

Buckinghamshire Transformation Plan for Children and Young People's Mental Health and Emotional Wellbeing

2015- 2022

September 2021



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The 2020- 2022 refreshed Local Transformation Plan (LTP) reflects changes and developments delivered since October 2019. The years 2020 and 2021 have been extraordinary due to the pandemic with initial suppressed demand for mental health services, with an increase in demand being seen through late 2020/ early 2021 particularly in relation to crisis and eating disorder services.

The plan has been updated to include refreshed data on need and includes changes delivered in response to Covid-19 restrictions and demands. The plan has been developed based on feedback from service users, stakeholders, and the changing needs of the local population within Buckinghamshire and outlines priority areas for transformation in the next 12 months and beyond in line with the NHS Long Term Plan and reflects the impact of Covid-19 on the service.

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

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

The experience of young people, parents and carers has been considered in developing this plan. CAMHS have a young people's participation group, Article 12, which includes a full-time participation worker to support this work with children, young people, parents and carers. In addition, the Eating Disorders team have a Young People's Forum whereby a small group of young people are involved in improving information and communication within the eating disorder pathway. An active Parent Dialogue Group (PDG previously Parent Advisory Group) represents the voice of parents and carers. The group has recommenced its quarterly meetings following a break due to the pandemic.

Stakeholder engagement within Buckinghamshire has been limited over the last 18 months due to the pandemic and its impact on meeting and redeployment of staff.

However, feedback to inform the plan has been taken from a number of sources including:

- SEND Survey conducted by FACT Bucks
- Attendees at the link worker project
- Meeting with Article 12
- Meeting with Foster carers
- Fair Access Board feedback from Secondary Schools via Aspire

- Parent Dialogue Group
- Emotional Wellbeing and Mental Health Strategy Group.
- Informal feedback from stakeholders
- I want Great Care feedback from service users and parents/carers

During 2021/22 we have completed a system maturity tool for CYP MH services to identify areas for further development and these are reflected below and throughout the plan.

Key messages from young people, families and stakeholders during 2020/2021 have indicated the following areas for development. This plan will look to address how locally we will tackle these and other areas for development over the next 12 months.

- Transitions to adult services
- Care leavers
- Reporting outcomes to show how the service has made a difference
- Developing links and pathways across the early help offer within Buckinghamshire
- Addressing waiting times for neurodevelopmental assessments and development of the pre and post diagnostic support pathway
- Schools knowing who to contact in CAMHS
- Response to crisis for children with complex needs
- Children who are not in education, employment or training (NEET)
- Support for parents/carers in helping the child/young person understand their diagnosis
- Development of the eating disorder pathway.

As a county Buckinghamshire are developing the adult community support offer as part of the Community Mental Health Framework (CMHF) and associated transformation programme. This adult focussed project will look to develop the community support available to people with long term mental health conditions and will be based around the Primary Care Networks (PCNs) in the community. In Buckinghamshire, the experience of building the collaborative offer of support across mental health services, social care and the voluntary sector through the CAMHS service, will be built upon to further advance the development of the Community Mental Health Transformation across adult service offers.

Covid 19 and mental health

The long -term impact of the covid – 19 pandemic on children and young people’s mental health and wellbeing is yet to be fully quantified however it is widely acknowledged that there has been an increase in the need for mental health and wellbeing support over the past 12 - 18 months with a likely long term impact over the coming years; 10m people, including 1.5m children, are likely to need new or additional mental health support as a direct result of the crisis (O’Shea, 2020). A combination of contributory factors relating to the pandemic and lockdown are cited, including but not limited to:

- Loneliness and isolation
- Concerns about getting ill or a family member becoming unwell and
- Concerns about school college and university work

At the start of the pandemic Buckinghamshire CAMHS service experienced initial suppressed demand in April and May 2020, this was a likely consequence of restrictions in place at the time and uncertainty from people about their own safety if they needed to attend appointments. In June 2020 referrals steadily started to increase and by November activity had exceeded the levels experienced in the same period in 2019. General CAMHS referrals into the single point of access were 37% higher than the same period in the previous year with the service reporting that the acuity and complexity of the young people that are coming through the service has also increased.

Children and young people’s eating disorder services have experienced some of the largest increases in activity, referrals between March 2020 and April 2021 were 67% higher than the same period in 2019/20.

Response

Whilst some non-urgent services were initially paused, Buckinghamshire CAMHS responded to COVID19 taking the following actions:

Quarter 1 (April to June 2020)

- At the start of the pandemic staff were re-deployed from their normal duties into critical assessment and treatment functions.
- Services quickly moved to a digital platform where appropriate and clinically safe to do so. Some pathways continued to offer face to face appointments using appropriate precautions and infection control measures e.g. for Eating disorders clinic.
- The majority of therapeutic contact was moved to online/ electronic contact. Play therapy and trauma worked continued face to face.
- CAMHs compiled resources to support children and young people who were experiencing concerns about their mental health and embedded these onto their website.
- Investment from the Clinical Commissioning Group was re-prioritised in year to focus on key areas of delivery: emphasis on increasing staff resources to manage increase in demand for eating disorder services.
- Implementation of 24/7 mental health helpline. This has now been successfully embedded into the service.

Quarter 2 – July to September 2020

- Neurodevelopmental screening and assessments resumed in August 2020, with a remote diagnostic service commissioned to provide additional assessments.
- Increased staffing for Crisis service to respond to increase in demand and acuity
- Mental Health Support Teams provide an interim offer to all schools that were open, staff were also re-deployed to support essential referrals into the service.
- The service continued to offer assessments and CBT (Cognitive Behavioural Therapy) interventions through an online partner service.

Quarter 3 – October – December 2020

- Non – essential services that were initially paused during the pandemic were re-started
- The mental health support team model was expanded to more schools in Bucks from 32 to 47. The service was also reviewed, and actions taken to ensure that targeted support was being provided to young people that are under-represented and at increased risk of inequalities.
- A member of staff was deployed to work within the accident and emergency department to ensure that assessment was expedited following admissions due to self-harm of suicidality.

