

Oxfordshire Clinical Commissioning Group

Oxfordshire CAMHS Transformation Plan – 2016 Refresh

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Authors:

Lajla Johansson, Senior Commissioning Manager, Children and Young People

Dr Andy Valentine, GP Clinical Lead, CAMHS

Sarah Breton, Strategic Commissioner, Children and Young People.

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1 Background

The Oxfordshire Clinical Commissioning Group (OCCG) published the joint five year Child and Adolescent mental Health Services (CAMHS) Transformation Plan¹ at the end of 2015. This was part of a national drive² to improve and transform mental health services for children and young people in recognition that this has for many years been an areas which has not been given sufficiently priority and funding. This document is a refresh of the original plan and builds on it. We are not intending to rewrite the original plan, but wish to use this refresh so that we are able 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 that have been made to ensure transformation and workforce developments. CAMHS in Oxfordshire is jointly commissioned with Oxfordshire County Council through a S.75 Pooled Budget arrangement³.

2 Local need

A detailed analysis of local need was undertaken during the Review of CAMHS 2014⁴ and we have not seen a significant change in the overall population since then. However in some of the more vulnerable groups we have seen an increase, such as the number of Looked After Children. This is also the case for children with Autism Spectrum Conditions and behavioural difficulties, however is not clear from the data we have available whether this is a genuine increase in level of need or we are simply getting better at identifying and supporting those groups which would account for the increase in numbers. We will address later in the document how we have prioritised these groups and intend to improve services for those groups.

2.1 Health inequalities

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

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

- Black and Minority Ethnic Groups

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

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

³ Section 75 of the National Health Services Act 2006 contains powers enabling NHS Bodies to exercise certain local authority functions and for local authorities to exercise various NHS functions. This in turn enables better integration of health and social care, leading to a better experience and outcomes for patients and service users

⁴ <http://www.oxfordshireccg.nhs.uk/about-us/work-programmes/children-and-young-peoples-services/>

- Children who are Looked After (LAC) or on the Edge of Care
- Children who have been fostered or 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

3 Oxfordshire ambitions and how they align with Future in Mind

These ambitions were outlined in our first CAMHS Transformation Plan and remain relevant today:

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

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

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

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

No child or young person should be left without help when they are experiencing mental distress or trauma. Services for children in crisis will continue to be available 24/7. Any child or young person who is in distress will be considered in need of assessment and support quickly. For many this will be same day, but we aspire to ensuring that no child is left waiting more than two weeks for routine referrals. Every child will have access to a named 'supporter' to help them navigate their way around the CAMHS system.

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

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

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

4 Governance

We have established an Assurance Board⁵ chaired by the CAMHS GP Lead for Oxfordshire. It oversees the overall implementation of the CAMHS Transformation Plan and holds the providers and partners to account for delivery of the Plan. The Assurance Board is made up of key stakeholders who were part of the review (see appendix one for details). The Board meets every three months to review progress and has led the development of this refreshed plan. In addition to the Assurance Board there is also an internal programme board within Oxford Health NHS Foundation Trust, the provider of CAMHS. The programme board oversees detailed project planning for all the work streams to make the transformation a reality on the ground. The OCCG CAMHS commissioner attends these programme board meetings to ensure progress stays on track and to resolve any strategic issues if they arise. Problems with performance are escalated to the Assurance Board.

Every quarter the CAMHS commissioner is required to submit assurance reports to NHSE on progress against key strands of the Transformation Plan, including how funds are being spent.

⁵ See CAMHS Transformation Plan 2015 for details of the structure - <http://www.oxfordshireccg.nhs.uk/about-us/work-programmes/children-and-young-peoples-services/>

4.1 Buckinghamshire, Oxfordshire and Berkshire Sustainability and Transformation Plan

In December 2015, the NHS outlined a new approach to help ensure that health and care services are built around the needs of local populations. To do this, every health and care system in England has to produce a five year Sustainability and Transformation Plan (STP).

To deliver the five year STP plans based on the needs of local populations, local health and care systems now form 44 STP 'footprints'. Our footprint is made up of the local health and care economies of Buckinghamshire, Oxfordshire & Berkshire West.

