up assessment	2. October 2022	
Workforce Development	3. Continue to roll out CYPIAPT 4. Deliver schools offer to schools not participating in pilot **5. Work with HEE/BOB ICS and SCN to support recruitment and workforce development** 6. Deliver training to Third Sector on how to identify and support mental health in CYP 7. Continue roll out Restorative Practice to CAMHS, third sector and Education 8. Deliver Youth in Mind conference	3. Ongoing 4. Ongoing 5. Ongoing 6. Ongoing 7. Ongoing 8. Spring 2022	CAMHS Partnership OCC and CAMHS Partnership Oxfordshire Youth and partners
Engagement and Young People's feedback	1. Continue to develop programme of engagement to include MHSTs 2. Continue to implement outcome-based planning in CAMHS	1. Ongoing 2. Ongoing	CAMHS Partnership CAMHS Partnership OHFT/CCG
Health Inequalities	1. Develop a strategy to address health inequalities to improve service access for key vulnerable groups	1. April 2023	CAMHS Partnership
Collaborative working	1. Continue to develop partnerships with schools 2. Contribute to School	1. Ongoing 2. Ongoing	CAMHS Partnership/OCCG/ OCC/Education

Priority	Actions	Timescales	Responsible Lead
	Health Improvement Plans 3. Continue to work with Children's Services, School Health Nurse Service on integration and support to schools **4. Continue the transformation of the Eating Disorder Service to meet national priorities, standards, targets and local priorities** **5. Contribute to the development of an emotional mental health and wellbeing strategy to ensure that CYP can access early help and support**	3. Ongoing 4. Ongoing 5. 2021 onwards	CAMHS Partnership CAMHS Partnership
Special Education Needs and Disabilities Reform			
SEND Action Plan	1. Review Integrated Therapies Contact to respond to strategic changes for SEND and 0-25 services 2. Oversee Health actions for the SEND Reforms	1. Autumn 2021 2. Ongoing	OHFT/CCG/OCC OCC/OHFT Designated Clinical Officer (DCO)
Five Year Forward View and Implementation of NHS Long term Plan			

Priority	Actions	Timescales	Responsible Lead
Covid Surge	1. Continue to develop the crisis services in line with LTP requirements	1. Autumn 2022	OHFT/ OUH/OCC/OCCG and Stakeholders
Improving Access to mental health support	1. Work with NHSE to meet new data requirements for measuring access as they develop	1. As required	OHFT/OCCG/NHSE
National Mental Health Minimum Dataset	1. Continue to work with NHSE to flow data via the National Mental Health Minimum Dataset 2. Continue to work with NHSE to report on outcomes	1. Ongoing 2. Ongoing	OHFT/OCCG/NHSE
0-25 services	1. Continue the development of the 18-25 young adults offer	1. Ongoing	OHFT Adult MH/OCCG adult MH commissioners/third sector
Complex Children	1. Develop integrated service responses for children with complex needs	1. January 2022	CAMHS Partnership