Quarter 4 – January to March 2021

- In-year investment provided by Buckinghamshire CCG to commission additional resource to help reduce neurodevelopmental wait list.
- Exercise to prioritise investment areas for post March 2021 was initiated with an emphasis on children and young people's eating disorders.

See appendix 1 for case study:

An intervention born of necessity due to Covid-19: Learning from an eight year olds experience of trauma focussed CBT delivered remotely.

1. Introduction

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

The Child and Adolescent Mental Health Service in Buckinghamshire was recommissioned in 2014/15 with a new service model which started on 1st October 2015. The service is provided by Oxford Health NHS Foundation Trust in partnership with Barnardo's. It is jointly commissioned by NHS Buckinghamshire Clinical Commissioning Group (CCG) and Buckinghamshire Council (BC) formerly Buckinghamshire County Council (BCC) under a pooled budget Section 75 arrangement. The service model represents a significant transformation from the provision prior to 2015, and was developed based on assessment of local need, stakeholder feedback including children and young people, parents and carers and existing CAMHS staff. It embraces a whole system approach, promoting early intervention and prevention with the aim of reducing escalation of need and improving outcomes for children and young people.

The service, based on The Balanced System Model¹, was developed by the provider to utilise the Thrive model². It reflects many of the themes identified through Future in Mind³ and there is ongoing engagement with young people and stakeholders to continue developing the service. During 2019 it was agreed to extend the contract by the allowable two-year extension, taking the total contract length to seven years. A further 6-month extension to the contract has been agreed during 2021 taking the contract end date to 31st March 2023.

Investment through Future in Mind has enabled a faster pace of change for the service. It has also enabled more children and young people to access a service in line with the expectations of the Five Year Forward View for Mental Health.⁴ Transformation funding over past years has also enabled the service to develop and meet broader needs including developing the offer into schools, working with partners to deliver mental health interventions for children and young people that have low to moderate needs (anxiety or depression).

The NHS Long-Term Plan⁵ (formerly known as the 10-year plan) was published in January 2019 setting out key ambitions over the next 10 years. The plan identifies several priorities including improving mental health services and commits to a significant expansion of services for children and young people. The plan mandates that investment in children and young people's mental health provision will grow faster than the overall NHS budget and total mental health spending.

Our 2020/22 Buckinghamshire Local Transformation Plan has been developed to demonstrate the journey taken since 2015 and to show the direction of travel for the next year. Our refreshed plan reflects the last 2 years and the

¹ For further information see: www.bettercommunication.org.uk/the-balanced-system/

² For further information see: www.annafreud.org/media/3214/thrive-elaborated-2nd-edition29042016.pdf

³ Department of Health and NHS England (2015). *Future in mind: promoting, protecting and improving our children and young people's mental health and wellbeing*. Available from: www.gov.uk/government/publications/improving-mental-health-services-for-young-people

⁴ Care Quality Commission, Public Health England, National Health Service (2015). *Five Year Forward View for Mental Health*. Available from: www.england.nhs.uk/wp-content/uploads/2016/02/Mental-Health-Taskforce-FYFV-final.pdf

⁵ NHS England (2019). *The NHS Long Term Plan*. Available from: www.longtermplan.nhs.uk/wp-content/uploads/2019/01/nhs-long-term-plan-june-2019.pdf

impact of Covid 19 on local developments, including changing need and demand, as well as reflecting national priorities set out in documents such as the NHS Long Term Plan. It sets out our current local offer and levels of investment into mental health services and outlines our future plans for transformation to help us meet local need and national expectations.

Our plan and our priorities have been developed following feedback from our stakeholders. We are proud to be able to share our achievements over the last 2 years, despite the challenges of the pandemic and excited to articulate our future plans which will support more children to access services and achieve positive mental health outcomes.

Our plan will be published on the Buckinghamshire CCG, Buckinghamshire Council and Buckinghamshire Family Information Service websites by 30th September 2021.

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

2. Our Vision

Positive mental health for young people

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

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

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

All-Age Mental Health and Wellbeing Strategy 2020– 2023

The Buckinghamshire All Age Mental Health Strategy was developed following consultation and engagement with people that have lived experience of mental ill health, including young people, carers and staff across a variety of settings. This consultation work led to the development of a Buckinghamshire wide vision for all age mental health. This is supported by five values which run through the All Age Mental Health Strategy.

- Inclusive and Respectful
- Promoting Independence
- Holistic and Person Centred
- Parity
- Preventative and Flexible

The vision set out in our All Age Mental Health Strategy is set out below. We have kept this and the values in mind as we have developed this refreshed plan to support a consistent and cohesive approach to addressing mental health in Buckinghamshire.

People will feel listened to and can easily access services, care and support. Stigma will be removed and it will be

understood that we are all unique and that:

Not one hat fits all

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

Addressing mental health from the start

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

Sometimes I just need somebody to talk to, to help me get things back into perspective

3. The Needs of Children and Young People in Buckinghamshire

This section has been updated where new data is available but should also be read alongside the Joint Strategic Needs Analysis ⁶(JSNA) which is being updated for 2021/22.

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

Children and young people - population overview

In 2021 the estimated population of children aged 0-19 years in Buckinghamshire is 137,443, which is 25% of the total Buckinghamshire population (ONS mid-year estimates⁷). The total child population 0-19 years is projected to be 136,400 (24.2% of the Buckinghamshire population) by 2029⁸. This is a higher proportion of the population as a whole when compared to both the South East (22.8%) and England (22.9%).

The number of school age children aged 5- 19 years in Buckinghamshire in 2021 is 105,728 (ONS mid-year estimates). The proportion of school children from a minority ethnic group in Buckinghamshire is 38.1% or 32,297 children in 2020.⁹ This is higher than both the regional proportion at 27.7% and the England proportion at 34.6%.

