

Oxfordshire Clinical Commissioning Group

# Oxfordshire CAMHS Transformation Plan 2017-18/19 Refresh

March 2018

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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 Plan<sup>1</sup> at the end of 2015. This was part of a national drive<sup>2</sup> to improve and transform mental health services for children and young people in recognition that this has for many years been an area which 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 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 arrangement<sup>3</sup>.

## 2 Local need and the Joint Strategic Needs Assessment (JSNA)

A detailed analysis of local need was undertaken during the Review of CAMHS 2014<sup>4</sup> 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 with behavioural difficulties and children experiencing trauma as a result of sexual abuse, 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.

The Oxfordshire JSNA is currently being updated and as well as general population data and analysis there will be themes developed around Oxfordshire's priority areas. A key priority is mental health to support our commissioning around the Five Year Forward View (FYFV)<sup>5</sup> which also includes the vision for children's mental health services. When this is published commissioners will be using this data to further inform commissioning of mental health commissioning for all ages.

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

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

<sup>3</sup> 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

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

<sup>5</sup> National Improvement Plan for Mental Health Services (all age). <https://www.england.nhs.uk/mental-health/taskforce/>

## 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
- 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<sup>6</sup>

## 3 Oxfordshire ambitions and how they align with Future in Mind

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

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

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<sup>6</sup> 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).

**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 by the end of the contract period. The most vulnerable families 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 Board<sup>7</sup> chaired by the CAMHS GP Clinical Lead for Oxfordshire. The Board 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 is in the process of updating its membership in light of the new CAMHS Partnership with the Third Sector who will also be presented on the Board.

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. The OCCG has established a new governance structure for the oversight and management of the new CAMHS contract and a Mobilisation meeting is held monthly which oversees the mobilisation and performance of the contract. A fortnightly Working Group takes place which is a forum for in depth discussions regarding progress and operational risks. Any concerns regarding performance are formally escalated to the Contract Review Meeting.

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. Further assurance to NHSE takes place through a newly established Five Year forward View delivery board that oversees all the developments for all age mental health services in line with the Five Year Forward View for mental health.

## 5 Buckinghamshire, Oxfordshire and Berkshire Sustainability and Transformation Partnership (BOB STP)

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

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<sup>7</sup> <http://www.oxfordshireccg.nhs.uk/key-occg-publications/oxfordshire-camhs-children-and-adult-mental-health-services-transformation-plan/63767>

and care system in England has to produce a five year plan for the Sustainability and Transformation Partnership (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 STP and in delivering the Five Year Forward View. In particular the STP 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 on an STP footprint
- 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.

The BOB STP has recently developed an all age FYFV Delivery Board and first draft Delivery Plan. Some of the key areas with particular relevance to children and young people will be:

- Workforce Planning and sustainability
- Crisis Pathway Planning and New Care Models
- Role of the Third Sector as partners and building capacity
- Exploration of delivery of IAPT and Early Intervention in Psychosis services in colleges as this is often where our most vulnerable young people are.
- Aspirations to develop services that are accessed based on need and not on age and to improve transitions.

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

Transforming Care is the government's national programme<sup>8</sup> 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

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



- 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

The CAMHS Transformation Plan will be delivering the mental health aspect of the Oxfordshire Transforming Care Partnership Plan 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 Reviews<sup>9</sup> and in particular support needs around challenging behaviours for children and young people.

## **7 Partnerships and Collaborative Commissioning**

### **7.1 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

A series of engagement events have taken place in the past few months with young people, parent, school and colleges to promote the CAMHS Transformation Plan and to get views on what our priorities should be for the coming year. The key themed feedback was:

#### **Young People:**

- They would like to have better knowledge of mental health, how to improve their own resilience and how to access support. Most of them did not know of the CAMHS link worker in secondary schools.

<sup>9</sup> <https://www.england.nhs.uk/learningdisabilities/ctr/>

- Would like 24/7 access to support preferably online like chat forum etc. that are confidential and don't always require a log on.
- Like to use technology more such as Skyping, Facetime and Apps such as Snapchat for awareness raising and access.
- Adults (including CAMHS) need to reach out to them as they often don't feel they have the confidence to ask for help or don't know how or who to ask.
- Need more awareness raising in schools and colleges to reduce stigma and how to seek help. These should not be one-off events, but need to be regular events
- They liked the development of the website with youth friendly information and want to see real stories from young people
- Would like to see a link to the CAMHS website through their school's portals, but not their websites. Both pupils and parents have access to the portals and these are safe confidential spaces.
- Year 7 transitions should have an element of understanding mental health, how to stay health and how to seek help and more information.
- Services should be developed/designed with young people using their language.
- Awareness raising should happen through social media, local radio, gigs and bigger events where celebrities who support Mental Health Matters are the key attraction.