Delivery of this the CAMHS Transformation Plan is an integral part of the Oxfordshire Local Transformation Plan. In particular the LTP highlights the need to:

- Radically upgrade the approach to the promotion of children's mental health
- Transform the perinatal mental health pathway to provide specialist input delivered before, during and after pregnancy
- Focus on parity of esteem so that services for children with acute and/or chronic medical conditions are integrated with mental health services either within or outside of the hospital to ensure a holistic approach.
- Deliver a step change in perinatal mental health services

4.2 Oxfordshire Transforming Care Partnership 2016-19 (all age plan for learning disability and/or autism spectrum conditions)

Transforming Care is the government's national programme⁶ to improve services for people with learning disabilities and/or autism, who display behaviour that challenges, including those with a mental health condition. The aim is to make sure more people are living in the community, with the right support and close to home.

The Transforming Care programme is focussing on:

- More choice for people and their families, and more say in their care
- Providing more care in the community, with personalised support provided by multi-disciplinary health and care teams
- More innovative services to give people a range of care options, with personal budgets, so care meets individual needs
- Providing early, more intensive support for those who need it, so people can stay in the community, close to home
- For those who do need in-patient care, ensuring it is only for as long as they need it

⁶ <https://www.england.nhs.uk/learningdisabilities/tcp/>

The CAMHS Transformation Plan will be delivering the mental health aspect of the Oxfordshire Transforming Care Partnership Plan⁷ for children and young people and will report into to Board governing on the progress and the implementation of this plan. There will be a Task and Finish Group which will look at the specific implementation of the national model including Care Treatment Reviews⁸ and in particular support needs around challenging behaviours for children and young people.

5 Partnerships and Collaborative commissioning

5.1 Local Stakeholder engagement and partnership

The Oxfordshire CAMHS Transformation Plan is intended to be a 'live' document, which will continue to be developed over time with the involvement of our stakeholders. This plan has been developed in partnership with:

- NHS England Specialist commissioners
- Health Youth Justice Board
- Oxford Health NHS Foundation Trust
- Oxfordshire County Council
- Parents (and parents groups)
- Children and young people
- GPs and primary care
- Community Paediatricians

- Schools and colleges
- Oxfordshire Public Health Team
- Adult mental health commissioners
- Third sector representatives

5.2 NHS England Specialist Commissioning partnership

CCG commissioners are working with NHS England Specialist commissioners to develop joint plans for collaborative commissioning of the pathway for those children and young people who may require in-patient care. This includes crisis response, admission avoidance and early discharge/ step down support. These plans are advanced in Oxfordshire in that we already have a crisis support and assertive outreach service in place including for those with a learning disability. In addition to those services the new Eating Disorder Service for children and young people will have an emphasis on treatment in the community and crisis support build into the model to avoid hospital admission where possible. For the Eating Disorder Service and the crisis/assertive outreach team there has been additional investment to improve capacity within services.

⁷ <http://www.oxfordshireccg.nhs.uk/about-us/work-programmes/transforming-care-learning-disabilities-and-autism/>

⁸ <https://www.england.nhs.uk/learningdisabilities/ctr/>

For children and young people with a learning disability and/or autism who display behaviour that challenge Care and Treatment Reviews (CTR) were implemented from April this year. CTRs have been developed as part of NHS England's commitment to transforming the services for people with learning disabilities and/ or autism who display behaviour that challenges, including those with a mental health condition.

The CTR ensures that individuals get the right care, in the right place that meets their needs, and they are involved in any decisions about their care. The CTR focuses on four areas: is the person safe; are they getting good care; do they have a plan in place for their future and can their care and treatment be provided in the community.

There will be further work with Specialist Commissioners to build pathways that reduce admissions to Tier 4 beds and reduce the length of stay. Both the new EDS and the focus on multi-agency CTRs are part of that work but more is to be done if real reductions in admission are to be achieved.

5.3 Health and Justice Commissioning partnership

NHS England Specialist Commissioners have also commissioned a Community Forensic Child & Adolescent Mental Health Services (CFCAMHS) with Oxford Health NHS Foundation Trust as the provider. The service acts as a tertiary referral service for CAMHS teams (including CAMHS/Youth Offending Team link workers and learning disability services for young people). In addition, the team is accessible to all agencies (e.g. social services, YOTs, prisons, courts, solicitors, education, health commissioners etc.) that may have contact with young people exhibiting risky behaviours or young people in the youth justice system who have mental health difficulties. The service provides a highly specialist forensic mental health triage, advice and signposting and formal consultation to a variety of agencies regarding cases of concern. It offers support for local services to enhance delivery of responsive child-centred care in high risk cases through multiagency care-planning and promotion of user engagement.