Deprivation

Buckinghamshire is ranked as one of the least deprived counties in England. In 2018/9, 12.0% of children under 16 years in Buckinghamshire lived in poverty, compared to 13.7% in the South East and 18.4% in England as a whole¹⁰. Overall, a number of favourable socio-economic circumstances contribute to better health and wellbeing in Buckinghamshire compared to nationally. However, Buckinghamshire also has a number of significant pockets of deprivation. There are identified areas of deprivation centred on High Wycombe, Aylesbury and Chesham which in part account for a higher level of referrals in those areas. However, this does not entirely reflect the areas of need across the range of mental ill health. Socio-economic factors can have a significant and lasting impact on children, including adversely impacting on child mental health. For example, 2019 data from the Office for National Statistics suggests a link between child mental ill health and families in social housing or those supported by benefits.¹¹ Whilst

⁶ [Joint Strategic Needs Assessment \(JSNA\) | Buckinghamshire Council \(buckscc.gov.uk\)](https://www.buckscc.gov.uk/jсна)

⁷ Available from: www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates ⁸ Public Health England. Public Health Profiles. Accessed on 11th August 2021 at <https://fingertips.phe.org.uk/>.

⁸ Public Health England. Public Health Profiles. Accessed on 11th August 2021 at <https://fingertips.phe.org.uk/>.

⁹ Public Health England. Public Health Profiles. Accessed on 11th August 2021 at <https://fingertips.phe.org.uk/>.

¹⁰ Child Health Profile March 2021

¹¹ For a summary of the data visit: www.mind.org.uk/news-campaigns/news/social-deprivation-linked-to-poor-mental-health-in-children/

child mental health in Buckinghamshire compares well to national figures, analysis of the data does show evidence of a social gradient, with some young people at greater risk of mental ill health.

Figure 1: Map showing deprivation quintile of LL-SOAs in Buckinghamshire compared with the rest of the county (Index of Multiple Deprivation 2019¹²)