#### **Parents:**

- Therapy should be autism specific for those children with autism and more 'generic' therapies do not work as well
- Earlier intervention for self-harm
- More education for schools on self-harm
- Schools do not always understand Eating Disorders and are not always supportive
- They would like better support in schools so their children with autism can access education and not be on reduced timetables.
- Access to training and support regarding managing emotional regulation and challenging behaviours for those where there is not a formal diagnosis of autism.
- Parents felt that they should be given more information about what to expect and what the treatment would be like
- Parents said that generally they would like more help in developing skills to support their child. More guidance generally about practical strategies would be valued.
- Would like to have more peer support that they can access
- Would like communication to improve and waiting times reduced.

#### **Schools:**

- Attendance and attainment of vulnerable children and young people due to emotional/poor mental health
- Would like support to help young people who self-harm and/ risky behaviours
- Transitions are key times of concern

- Not enough support system wide to vulnerable families to develop parenting capacity
- Would like to work together as a system to support families better – “Better together”.
- Would like to understand the role of CAMHS better and what they can offer through improved joint working and communication.
- Liked the CAMHS school in-reach in the new model, but would like that to be embedded more firmly and more capacity.
- Improve communication
- Improve CAMHS input into EHC plans and TAC's
- Would like more help/support with:
  - Practical tools to help build resilience and wellbeing
  - Crisis management
  - Support to Teachers to feel more confident
  - Understanding of risk/language
  - Recognising when they need to escalate.
  - Demystifying mental health
  - CAMHS supervision into schools
  - Easy access to all resources.
  - What a good referral looks like
  - Help to make sure pastoral care is of good quality

## 7.2 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.

For children and young people with a learning disability and/or autism who display behaviour that challenge Care Education and Treatment Reviews (CETR) were implemented from April 2017. CETR's have been developed as part of NHS England's commitment to transforming the services for people with learning disabilities and/ or autism who display behaviour that challenges, including those with a mental health condition.

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

community. The CCG is currently working on Guidance with stakeholders that will be shared when agreed.

OHFT has recently been invited by NHS England to submit a business plan for wave 2 of the New Care Models Programme<sup>10</sup>. The New Care Models are part of the delivery for the FYFV and are designed to ensure young people can access in-patient care when they need it and in a local setting. The FYFV describe the New Care Models in following terms:

“Bringing patients closer to home helps people to maintain a better connection with their families and friends, and improve how they interact with local services. This programme aims to reduce length of stay and the number of out-of-area placements in a number of specialised mental health services. It also aims to reduce expenditure, by delegating responsibility of the budget for inpatient services to local providers. Pilots in this programme:

- Use a multi-disciplinary team approach, with providers taking ownership of their patient population
- Develop a wide range of therapeutic interventions across a whole pathway
- Focus on recovery through accommodation, community activities, social networks and employment advice
- Work proactively with the criminal justice system, local authorities and secondary care providers
- Expand both liaison support and community follow-up provision
- Develop local capacity and capability to manage all types of patients

It is anticipated that the new partnership will go live later this year with OHFT as the lead provider of the partnership. The partnership covers Inpatient Acute Child and Adolescent Mental Health Services (Tier 4 CAMHS).

Within the scope of this application are:

- General Adolescent inpatient units (GAU's)
- High Dependency units
- Psychiatric Intensive Care Unit (PICU)
- Specialist eating disorder inpatient services
- Low secure adolescent inpatient services.

Tier 4 CAMHS General Adolescent Services deliver tertiary level care and treatment to young people with severe and/or complex mental disorders usually necessitating Inpatient or Day patient intervention.

The T4 CAMHS Network is formed between:

- Oxford Health NHS FT (OHFT)
- Berkshire Health NHS FT (BHFT)
- Avon and Wiltshire NHS Partnership Trust (AWP)
- 2Gether NHS FT
- Weston Area Health NHS Trust (WAHT)
- The Huntercombe Group (THG)
- Priory Healthcare

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<sup>10</sup> <https://www.england.nhs.uk/blog/bringing-specialist-mental-health-services-closer-to-home/>

- Southern Health NHS Foundation Trust (SHFT) – whilst not a formal part of this network will provide access to their low secure beds CAMHS beds and provide input into the network when required

Managing both acute inpatient and Eating Disorder beds will complement the comprehensive CAMHS community services delivered within the geographical footprint identified above. This bid intends to have a direct impact on crisis care arrangements for young people in mental health distress who present at Emergency Departments and social care seeking emergency placements.

### 7.3 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.

## 7.4 New Developments and Collaborative Commissioning

The CAMHS Forensic Service has recently been out to tender by NHSE Health and Justice Commissioners and OHFT were successful in securing the contract to deliver these services across Thames Valley.

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.