These services come under the general heading of the Thames Valley Young People's Forensic Service, and consist of:

Forensic CAMHS (NHSE Specialist commissioned): where there are concerns about mental health or neuro-developmental difficulties in young people who show a range of risky behaviour towards others or are involved with the youth justice system. This is a specialist service covering the Thames Valley.

Child & Adolescent Harmful Behaviour Service (Jointly commissioned between OCCG and OCC): for children and young people in Oxfordshire about whom there are concerns in relation to sexualised or sexually-harmful behaviour.

Liaison and Diversion service for Oxfordshire (NHS England commissioned): for children and young people in Oxfordshire about whom there are concerns in

relation to mental health or neuro-developmental difficulty at the first point of contact with the youth justice system.

5.3.1 New Developments and collaborative commissioning

Collaborative commissioning plans between the Health and Justice Commissioners and CCG commissioners in Thames Valley are currently being developed to look at how we can together build and commission a comprehensive pathway for those who come into contact with youth justice services, experience sexual harm or are returning to the area from Secure Childrens' Homes or Young Offenders Institutions where mental health issues have been identified.

6 Workforce, finances and activity

6.1 Workforce

Please refer to Appendix two for more details of overall establishment. New posts that have been or are in the process of being recruited to are marked in green. New posts in CAMHS are outlined in the tables below.

New Eating Disorder Service New posts

Profession	Band	Pre Transformation Eating disorder Service (WTE)	Post Transformation Eating disorder Service (WTE)
Psychiatry	cons lead	0	0.1
	consultant	1.2	1.2
Clinical Psycholo	8c lead	0	0.3
	8a	0	1
	7	1	0.3
Family Therapy	8c	0	0.2
	8a	0.2	0.5
CPN/SMHP/SW	7	0	0.9
	6	2.2	1
OSCA	7	0	0.5
	6	0	1.5
Dietician	7	0	1
	6	0.5	0
Paediatrician	Consultant	0	0.2
Assistant Psycho	4	0	0.5
Team manager	8a	0.3	0.5
Admin	4	0.5	1
Total Staff		5.9	10.7

Wider Service expansion new posts

Job Title	BAND	wte	Function
Primary MH development worker	5	3	PCAMHS School Inreach/PEPP Training
Primary MH worker	6	2	Assertive outreach (OSCA)
SPA clinical Coordinator	7	3	roles for new SPA-recruitment Oct
Barnardos worker	PW1 (b4)	6	Active recruitment with Barnardo's (November 2016)
CAMHS Engagment worker	4	1	To support comprehensive engagement with children, young people and families in the development of CAMHS

Overall 19.4 posts have been created across a number of disciplines and bandings. Some of these posts are still being recruited to due not sufficient number of suitable candidates in the first recruitment round. It should be noted that new posts that have been successfully recruited to have often been filled by existing staff which has then created vacancies in the service elsewhere. Recruitment is an ongoing problem and this not only a local problem, but is a national issue as all CAMH Services are expanding their staffing structures. Regrettably there are not sufficient nurses, doctors, psychologists and social workers to fill the vacancies and we are working closely with Health Education England to support the development of innovative solutions and how we can create more opportunities for skill mix and make better use of the Third sector.

6.2 Finances

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

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

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

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

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

The investment for 2016/17 financial year is as follows:

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

*£75,000 further investment is expected for the financial year 17/18

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

6.3 Performance

Below is a summary of the bench marking performance from 2014/15 in table 1 and table 2 shows the performance for 2015/16.

Table 1.

Oxon CAMHS (All Services) 14-15	Number
Referrals Received	5318
Referrals Accepted ⁹	4634
Direct Contacts (Attended)	31,672
Indirect Contacts (Attended)	10,150
Waits-% seen within 12 weeks	YTD
Tier 2 PCAMHS	45%
Tier 3 CAMHS	76%

Table 2.

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

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

There has been an increase in referrals of 635 from 14/15 to 15/16, which is an approximate 11% increase. In 14/15 approximately 13% of referrals were signposted elsewhere and in 15/16 this went down to 11%. The increase in referrals and their appropriateness has had an impact on waiting times, which shows fewer children and young people are been seen within 12 weeks for assessment and treatment. The services has seen a significant increase in referrals for Autism and ADHD assessments and the overall complexity of cases has increased, which has resulted in individuals staying in the service for longer and therefore reducing throughput. Despite the injection of additional funding the service has struggled to meet the

⁹ *Those not accepted would have been signposted elsewhere, or advice would have been given.

waiting times target and this has been due to a combination of factors such as difficulty in recruiting to vacancies, increase in referral rate and complexity and finally the transformation to the new model although it is underway is not complete and still requires a significant amount of work to be complete and fully embedded.