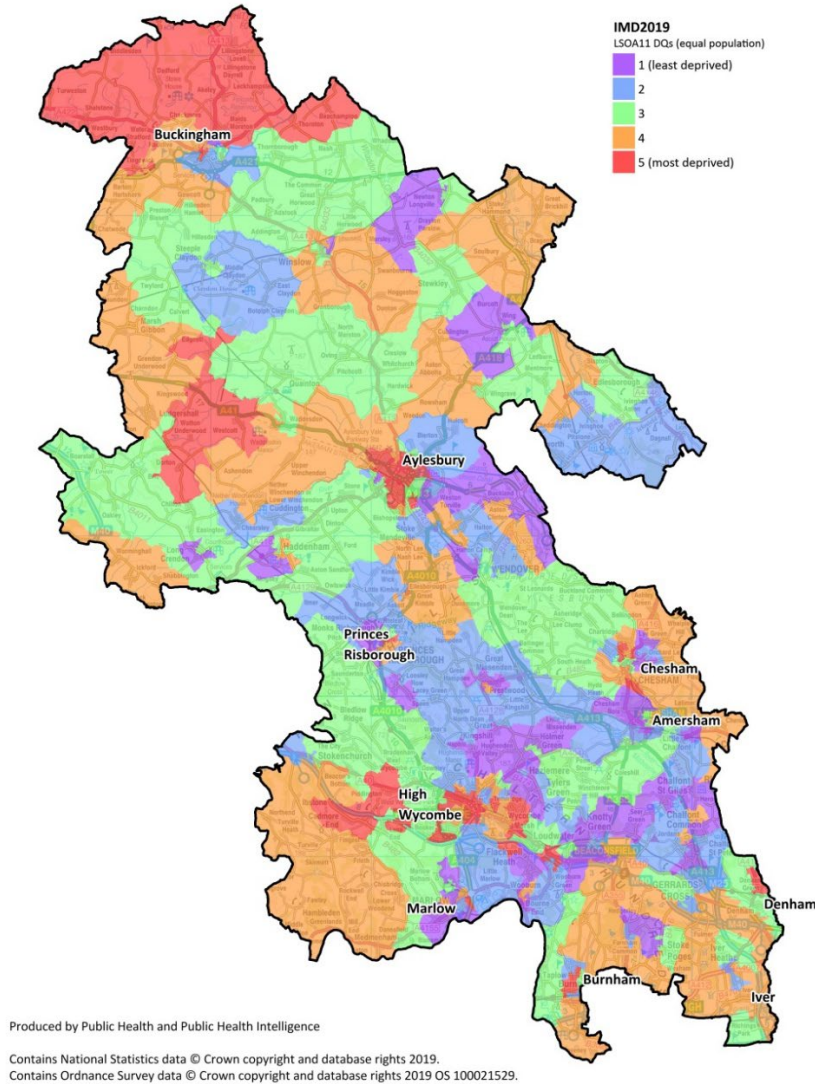


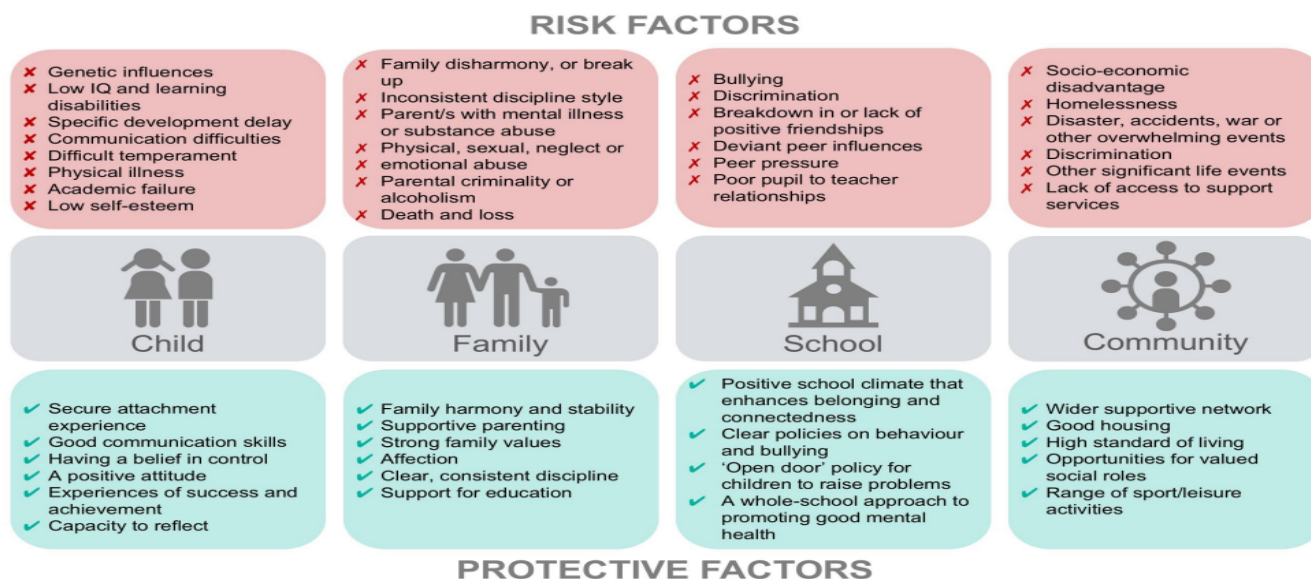
Table 1: Key statistics from the 2021 Child Health Profile provides the following high-level sociodemographic data.

¹² Available from: www.gov.uk/government/statistics/english-indices-of-deprivation-2019

Demographic	Buckinghamshire	Buckinghamshire (%)	South East (%)	England (%)
Children 0- 4 years (2020)	32,200	5.9%	5.7%	5.9%
Children 0 – 19 (2020)	136,500	25.1%	23.7%	23.6%
Children 0 – 19 (2029 - projected)	136,400	24.2%	22.8%	22.9%
School Children from minority ethnic groups (2020)	32,297	38.1%	27.7%	34.6%
Children living in poverty aged under 16 years (2018/19)	9,215	12%	13.7%	18.4%
School pupils with social, emotional and mental health needs (2020)	1,787	2.1%	2.7	2.7
Life expectancy at birth (2017-2019)				
Boys		81.7yrs	80.8yrs	79.8yrs
Girls		85.3yrs	84.3yrs	83.4yrs

[1] <https://fingertips.phe.org.uk/profile/child-health-profiles/supporting-information/overview-of-child-health>

Figure 2: Mental health risk factors and protective factors



Prevalence of mental health conditions

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

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

Mental Health of Children and Young People in England, 2020 Wave 1 follow up to the 2017 survey¹³

This report looks at the mental health of children and young people in England in July 2020, and changes since 2017. Experiences of family life, education and services, and worries and anxieties during the coronavirus pandemic are also examined. The findings draw on a sample of 3,570 children and young people interviewed face to face in 2017 and followed up online in July 2020, now aged between 5 and 22 years.

Since the onset of the Coronavirus (COVID-19) pandemic in the UK in March 2020, children and young people have experienced major changes in their lives. These have affected their family situation as well as their access to education, leisure and other services. While a number of surveys have examined what these changes have meant for adults, there has been less research on children. This survey reflects a small sample than the 2017 survey, which was based on over 9000 children and young people. A further report is due in September 2021.

In August 2021 the NHS confederation published a report "Reaching the tipping point¹⁴" highlighting concerns both about the impact on children and young people's mental health and the pressures in the services that support them. The report is calling for CYP mental health services to be a priority for ICSs.

The revised prevalence data issued in 2020 indicates that nationally:

- Rates of probable mental disorders have increased since 2017. In 2020, one in six (16.0%) children aged 5 to 16 years were identified as having a probable mental disorder, increasing from one in nine (10.8%) in 2017. The increase was evident in both boys and girls
- Amongst 17 to 22 year olds, 20.0% were identified as having a probable mental disorder in 2020. There is a clear difference between young women (27.2%) and young men (13.3%) of having a probable mental disorder.
- 30.2% of children whose parent experienced psychological distress had a probable mental disorder, compared with 9.3% of children whose parent was not experiencing psychological distress

¹³ [Mental Health of Children and Young People in England, 2020: Wave 1 follow up to the 2017 survey - NHS Digital](#)

¹⁴ [Reaching the tipping point | NHS Confederation](#)

Family Dynamics

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

Parent and child anxieties about COVID-19, and well-being

Children with a probable mental disorder were more likely to have a parent that thought that they were worried about; catching COVID-19 (36.1%), family and friends catching COVID-19 (50.2%), leaving the house (18.0%), and transmitting the infection (23.8%), than children unlikely to have a mental disorder (18.6%, 33.2%, 5.1% and 14.6% respectively).

- Among those aged 5 to 22 years, 58.9% with a probable mental disorder reported having sleep problems. Young people aged 17 to 22 years with a probable mental disorder were more likely to report sleep problems (69.6%) than those aged 11 to 16 (50.5%) and 5 to 10 (52.5%)
- One in ten (10.1%) children and young people aged 11 to 22 years said that they often or always felt lonely. This was more common in girls (13.8%) than boys (6.5%), and prevalence again was higher for those with a probable mental disorder

Access to education and health services

- Just under half (47.0%) of children did not attend school between late March and July 2020 because their school was closed. A further 30.0% returned to attending in June or July 2020, either on a full or part time basis, and 6.8% attended school throughout this time due to their parent/carer being a keyworker, being considered vulnerable or for other reasons. The remaining 16.1% did not attend school even though it was open/reopened. There were no differences between those unlikely to have a mental disorder and those with a probable mental disorder
- About six in ten (62.6%) children with a probable mental disorder had regular support from their school or college, compared with 76.4% of children unlikely to have a mental disorder
- About one in twelve (8.2%) children with a probable mental disorder had parents who decided not to seek help for a concern regarding their child's mental health. A further 5.9% of children with a probable mental disorder had parents who decided not to seek help for concerns regarding both their child's mental and physical health
- More than one in five (21.7%) 17 to 22 year olds with a probable mental disorder reported that they had decided not to seek help

Additionally, whilst the data suggests an immediate impact across some areas of mental health such as loneliness, the longer-term impact of Covid19 on mental health is not yet realised.