A portion of the Transformation funding has come from the NHSE Health and Justice Commissioners and we have in collaboration with them and Children's Services designed a service which is aimed at delivering improve access to mental health services for some of our vulnerable and most risky young people. The details of the Service will be described further on in the document.

## 8 New national developments to support children and young people's mental wellbeing

### 8.1 Public Health England Prevention Concordat

Public Health England (PHE) launched the Prevention Concordat for Better Mental Health Programme at the end of August 2017 in response to recommendation two in the Five Year Forward View for Mental Health.<sup>11</sup> The aim is to galvanise cross-sector action to put in place effective prevention planning arrangements in all local areas. The focus is on the prevention of mental health problems and the promotion of good mental health.

The scope of the Prevention Concordat is broad and covers the whole of the life course. However, The Faculty of Public Health has acknowledged that:

"Most mental illness has its origins in childhood. The most important modifiable risk factors for mental illness and the most important determinants of mental wellbeing are childhood ones. The most important opportunities for prevention of mental illness and promotion of mental health therefore lie in childhood, many of them in the context of the family"<sup>12</sup>

The Oxfordshire Health Improvement Board is leading a multi agency workshop on mental wellbeing in March 2018. The aim is to bring partners together to consider what is already in place to promote good mental health and to prevent mental health

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<sup>11</sup> <https://www.england.nhs.uk/wp-content/uploads/2016/02/Mental-Health-Taskforce-FYFV-final.pdf>

p75

<sup>12</sup> [http://www.fph.org.uk/a\\_good\\_start\\_in\\_life](http://www.fph.org.uk/a_good_start_in_life)

problems and what more could be done. A key strand of this work will be focused on intervening early to support parents, children and young people.

## **8.2 Transforming children and young people's mental health provision: a green paper**

The government is asking people for their views on a green paper setting out measures to improve mental health support for children and young people.

The green paper focuses on earlier intervention and prevention, especially in and linked to schools and colleges.

The proposals include:

- creating a new mental health workforce of community-based mental health support teams
- every school and college will be encouraged to appoint a designated lead for mental health
- a new 4-week waiting time for NHS children and young people's mental health services to be piloted in some areas

The consultation finished at the beginning of March and the first roll out of Community Based Mental Health Support Teams will commence in 2018. There is a commitment to have a fifth to a quarter of the country having these new teams by 2022/23. It is unclear at this point what the proposed investment level will be and what the funding mechanism will be.

The new CAMHS model does incorporate all the above elements, but the partnership is delighted that there may be additional funding to increase capacity for earlier support in schools and colleges and there will be a national drive to support this approach. The CAMHS contract has been ambitious and has set a four week waiting time target for the latter part of the five year contract.

## **9 Workforce, finances and activity**

### **9.1 Workforce**

Please refer to Appendix two for more details of overall establishment.

OCCG continues to have a clear priority to ensure that it works with all providers to develop a shared workforce strategy.

This work is supported by the Thames Valley SCN workforce working group, which has brought all key strategic partners together as well as providers and commissioners of children's mental health services.



This has provided an initial benchmark of gaps and issues and some possible solutions. The initial focus of the workforce strategy has been to focus on the key areas of CYP IAPT, EIP, PPEP care and eating disorders, while the scope of the wider system is being considered (STP and Accountable Care Systems<sup>13</sup>)

Doing this with the Thames Valley NHSE Strategic Clinical Network will also ensure that this will align to the work being undertaken by the STP and Accountable Care Systems<sup>14</sup>.

This local transformation plan aligns to the overall mental health FYFV delivery plan for OCCG, which will continue to align to the developing mental health delivery plan for the BOB STP and relevant Accountable Care Systems.

Oxfordshire has taken an innovative approach and is actively looking at skills mix in teams, developing nurse prescriber posts and desire to enhance clinical leadership. The introduction of the Third Sector as a partner in delivering CAMHS, is developing a new workforce whilst retaining clinical oversight and ensuring clear governance structures. A specific training programme has been put in place and is currently being delivered to continue to expand on capacity development and enhancing skill levels in line with CYP IAPT. CAMHS will evaluate the third sector roles to establish the impact on young people and positive outcomes.