7 Achievements and developments 2015-16

7.1 Waiting list initiative

Work is ongoing to reduce waiting times, but this has been our biggest challenge with modest improvements over the past year. The key issue has been inability to recruit staff to increase capacity whilst referral numbers continue to rise. It has been the case that as new services have been developed and operationalised the new posts have been filled with existing staff leaving gaps in core CAMHS and this has meant having to recruit twice in effect. Performance around waiting times is monitored monthly through the contractual process and additional steps have been taken to monitor and reassess children who have waited more than 16 weeks to ensure robust risk management and monitoring to make sure children's mental health does not deteriorate whilst waiting to be seen. By December 2016 all children waiting for assessment over 16 weeks will be reassessed. Detailed reports are produced to identify actions in particular access for those who have waited the longest and so far nobody who have waited more than 16 weeks have been escalated due to deterioration in their situation after being reassessed. The trend is a month on month reduction in longest waiters and as of month five reporting the situation is the following:

- All emergency (24 hours) and urgent (7 days) are seen within target of 100%.
- The average current wait for PCAMHS Assessment is 10 weeks across the three localities.
- The average current wait for CAMHS Tier 3 Assessment is 12 weeks across the three localities, for Oxon Central CAMHS the wait is currently average of 14 weeks for assessment. The central locality is under the most pressure with regards to demand and capacity.

The increase in referrals for Autism diagnosis is creating a significant pressure on the service and 16% of the longest waiters are for Autism assessment. The service is now receiving approximately 30 referrals per month a near doubling over the past two years. Although numbers seem small the individual cases take up a significant amount of CAMHS resources due to the complexity of gathering information and diagnosing.

7.1.1 Risks and mitigations

The most significant risk to delivering the new model and reducing waiting times is workforce issues. This is a national issue with insufficient numbers of nurses and doctors attracted to work in CAMHS. Across the country all CAMHS are expanding their workforces significantly at the same time, which has resulted in demand rapidly outstripping supply. This is further exacerbated in Oxfordshire with high housing costs and full employment.

In Oxfordshire this is a key challenge and we have attempted to mitigate this by:

- Improved skill mix (nurse prescribers, using psychology assistants and third sector)
- Advertising trainee roles
- Subcontracting arrangements with independent sector providers
- Detailed monitoring of the waiting list on a case by case basis for long waiters
- Working with NHS Health Education England, Thames Valley Strategic Clinical Network and Oxford University to develop the workforce.

7.2 Work we have done to start implementing the new CAMHS model and reduce waiting times

7.2.1 Eating Disorder Service

A new Eating Disorder Service has been commissioned in collaboration with Buckinghamshire. The service has dedicated teams in each county, but shared management to improve efficiency and best value. The new specialist Eating disorder Service is now operational and has an official launch planned for end of October 2016 where all stakeholders are invited. The service has an emphasis of early intervention, speedy access and treatment in the community rather than inpatient care. New cases are being treated in the new service and existing cases are being transferred in a planned manner to ensure continuity of care. Waiting times will be mandated on a national basis and a baseline against performance is being measured this year to inform KPIs from April 2017. The mandated waiting times for this service will be four weeks from referral to treatment for routine appointments and one week for urgent.

Data tells us that up to 35% of young people in inpatient beds have an eating disorder and this cohort also have the longest stays of all patients. The new model (nationally mandated) is aiming to treat more young people in the community and doing it more quickly. There is a good evidence base that early intervention significantly improves recovery rate and longer terms outcomes and reduces admission to inpatient beds.

7.2.2 ASC diagnostic pathway

The work on the diagnostic pathway is now reaching its completion. The intention is that all 5-18 year olds requiring an assessment for Autism will be seen in this pathway with one point of entry. The pathway is a collaboration between CAMHS and Community Paediatrics Services delivering joint assessment clinics. The pathway has a dedicated co-ordinator who will oversee the gathering of reports before assessments thus making it as efficient as possible and making sure families do not have to repeat their stories to multiple professionals. The pathway has had external evaluation which has improved efficiency and made it possible to double the number of children seen. Approximately 100 children have been seen in this pathway over the past 11 months.