Applying the revised national prevalence data, of 16% would suggest that Buckinghamshire has 16,916 children and young people aged 5-19 with a diagnosable mental health disorder.

Table 2: Estimated prevalence of mental health conditions in Buckinghamshire

Age Group	Buckinghamshire prevalence (based on previous 2004 prevalence data)	estimated prevalence (based on 2020 survey- applied at 16%)
0-19yrs	13,400	21,840
5-19yrs	9,082	16,916
5-16yrs	9,897	14,157
17-19yrs	2,992	2,758

This can be further analysed in terms of key stages in a child's life:

- **5 to 10 year olds** Among children of primary school age (5 to 10 year olds), 14.4% had a probable mental disorder in 2020, an increase from 9.4% in 2017. This increase was evident in boys, with the rate rising from 11.5% in 2017 to 17.9% in 2020. The increase observed for girls was not statistically significant.
- **11 to 16 year olds** Among secondary school aged children (11 to 16 year olds), 17.6% were identified with a probable mental disorder in 2020, an increase from 12.6% in 2017. The increase was not found to be statistically significant for boys or girls.
- **17 to 22 year olds** Among young people (17 to 22 year olds), one in five (20.0%) were identified with a probable mental disorder in 2020. About one in four (27.2%) young women were identified with a probable mental disorder.

Types of disorder

The 2017 prevalence data indicates that nationally:

- Emotional disorders were the most prevalent type of disorder experienced by 5 to 19 year olds in 2017 (8.1%). Rates were higher in girls (10.0%) than boys (6.2%). Anxiety disorders (7.2%) were more common than depressive disorders (2.1%).
- About one in twenty (4.6%) 5 to 19 year olds had a behavioural or conduct disorder, with rates higher in boys (5.8%) than girls (3.4%).
- About one in sixty (1.6%) 5 to 19 year olds had a hyperactivity disorder, with rates higher in boys (2.6%) than girls (0.6%).
- About one in fifty (2.1%) 5 to 19 year olds were identified with one or more of other type of less common disorder: 1.2% with ASD, 0.4% with an eating disorder, and 0.8% with tics or another less common disorder.

Detailed breakdown by mental health disorder, has been estimated by applying the 2017 national prevalence data to Buckinghamshire we can estimate the number of children affected by mental health disorders.

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

	5 to 16 year olds			17 to 19 year olds			All (5 to 19 year olds)		
	Boys	Girls	All	Boys	Girls	All	Boys	Girls	All
Any disorder	5,661	4,222	9,897	956	2,014	2,992	6,580	6,394	12,973
Emotional disorders	2,472	2,898	5,378	730	1,886	2,639	3,211	4,962	8,175
Anxiety disorders	2,248	2,622	4,877	580	1,709	2,311	2,830	4,493	7,324
Depressive disorders	414	801	1,218	297	550	852	727	1,403	2,131
Behavioural disorders	3,006	1,665	4,675	95	45	140	3,040	1,666	4,704
Hyperactivity disorders	1,238	309	1,548	143	-	140	1,365	300	1,664
Other less common disorders	1,240	590	1,836	126	188	315	1,356	787	2,142

Source: Prevalence estimates: Mental Health of Children and Young People Survey 2017, NHS Digital 2018. Population data: Mid-2017 Population Estimates, Office for National Statistic. Rounded figures.

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

Estimated prevalence in percentage for population aged 5-16 years	Buckinghamshire	South East	England
Mental health disorders in children and young	7.9%	8.5%	9.2%
Emotional disorders in children and young people	3.1%	3.3%	3.6%
Conduct disorders in children and young people	4.6%	5.0%	5.6%
Hyperkinetic disorders in children and young people	1.2%	1.4%	1.5%

Source: Public Health England. Public Health Profiles. Accessed on 27th August 2021 at <https://fingertips.phe.org.uk/>

Perinatal mental health prevalence

The Field Review (2010)¹⁵ and the 1001 Critical Days Manifesto¹⁶ have highlighted the importance of early intervention to prevent children from adverse circumstances growing up and becoming adults who have higher risk of mental health difficulties and increased risk of repeating the cycle of neglect/abuse towards their own children. These reports have found that the first five years of a child’s life are crucial in determining that child’s later life chances and to have positive mental health. In particular, the first two years of a baby’s life are critical to affect change as the brain develops and neural connections are formed with a “window of opportunity” for parents to deliver sensitive care during this period.

¹⁵ Field, F. (2010). *The Foundation Years: Preventing Poor Children Becoming Poor Adults*. Available from:

www.poverty.ac.uk/report-poverty-measurement-life-chances-children-parenting-uk-government-policy/field-review

¹⁶ Durkan, M., Field, F., Lamb, N., Loughton, T. (2013). *The 1001 Critical Days: The Importance of the Conception to Age Two Period*. Available from: www.nspcc.org.uk/globalassets/documents/news/critical-days-manifesto.pdf

Parents who are known to be high risk because of mental health problems, personality disorder, and history of childhood trauma, domestic abuse or substance misuse need to be offered services to ensure positive outcomes for their children.

During 2021/22 Buckinghamshire, as part of the BOB ICS, has been awarded funding to develop a maternal mental health service.

Table 5: Estimated prevalence of perinatal mental health disorders in NHS Buckinghamshire CCG, 2017/18

Perinatal mental health disorders	Number (based on 5,595 births for 2017)
Post-partum psychosis	9
Chronic serious mental illness	9
Severe Depression	137
Mild/moderate anxiety/depression	458-687
Post-Traumatic Stress Disorder	137
Adjustment Disorder/Distress	687-1,375

Source: Public Health England. Public Health Profiles. Accessed on 11th August 2021 at <https://fingertips.phe.org.uk/>

This prevalence is relevant for mothers requiring perinatal mental health support but also in relation to the impact on the child.