The local workforce plan includes not only plans for CAMHS staff and the Third Sector Partnership, but also the wider children's workforce. Skills mapping has taken place through consultation and the development of the new model with key stakeholders. As a result the new model has a clear remit around developing capacity in the wider workforce. The aim is to foster early intervention and for staff to feel confident and having the skills when dealing with children and young people who show signs of distress, emotional difficulties and knowing how to identify mental health problems in children and young people. Training plans have therefore been developed to build capacity in:

- ✓ Primary care
- ✓ Primary schools
- ✓ Secondary schools
- ✓ Colleges
- ✓ Children's services
- ✓ The Third sector

A further training plan is being developed to support the Transforming Care agenda with a particular emphasis on a Positive Behaviours Approach<sup>15</sup>. The training plan aims to support more CAMHS staff (including in-patient services) to develop skills, knowledge and evidenced based interventions for children and young people with LD and/or ASD whose behaviours that challenge. The plan will look to develop a train

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<sup>13</sup> <https://www.england.nhs.uk/accountable-care-systems/>

<sup>14</sup> <https://www.england.nhs.uk/2017/06/nhs-moves-to-end-fractured-care-system/>

<sup>15</sup> <http://www.challengingbehaviour.org.uk/information/information-sheets-and-dvds/keymessagespbs.html>



the trainer model to ensure sustainability. The plan will also include training for specific Children's Services to develop capacity in the wider system.

## 9.2 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 three financial years was as follows:

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

<b>Other CAMHS additional Funding 2015-16</b>	
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
<b>Total Investment</b>	<b>£3,216,495</b>

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

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

**The investment for 2016/17 financial year was as follows:**

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

<b>Other CAMHS additional funding 2016-17</b>	
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
<b>total investment</b>	<b>£3,562,150</b>

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

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

The investment for 2017/18 financial year is as follows:

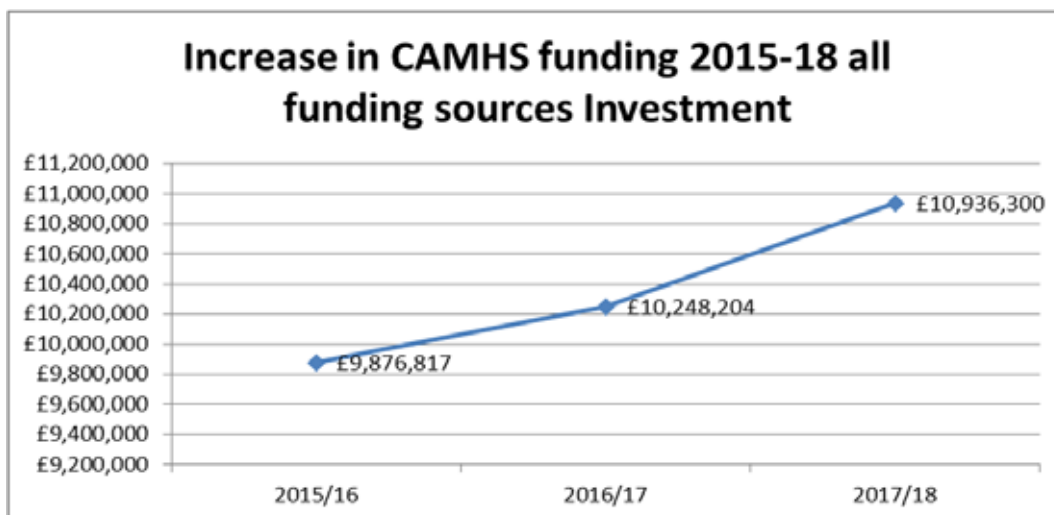
<b>CAMHS Budget 2017-18</b>	
New CAMHS contract*	£8,400,000
Additional funding earmarked for stretch targets	£175,000
<b>Total CAMHS investment (CCG &amp; OCC)</b>	<b>£8,575,000</b>

\*includes OCC investment of £754,420 and Eating Disorder investment of £334,000

<b>Other CAMHS additional funding 2017-18</b>	
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
<b>total investment</b>	<b>£2,361,300</b>

\* awaiting final confirmation from NHSE on funding

<b>Total CAMHS funding from all funding sources 2017-18</b>	
Oxfordshire CAMHS funding (CCG & OCC)	£8,575,000
CAMHS additional funding	£2,361,300
<b>Total</b>	<b>£10,936,300</b>



### 9.3 Performance

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

Table 1.

Oxon CAMHS (All Services) 14-15	Number
Referrals Received	5318
Referrals Accepted <sup>16</sup>	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 <sup>16</sup>	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.

<sup>16</sup> \*Those not accepted would have been signposted elsewhere, or advice would have been given.

Table3

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

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 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.

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

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

#### Implementing the FYFV for Mental Health

Oxfordshire CAMHS is currently meeting the 2018/19 targets according to the latest submissions to NHSE.

## **10 Achievements and developments 2017-18 against priorities and other new developments**

### **10.1 Implementing new CAMHS model**

During the autumn 2016 the OCCG held a Most Capable Provider Process inviting OHFT to submit a bid to deliver the new CAMHS model. The evaluation panel was made up of members of the Assurance Board and had representative from parents and young people. Young people developed their own questions and these formed part of the evaluation. Some of the young people had been part of the process from the beginning of reviewing the service and then developing the new model.