Post diagnostic support groups are now being offered to families where a diagnosis has been made. The sessions are now being evaluated and refined with feedback from families. A third sector organisation has been identified and will be coordinating the groups and delivering the content in partnership with CAMHS.

Further work on this pathway includes increasing the capacity in the pathway to take on all assessments for Autism and exploring bringing in the diagnosis of Attention deficit hyperactivity disorder (ADHD).

In the short term and as part of our waiting list initiative, a subcontract has been put in place with an independent provider for a small cohort of children who have been waiting for a long time for the assessment of ASC. If this is deemed successful following feedback from families and clinicians then we are intending to subcontract for more assessments to continue to bring down our waiting times whilst work on the pathway to increase capacity takes place.

7.2.3 Implementing new sexual abuse pathway

During this year we have commissioned a new Sexual Abuse Service. This provides single point of access for assessment and intervention for children and young who have experienced sexual abuse or exploitation. There have been 86 new referrals to date which is a tripling of the number received by CAMHS in previous years.

The Service has close links with the SARC commissioned by Health and Justice Commissioners, general paediatric services and Child & Adolescent Harmful Behaviour Service. It works alongside the Oxfordshire Kingfisher Team¹⁰ (OCC) in order to provide a single therapeutic pathway for victims of child sexual exploitation. Uniquely it also provides clinical supervision, training and support to the social care and police teams working with CSE victims. It is aligned with a voluntary sector service called SAFE that is commissioned by the Police and Crime Commissioner and provides group work and protective behaviours support for young victims of sexual crime.

7.2.4 School in-reach project

The school in-reach project is now fully implemented and all secondary schools have a dedicated CAHMS worker with whom they can liaise and consult with. Training for school staff as part of the offer to schools is also being delivered and three additional staff have been recruited to deliver this as well as having a case holding role. The offer of training about common mental health conditions to improve capacity and raise awareness has proven very popular with many schools signed up.

¹⁰ The Kingfisher team brings together Thames Valley Police, Health and Children's Services to support children and young people who are at risk of or who are being sexually exploited.

Pilot work is happening with primary schools to formulate an offer to them too. CAMHS has worked with three primary schools in our most deprived area to establish what support they would like to have from CAMHS and then work out what is sustainable and possible to deliver within the capacity available. The pilot is also coming to an end shortly and the offer will then be rolled out to primary schools during the coming year.

7.2.4 Adult mental health Improving Access to Psychological Therapies (IAPT)

In collaboration with commissioner for Adult Mental Health Services we have commissioned IAPT to extend its service to include access for 16-17 year olds where appropriate. A new pathway has been developed between CAMHS and IAPT and it has been agreed that CAMHS will continue to act as the single point of access for all under 18s, but will refer on to IAPT for treatment for those young people for whom it may be appropriate to access IAPT. Proactive identification of young people for IAPT and monitoring of this new pathway is due to commence shortly.

7.2.5 Early Intervention in Psychosis

A pathway for young people who experience first signs of psychosis has been designed between CAMHS and the Early Intervention in Psychosis Service which is a specialist service for 14-35 year olds within the Adult Mental Health Services. Commissioners for CAMHS and Adult Mental Health will jointly monitor with providers how the pathway is working and how young people can access the service in the most effective way that ensures waiting time KPIs of two weeks are achieved and young people have rapid access to evidenced based treatment for psychosis.

7.2.6 Psychiatric Liaison

24/7 Psychiatric Liaison is well established at Emergency Departments and these include children and young people under the age of 18. The crisis team in CAMHS liaise with the Psychiatric Liaison Service when a young person is involved and will ensure access to CAMHS where necessary.

7.2.7 Children and Young People's IAPT (CYPIAPT)

The CYPIAPT training continues to be rolled out for CAMHS staff and this is part of an ongoing plan to implement CYPIAPT across CAMHS. Oxford Health NHS Foundation Trust is in one of the leading partnership in the country that has been involved in developing and implementing CYPIAPT. Due to workforce issues described previously the Trust is now recruiting to training post as a way of skilling up the workforce as finding backfill to release staff is proving difficult. This approach will ensure that the roll out of IAPT continues and aspects of IAPT will also be made available to third sector partners as part of their training opportunities.