Maternal mental health during the pandemic¹⁷

The Centre for Mental Health report indicates:

- Higher levels of anxiety during pregnancy (linked to later problems)
- Reduced formal and informal maternity support during lockdowns leading to fewer opportunities to identify needs
- Changes to mental health service provision with greater use of digital
- Greater impacts faced by women from racialised communities

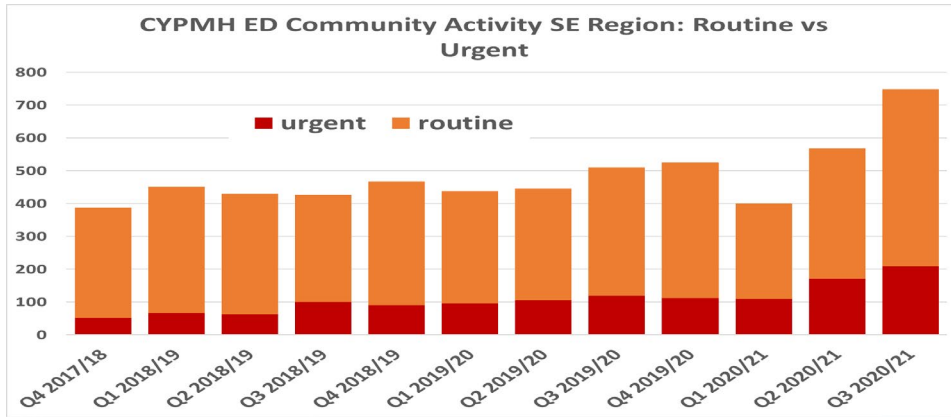
Eating disorders prevalence

The Eating Disorders anorexia nervosa (AN), bulimia nervosa (BN), binge eating disorder (BED) and related partial or mixed syndromes are common mental disorders which affect up to 15% of young women and up to 5.5% of young

¹⁷ [Maternal mental health during a pandemic | Centre for Mental Health](#)

men in high-income countries (Schmidt et al, 2016a; Limbers et al, 2018). The peak age of onset of EDs is from mid-adolescence into emerging adulthood (age 15 to 25), i.e. at a developmentally sensitive time (Micali et al, 2013).¹⁸ Through 2020/21 there has been an increase in urgency of cases referred to eating disorder services across the South East, which mirrors the national and local picture.

Figure 3. Eating Disorder Community Routine vs Urgent referrals



In line with national trends, Bucks has seen:

- 70% rise in referrals during the pandemic compared to the same pre-pandemic period
- Team caseload has increased by 85%
- 57% increase in patient appointments offered
- 78% increase in CYP ED presentations to paediatrics and a 48% increase in paediatric admissions for an eating disorder (marker of increased acuity)
- 153% increase in paediatric bed days, partly due to extreme pressures on Tier 4 beds

Buckinghamshire CAMHS received 153 referrals to the eating disorder service in 2020/21 a marked increase on the 2018/19 figure of 100 referrals. Trends over years can be seen in the Access section of this report, however the rate began to rise in June 2020 hitting a peak in December 2020.

Hospital admissions for mental health conditions

The rate of child inpatient admissions for mental health conditions in Buckinghamshire for 19/20 is similar to England average. In 2019/20, there were 115 hospital admissions for a mental health condition in Buckinghamshire for children and young people under the age of 18. This is a rate of 91.5 per 100,000 population, compared with 89.5 across England. This is an increase on the 2017/18 admission rate of 105 (85.3/100,000).

¹⁸ [ps03_19.pdf \(rcpsych.ac.uk\)](#) Position statement on early intervention for eating disorders, Royal College of Psychiatrists May 2019

Table 6: Hospital admissions for mental health conditions, 0-17 year olds, rate per 100,000 population, 2011/12 - 2019/20

	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2019/20
Buckinghamshire	28.6	59.0	46.7	46.3	66.3	68.7	85.3	91.5
South East	119.1	106.2	96.1	76.7	81.1	82.0	85.7	93.4
England	91.3	87.6	87.2	87.4	85.9	81.5	84.7	89.5

Source: Public Health England. Public Health Profiles. Accessed on 11th August 2021 at <https://fingertips.phe.org.uk/>. Note: this is admissions NOT persons so a young person presenting more than once will be counted at each presentation.

Nationally, the rate of young people being admitted to hospital as a result of self-harm is increasing, however this reduced slightly in Buckinghamshire during 19/20 with the admission rate lower than the England average and one of the lowest in the South East region. The rate of admissions to hospital as a result of self-harm for 10 to 24 year olds in Buckinghamshire in 2019/20 was 291.7/100,000 (265 admissions) a reduction from 2017/18 rates of 375.9/100,000 (327 admissions).

Admission Rates for substance misuse

Buckinghamshire also has lower rates than the England average with regards to admissions for substance misuse and within the lower ranking for the South East region.

Table 7: Hospital admissions for substance misuse 2017/18-2019/20 (per 100,000 population)

	Buckinghamshire 2019/20	England 2019/20
Admission episodes for alcohol-specific conditions - under 18s	18.8	30.7
Hospital admissions due to substance misuse (15-24 years)	69.1	84.7

Source: Public Health England. Public Health Profiles. Accessed on 11th August 2021 at <https://fingertips.phe.org.uk/>. Note: this is admissions NOT persons so a young person presenting more than once will be counted at each presentation.

Autism prevalence

The UK estimate is that approximately one in 100 children has autism¹⁹ (1.6%²⁰). Applying this to the Buckinghamshire GP registered population, would suggest that there are approximately 1,998 0- 17 year olds in Buckinghamshire with autism.