The process concluded in March 2017 and the contract was awarded to OHFT following a successful bid. The new contract came into effect from beginning of May 2017. We are now in the mobilisation phase and as a first step OHFT has undertaken a staff consultation to restructure in order to deliver the new model. This is concluding and new pathways are being set up. Some of the key developments have so far been to:

- ✓ Set up initial launch of the single Point of Access in the model. This is now operational.
- ✓ Further develop the Neuropsychiatric pathway to not only include Autism diagnosis, but also ADHD and treatment for those with co-morbid presentations. Post diagnostic support is in place for ASD and will be developed for those newly diagnosed with ADHD. Planned to be operational from end of April.
- ✓ Other pathway in the model such as Getting Help and Getting More Help will be fully operational from the end of April.
- ✓ Set up the formal partnership with the Third Sector to deliver CAMHS together
- ✓ A CAMHS Link worker is now fully embedded in every secondary school
- ✓ The Offer to primary schools has been developed and will be delivered from January 2018.
- ✓ Started to pilot on-line Cognitive Behavioural Therapy

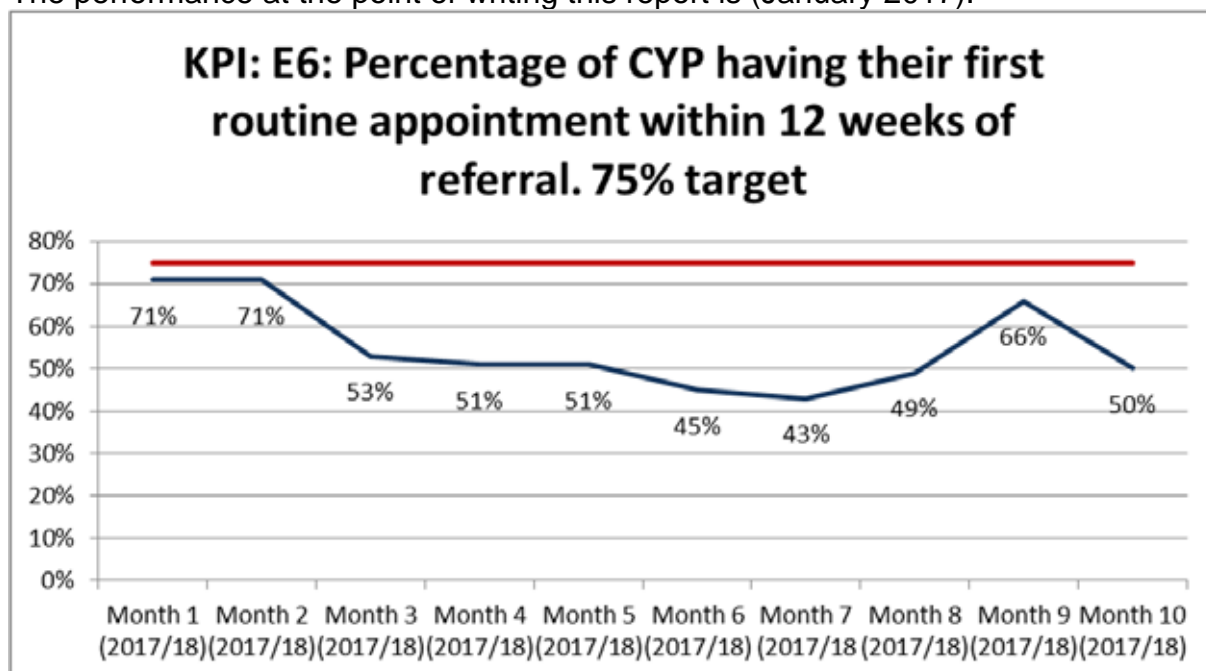
### **10.2 Waiting list initiative and demand and capacity modelling**

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. 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

The main KPIs for Year One of the contract are:

- 1) 75% of CYP will start treatment (or receive a diagnostic outcome if neurodevelopmental pathway) within 12 weeks of referral.
- 2) 75% of all patients referred to the neurodevelopmental pathway (non-comorbid ASD) receive a diagnosis or start treatment within 12 weeks of referral
- 3) Eating Disorder Service: 75% of CYP with routine referrals will start treatment within 4 weeks of referral, and 95% of CYP with urgent referrals will start treatment within 5 working days

The performance at the point of writing this report is (January 2017):



- All emergency (24 hours) and urgent (7 days) are seen within target of 100%.
- The average current wait (for those still waiting) for PCAMHS Assessment is 9 weeks across central, 12 weeks for North & 10 weeks for South.
- The average current wait (for those still waiting) for CAMHS Tier 3 Assessment is 13 weeks across South, 13 weeks across Central and 10 weeks across North.

From April 2018 reporting will change to reflect the new model i.e. Getting Help, Getting More Help etc. and will include new outcomes for year 2 of the contract.