7.2.8 Looked After Children and Edge of Care

Dedicated psychiatric time is now in place for the pathway for LAC and edge of care children and two more posts have been recruited to in the assertive outreach team (OSCA) to support this cohort. In addition to this the Phoenix Team is now in place. The team undertakes health assessments and consultation for this cohort as well as young people known to the Youth Offending and Kingfisher teams. The Phoenix team is working into the new children's homes alongside CAMHS and the homes' therapeutic team. They support the identification of health needs and navigation of the health system to ensure those children and young people have robust assessments of their health needs and access to health services.

7.2.9 Integration with Children's Services

There is continued commitment from CAMHS and Children's Services to integrate where possible. Key areas have been identified where integration will start when the two services. There is further work underway to look at integrating the front door services.

7.2.10 Perinatal Mental Health

Much work has taken place on designing a new pathway for Perinatal Mental Health Services and a new model has now been agreed by all stakeholders. A collaborative bid between all services in the pathway for the first wave of funding has been submitted in September 2016. The funding is part of the national money that has been made available by central government improve Perinatal Mental Health Service for women and their families. If we are successful then work to implement the model will commence before Christmas 2016. The aim is to have a pathway which is NICE compliant and has evidenced practice embedded across the pathway and with one point of access.

7.2.11 Use of technology

Part of the multi point strategy to reduce waiting times and increase access Oxford Health NHS Foundation Trust will be piloting on-line CBT for young people in the coming year. This will if successful enable more self-help, choice about treatment methods and improving access to therapies. This will form part of the drive to use more technology to give choice and manage capacity and demand.

A project group involving young people has been set up to design and develop a more comprehensive website to enable better information and self-help support for children, young people and their families. Initial designs have been drawn up using learning from other areas and input from young people on how and what they would like the website to look like and be able to offer.

All staff has been equipped with IPADs so they can input data directly into Care Notes¹¹ and show individuals how they are improving as their treatment is progressing and moving towards achieving their outcomes. The software is being developed currently to enable data to be extracted to show effectiveness of interventions across services.

7.2.12 Engagement

A dedicated engagement post for CAMHS has been agreed with some of the transformation funding to support ongoing engagement of children, young people and their families using CAMHS. The post will build on the existing engagement plan and ensure that there are effective and regular opportunities for young people and families to influence the implementation of the new model, feedback on service quality and future service developments.

The CCG has also made funds available to do more strategic engagement with children, young people and their families through the newly established Youth Voice Forum managed by the Taking Part Team in OCC.

7.2.13 Evaluation of new model

An approach to evaluating the new model has been agreed and will involve collaboration between OHNFT, the Academic Health Sciences Network and Oxford University. The evaluation will help us validate the model, identify areas for development and shared our learning to promote effective and evidenced based mental health service for children and young people.

7.2.14 Most Capable Provider Process and Improved data

This process is due to commence within the next few weeks. The process is designed to assess the capabilities of the current provider to deliver the new CAMHS model. It will enable us to have more detailed implementation plan with trajectories for demand management and increase in capacity over the life of the contract. We will have more comprehensive KPIs with incentivised outcome measures than we currently have that will give us better data on the performance of the service as a whole.

The National Minimum Mental Health Data set is mandatory from April 2017 and we are currently working with Oxford Health NHS Foundation Trust on ensuring that is in place to capture data to monitor the performance of the service and report on KPIs that are nationally mandated such as the Eating Disorder Service.

¹¹ IT system used by OHFNT to hold patient data.

8 Priorities for 16-17

- Implement new Tier less model, pathways and a fully staffed CAMH Service
- To continue to work with Health Education England and the Thames Valley Strategic Clinical Network on workforce development
- To continue to roll out IAPT training (17/18)
- To develop better support for children and young people with challenging behaviour who have a learning disability and/or autism
- To develop and deliver collaborative commissioning plan with NHS England Specialist Commissioners
- To develop and deliver collaborative commissioning Plan with NHS England, Health and Justice
- Improve transitions from Horizon Service to adult services for those who have suffered sexual harm
- To complete evaluation of in reach into Primary schools pilot and roll out during 2017
- To commence planning and implementation of new Perinatal Mental Health Pathway
- To strengthen engagement of Young People, Education, and the Third sector in reviewing and developing the CAMHS Transformation Plan

Appendix one – New CAMHS Model



CAMHS MODEL
Final.pdf

Appendix two – CAMHS Workforce



FINAL workforce
Plan for 2016 refresh