In 2020/21, Buckinghamshire integrated Neurodevelopment pathway (a shared pathway across CAMHS and Paediatricians) received 1,579 referrals for assessment for neurodevelopmental disorders including autism, attention deficit hyperactivity disorder (ADHD) and Tourette syndrome. This increase in demand over the last 3 years has increased waits for diagnostic assessment. All referrals are, however, triaged for mental ill health on receipt and a member of staff holds waiting cases on caseload and reviews needs.

¹⁹ Office of National Statistics (2005), *Mental health of children and young people in Great Britain*, London: Palgrave Macmillan

²⁰ Taylor, B. et al. (2013). Prevalence and incidence rates of autism in the UK: time trend from 2004–2010 in children aged 8 years. *BMJ Open*, Vol 3, e003219.

Education

The last 5 years has seen an increase in the percentage of children and young people attending school in Buckinghamshire with an EHCP or on SEN Support where autistic spectrum disorder is recorded as the primary need. This is a similar picture across the South East and England as a whole, although Buckinghamshire has seen a higher increase in secondary school pupils.

Table 8: Percentage of Buckinghamshire school pupils with SEN (EHCP & SEN Support) where autistic spectrum disorder is recorded as the primary needs.²¹

	2017	2018	2019	2020	2021
Primary school	Bucks 5.9%	Bucks 5.9%	Bucks 7.0%	Bucks 7.8%	Bucks 8.4%
%of school pupils with ASD needs	South East 7.0%	South East 7.5%	South East 8.1%	South East 9.1%	South East 9.6%
	England 6.7%	England 7.3%	England 7.9%	England 8.7%	England 9.2%
Secondary School	Bucks 9.2%	Bucks 10.7%	Bucks 10.8%	Bucks 13.5%	Bucks 15.5%
% of school pupils with ASD needs	South East 10.5%	South East 10.8%	South East 11.4%	South East 12.3%	South East 12.7%
	England 8.9%	England 9.7%	England 10.3%	England 11.1%	England 11.6%

There has also been an increase in the percentage of children and young people attending school in Buckinghamshire with an EHCP or on SEN Support where social, emotional and mental health needs is recorded as the primary need. This is a similar picture across the South East and England as a whole.

Table 9: Percentage of school SEN (EHCP & SEN Support) pupils with social, emotional and mental health (SEMH) needs.²²

Phase of education	2017	2018	2019	2020	2021
Primary school	Bucks 13.3%	Bucks 14.4%	Bucks 14.4%	Bucks 15.4%	Bucks 15.9%
% of school pupils with SEMH needs	South East 16.4%	South East 16.8%	South East 17.4%	South East 17.8%	South East 17.5%
	England 15.7%	England 15.9%	England 16.3%	England 16.8%	England 16.6%
Secondary Schools	Bucks 14.1 %	Bucks 15.8 %	Bucks 15.6%	Bucks 16.8%	Bucks 16.7%
% of school pupils with SEMH needs	South East 18.8 %	South East 19.2 %	South East 19.4%	South East 20.6%	South East 21.4%
	England 18.4%	England 18.9%	England 19.6%	England 20.7%	England 21.5%

School census data [Statistics: special educational needs \(SEN\) - GOV.UK \(www.gov.uk\)](https://www.gov.uk/statistics/special-educational-needs-sen)

The number of Buckinghamshire financed Education Health and Care plans has increased over the last 5 years from 3465 in July 2016 to 5223 in July 2021, a 51% increase. There has been a 112% increase in those recorded with autistic spectrum disorder as the primary need from 756 (21.8% of EHCPs) to 1606 (30.7% of EHCPs) . The increase as a percentage of EHCPs for those where social emotional and mental health is the primary need has broadly remained in line with the increase in EHCPs with 478 (13.8% of EHCPs) in 2016 and 755 (14.4% of EHCPs) in 2021.

²¹ School census data [Statistics: special educational needs \(SEN\) - GOV.UK \(www.gov.uk\)](https://www.gov.uk/statistics/special-educational-needs-sen)

²² School census data [Statistics: special educational needs \(SEN\) - GOV.UK \(www.gov.uk\)](https://www.gov.uk/statistics/special-educational-needs-sen)

Table 10: The number of Buckinghamshire financed EHCPs with autism or social emotional and mental health is the primary need 2016 -2021

	<u>Jul-16</u>	<u>Jul-17</u>	<u>Jul-18</u>	<u>Jul-19</u>	<u>Jul-20</u>	<u>Jul-21</u>	<u>% change from 2016</u>
Autistic Spectrum Disorder	756	892	1080	1270	1391	1606	↑ 112%
Social, Emotional & Mental Health	478	487	523	626	719	755	↑ 58%
Total	3465	3609	3969	4477	4892	5223	↑ 51%

Data from ONE – EHCPs financed by Buckinghamshire

Suspensions and exclusions

The suspension rate in Buckinghamshire state funded primary school in 2019/20 was 1.18%, equivalent to 541 exclusions. This is higher than the England value of 1.00%. The suspension rate in state funded secondary school pupils for 2019/20 was 3.81%, or 1,487 exclusions. This is statistically lower than the England value of 7.43%. The suspension rate for special schools in 2019/20 was 8.04%. This is higher than the England value of 7.76%.

Absentees

In 2018/19, 13.1% of secondary school enrolments were classed as **persistent absentees** (defined as missing 10% or more of possible sessions) with the South East and England at 13.7%. In state funded primary schools, 7.2% of enrolments were classed as persistent absence compared to 7.8% for the South East and 8.2% for England. For state funded special schools 27.6% of enrolments were classed as persistent absentees, compared to 29.0% for the South East and 28.8% for England. Pupil absence data for 2019/20 was not published.

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

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

Table 11 below demonstrates that Buckinghamshire has a higher proportion of 16 and 17 year olds who are NEET or whose activity is not known compared to both the South East and England.