The increase in referrals for Autism diagnosis is creating a significant pressure on the service. The service is now receiving approximately 30 referrals per month a near doubling over the past three 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. The redesign of the Diagnostic pathway has been successful and has shown to reduce waiting times from one year to six months when the pilot was evaluated. This is based on a two day services and this will be extended to five days by the end of April and be delivered in partnership with the General Paediatric Service. Feedback from families has been very positive and the post diagnostic support has also had positive evaluation.

OHFT has as part of their action plan started to work with NHS Elect<sup>17</sup> to look at capacity and demand management and opportunities to increase capacity through effective working and streamlined processes.

#### 10.2.1 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.
- Working across the STP to have a joint up workforce plan.

This continues to be a key priority area for the CCG and OHFT.

### 10.3 Mental Health Crisis Pathway

There is currently work taking place between Commissioners and OHFT to map an all age mental health crisis pathway with the view of establishing a clearly mapped all age offer. The work will focus on:

- preventing people from reaching crisis point in the first place
- helping to develop new approaches to support people who experience a mental health crisis
- reducing out of area hospital placements

For Children Specifically:

OHFT has put forward a business case as part of the invite for CYP Crisis money to provide enhanced crisis team provision (OSCA) to support existing services to develop greater resilience and avoid admissions. The trust has successfully been

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<sup>17</sup> <https://www.nhselect.nhs.uk/What-we-do>



awarded non recurrent funding to trial the proposed investment in senior practitioners in our crisis team provision (OSCA) to help the team develop greater resilience and avoid admissions. This will increase the capacity of the service to engage in home treatment options, and to offer senior expertise to develop and support partner organisations such as local authority, paediatrics, and residential care facilities.

A bid has been submitted to NHSE for Capital funding to deliver a Psychiatric Intensive Care unit and there are aspirations to have a crisis facility to ensure young people can be assessed in a safe and youth friendly environment.

The New Care models is part of the Crisis Pathway as described earlier and is aiming at ensuring quick access to in-patient care locally and reduced bed days with support of local services to facilitate timely discharge. In-patient stay will have clear care plans with reasons for admission, treatment required and anticipated length of stay so care planning for discharge can commence from the onset of admission.

#### **10.4 Housing Pathway Post**

The Young People's Housing Pathway is commissioned in partnership between Oxfordshire County Council, the City and District Councils. The Pathway delivers 222 beds spaces delivered by 5 supported housing providers for young people aged 16 to 24 years inclusive, who are homeless or at risk of homelessness.

This includes support to newly arrived Unaccompanied Asylum Seekers and young people Leaving Care. In addition, the County Council developed an internally delivered service providing a minimum of 8 beds across the County. Support within the accommodation is provided by either on-site staff or through floating support. A new post has been created to work into the Young People's Housing Pathway to provide mental health support to individuals in the pathway, to provide clinical supervision and training to support staff to build capacity. The post sits in the OHFT CAMHS Forensic Service which enables the practitioner to draw upon specialist knowledge and enhance risk assessment expertise. The post became operational in November 2017.

#### **10.5 Improve transitions from Horizon Service to adult services for those who have suffered sexual harm**

The Horizon Service has now been operational for two years. It provides single point of access for assessment and intervention for children and young people who have experienced sexual abuse or exploitation. 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.

The Service has close links with the Sexual Assault Referral Centre commissioned by Health and Justice Commissioners, Community Paediatric Services and Child & Adolescent Harmful Behaviour Service. It works alongside the Oxfordshire Kingfisher Team<sup>18</sup> (OCC) in order to provide a single therapeutic pathway for victims of child

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<sup>18</sup> 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.



sexual exploitation. Uniquely it also provides clinical supervision, training and support to the social care and police teams working with CSE victims.

## **10.6 Transforming Care -Crisis support for children with a learning disability whose behaviours challenge**

A multi-agency project group with parent representatives was established to deliver the children's actions in the Local Transformation Plan for those with a learning disability and/or ASD. A key deliverable against the national Service Model is crisis intervention to avoid in-patient care and out of area placement to specialist educational settings. The national service model puts emphasis on a Positive Behaviours Approach to support those with behaviours that challenge the system. In Oxfordshire we already have a specialist learning disability service and 24/7 crisis support with some capacity to deliver Positive Behaviour Plans for individual children. However it has been acknowledged that the team does not have sufficient capacity to deliver a comprehensive Positive Behaviours Plans for all the children who need this specialist intervention. Recruitment to CAMHS remains challenging particularly in learning disability services. The adult LD Service has an Intensive Support Team (IST) in place and is not experiencing the same recruitment issues. We have therefore been working with the adult service to make it all age and to support the CAMHS LD with their most complex cases so they can free up capacity.

An all age care model has been developed and is described as follows:

### **Intensive support for people with a learning disability/ autism in crisis and/or at risk of hospital admission**

The Intensive Support Team (IST) is a community based service providing focussed assessment and intervention to **adults and children** with Learning Disabilities who are challenged by complex behavioural difficulties. The IST provides a service where people live and work, with the aim of making recommendations to maintain that person's current environments and settings (if appropriate to do so). The service is currently provided during standard office based hours. Out of hours working is provided at times to gain assessment information, or support interventions. This is on a planned basis and team members working outside of care hours take time back in lieu. The IST is not a crisis emergency intervention service. It is a complimentary service to local Community Learning Disability Teams (CLDT's) to meet the needs of service users who challenge the service and whose needs are best met through a period of intensive, focussed assessment and intervention that is beyond the capacity of the LDT to provide. The principle aim of the IST is to reduce, where possible, unnecessary admissions to Assessment and Treatment Units and Out of County placements by providing a local, community based alternative to meet people's needs where they reside and to increase individuals quality of life.

It provides intensive, focussed, specialist Multi-Disciplinary assessment and interventions to service users presenting with a Learning Disability and significant behaviours which are challenging services:

- To prevent hospital admissions and to support discharge where individuals are inpatients
- To prevent placement/provider breakdown
- To support service user skill development and to enhance their quality of life
- To support staff/carers/family members to increase competence and confidence in meeting the needs of the individual they support by:
  - Increased understanding of needs
  - Providing training
  - Practical support through implementation of strategies
  - Providing advice

The IST model has a strong emphasis on a team of stakeholders (including the service user) in working towards achieving the outcomes as outlined in the service users Person Centred Positive Behavioural Support Plan.

Clinical Models underpinning the practice of the IST include:

- Functional Behavioural Assessment
- Applied Behaviour Analysis
- Positive Behaviour Support
- Person Centred Active Support
- Person Centred Practice
- Intensive Interaction
- Periodic Service Review

We are anticipated this new all age service will commence recruitment and to extend and build capacity/knowledge base to deliver interventions for children from April 2018.

## **10.7 Special Educational Needs and Disability Reforms (SEND)**

The new CAMHS contract has a new Key Performance Indicator (KPI) to support Oxfordshire delivery of the SEND reforms. We will start to measure the timeliness of contributions to Education, Health and Social Care Plans. Additional plans are being developed by the Designated Clinical Officer (DCO) who has delegated responsibility to support the CCG meeting its statutory responsibilities in relation to Special Educational Needs and Disability (SEND). The plans will include putting systems and training in place to ensure timeliness and that plans are outcome focussed and of good quality.

## **11 Summary of work/priorities already delivered as part of CAMHS Transformation**

### **11.1 Eating Disorder Service**

A new Eating Disorder Service has been commissioned in collaboration with Buckinghamshire as part of our Transformation Plans. The service has dedicated teams in each county, but shared management to improve efficiency and best value. 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 term outcomes and reduces admission to inpatient beds.

The new specialist Eating disorder Service has now been operational for one year. The service has set up an engagement group made up of young people in the service and their parents and they have been involved in shaping the service in its first year and developing information for young people and their families.

The service has organised a second wider stakeholder event which took place in January 2018. This is to continue to support the development of the service and ensure pathways are working across key stakeholder including Primary Care.

Waiting times is a nationally set Key Performance Indicator (KPI) of four weeks from referral to treatment for routine appointments and one week for urgent and these will come into effect from 2020. In preparation for this these KPIs are now part of the current contract.

### **11.2 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 in place.

### **11.3 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.

#### **11.4 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.

#### **11.5 Children and Young People's IAPT (CYP IAPT)**

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

#### **11.6 Looked After Children and Edge of Care**

Dedicated psychiatric time is 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.

#### **11.7 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 and opportunities for co-location and hot-desking.

#### **11.8 Perinatal Mental Health**

Oxfordshire were unfortunately not successful in Wave One of the bidding round for funding for a new Specialist Perinatal Mental Health Service. 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 and is part of delivering the FYFV. Wave Two bidding process is now underway and the key change is that

the bid has to be an STP footprint. The BOB STP has therefore come together and is currently producing a joint bid working with stakeholders. If we are successful then work to implement the model will commence when funding is made available. 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. The new model will be the same across Oxfordshire and Buckinghamshire with a shared management team.

## 11.9 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 Notes<sup>19</sup> 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.

## 11.10 Engagement

A dedicated participation 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. They have recently held their first AGM and had Mental Health as a specific item for discussion. At the point of writing this report we are still awaiting the feedback report to further inform our CAMHS developments.

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<sup>19</sup> IT system used by OHFNT to hold patient data.

## 11.11 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. The details of the evaluation research approach can be found in appendix three.

## 11.12 Improved data and the National Mental Health Minimum Dataset

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

The OCCG is working with OHFT through a formal partnership meeting that jointly identifies gaps and actions needed to further improve the dataset which is all age. The CAMHS data improvement plan is overseen in this governance structure.

## 12 Priorities for 18-19

Priority	Actions	Timescales	Responsible Lead
<b>Continued mobilisation of CAMHS contract in Year 2.</b>			
Embed new model and pathways	1. Operationalise new pathways (SPA, Getting Help, Getting More Help, Integrated Social Work Service, CAMHS LD, Neurodevelopment Pathway	Spring 2018	CAMHS Partnership/OCCG
Access - Reduce waiting times	1. Continue to reduce waiting times by implementing model and capacity/demand modelling	Ongoing	CAMHS Partnership/OCCG
Workforce Development	1. Continue to roll out CYPIAPT 2. Deliver schools offer to Primary Schools 3. Work with HEE	1. Ongoing 2. April 2018 3. Ongoing	CAMHS Partnership

Priority	Actions	Timescales	Responsible Lead
	and SCN to support recruitment and workforce development 4. Deliver training to Third Sector on how to identify and support mental health in CYP	4. April 2018	
Young People's feedback	1. Complete phase one of CAMHS new website to go live with self-help tools 2. Work with schools/colleges to promote the new website so young people are aware of where they can get help should they need it. 3. Continue to implement outcome based planning in CAMHS	1. May 2018  2. September 2018  3. Ongoing	CAMHS Partnership  CAMHS Partnership/Education  CAMHS Partnership
Collaborative working	1. Continue to develop partnerships with schools 2. Contribute to School Health Improvement Plans 3. Continue to work with Children's Service, School Health Nurse Service on integration and support to schools	1. Ongoing  2. Ongoing  3. Ongoing	CAMHS Partnership/OCCG/OCC/Ed ucation
<b>Special Education Needs and Disabilities Reform</b>			
SEND Action Plan	1. Put in place processes, guidance and training for staff to	May 2018	Designated Clinical Lead and CAMHS Partnership



Priority	Actions	Timescales	Responsible Lead
	<p>improve timeliness and quality of EHCPs</p> <p>2. Put in place monitoring of 6 weeks targets to respond to requests for CAMHS PARTNERSHIP input into EHCPs.</p> <p>3. Target support to the highest excluding secondary schools for CYP with SENMH</p>		
<b>Five Year Forward View Implementation Plan</b>			
Develop Specialist Perinatal Mental Health Services	<p>1. Develop and submit bid for funding of new service</p> <p>2. Implement service if the bid is successful</p>	<p>1. March 2018</p> <p>2. Summer 2018</p>	<p>OCCG and Partners</p> <p>OHFT/OCCG</p>
New Care Models and collaborative working	<p>1. Implement New Care Models for inpatient care and crisis provision</p>	<p>1. Spring 2018</p>	<p>OHFT/NHSE Specialist Commissioning/OCCG</p>
Support to FE colleges	<p>1. Explore with colleges to options to deliver IAPT and EIS in FE Colleges</p>	<p>1. From April 2018</p>	<p>OHFT Adult MH/OCCG adult MH commissioners</p>
<b>Transforming Care for those with a Learning Disability and/or Autism</b>			
Crisis Support to avoid unnecessary hospital admissions or out of county placement in 52 week residential settings.	<p>1. Operationalise all age Intensive Support Service</p>	<p>1. From April 2018</p>	<p>OHFT adult LD Service/OCCG</p>
Care Education and Treatment Reviews	<p>1. Complete guidance on CETRAs and publish on Local Offer</p>	<p>1. Spring 2018</p>	<p>OCCG</p>



Priority	Actions	Timescales	Responsible Lead
Workforce development	1. Deliver comprehensive training plan to further enhance workforce skillsets to implement a Positive Behaviours Approach and autism friendly interventions	1. 2018/19/20 (Two year training plan)	CAMHS Partnership/OCC
Peer support for parents	1. Explore the possibility of developing peer support networks for parents of children with LD and/or Autism	September 2018	CAMHS Partnership/parents/OCCG
<b>Prevention</b>			
PHE Prevention Concordat	1. Work with Public Health England to promote the Concordat and associated tools to schools/colleges where requested to support them with resilience building and how to support emotional wellbeing	From April 2018	CAMHS Partnership/Public Health England
Transforming children and young people's mental health provision: a green paper	1. Bid for any funding that may become available for the implementation of the Green Paper	TBA	CAMHS Partnership/Education/OCC G/OCC

## Appendix one – New CAMHS Model



CAMHS MODEL  
Final.pdf

## Appendix two – CAMHS Workforce



CAMHS Workforce  
LTP Refresh 2017 Fin

## Appendix three – CAMHS Evaluation Research



CAMHS evaluation  
1st report October 20