Table 11: 16 and 17 year olds not in employment, education or training, Average Dec 2020 – Feb 2021

	Buckinghamshire	South East	England
No. of 16 and 17 year olds known to the Local Authority	12,410	187,530	1,181,090
Total number NEET (inc. not known)	870	12,020	64,720
Total proportion NEET (inc. not known)	7%	6.4%	5.5%
Of which known to be NEET	1.5%	2.5%	2.8%
Of which activity not known	5.5%	3.9%	2.7%

Source: Department for Education, NEET Data by Local Authority. Accessed 11th August 2021

Oxford (Oxwell) School Survey – Bucks Summary: CYP²³

This survey was conducted in Buckinghamshire and across the South of England in 2020 and provided information about a range of important mental health and well-being factors, including pupils' experience of COVID-19, school closures, and associated challenges.

The 2020 Summary result for Buckinghamshire are:

- Survey of 815 primary and 2678 secondary school pupils in Buckinghamshire
- Primary - Approximately 3 in 10 pupils reported lockdown worsened their general happiness – roughly consistent between the year groups
- Y12 pupils had the highest proportion of respondents who reported worsening of general happiness
- Primary - 3 in 10 reported lockdown made them feel more lonely,
- increase in proportion reporting worsening of feeling lonely from Y7 to Y13 – from 3 in 10 in Y7 to 6 in 10 in Y13
- Primary - Around a half, or just under, of pupils reported doing less exercise during lockdown (45% in Y4, 50% in Y5, 47% in Y6)
- Around 50% of pupils reported doing less exercise during lockdown for Y7 – Y9 and Y11 – 12; roughly 30 – 40% reported doing more exercise in these year groups

The survey was repeated in May 2021:

- 4,928 pupils took part (up 40% on last year) , equates to 25 schools (15 Primary , 10 secondary)
- 2,553 secondary responses, 2,610 primary and 265 year 12s
- No year 13 and only a few year 11 responded due to timing of the survey
- The survey reports are begin to be disseminated to school and a summary of findings is expected to be available during the autumn.
- The survey may run in 2021-22 academic year for special schools

Impact of school closures on children and young people's mental health²⁴

A systemic review of 72 international studies was completed in February 2021. Key findings across the studies were:

- Reductions in child protection referrals, emergency department and hospital admissions.
- Increased screen-time and social media use.
- Decreased physical activity.
- Increased reporting of anxiety and depressive symptoms.
- Higher harms documented in children and young people from more deprived populations.

²³ <https://www.psych.ox.ac.uk/research/schoolmentalhealth/summary-report>

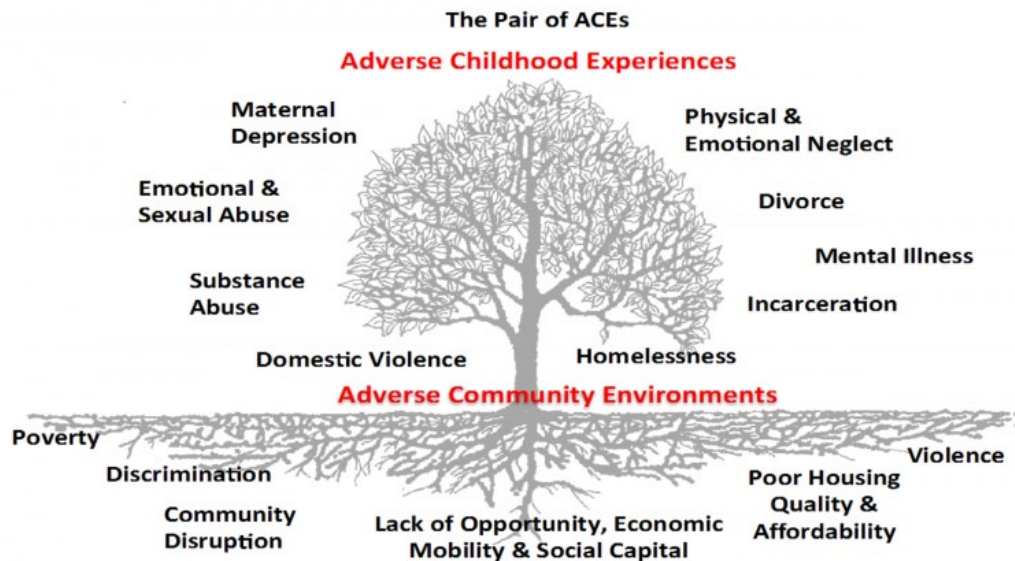
²⁴ <https://www.gov.uk/government/publications/ucl-impacts-of-school-closures-on-physical-and-mental-health-of-children-and-young-people-a-systematic-review-11-february-2021>

4. Vulnerable Groups of Children and Young People

Adverse Childhood Experiences (ACEs)

It is well recognised that certain factors make some children and young people more vulnerable to mental ill health. These are referenced in the ACEs model below:

Figure 4: Adverse Childhood Experiences and Adverse Community Environments



Ellis, W., Dietz, W. (2017) A New Framework for Addressing Adverse Childhood and Community Experiences: The Building Community Resilience (BCR) Model. *Academic Pediatrics*. 17 (2017) pp. S86-S93. DOI information: 10.1016/j.acap.2016.12.011

Adverse childhood experiences (ACEs) have been linked to:

- risky health behaviors
- chronic health conditions
- low life potential
- early death

A child who experiences or witnesses domestic abuse or who has been exposed to maltreatment or neglect or time spent in foster care is at greater risk of developing mental health problems or conduct disorders that can result in life-long reliance on services. As the number of ACEs increases, so does the risk for poor outcomes.

The Government 2018 Green Paper²⁵ has highlighted that not enough action is being taken with meeting the needs of particular vulnerable groups of children including children looked after /care leavers, young people known to the criminal justice system, children in alternate education provision and children not in education, employment or training (NEET).

²⁵ Department of Health and Department for Education (2017). *Transforming Children and Young People's Mental Health Provision: a Green Paper*. Available from:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/664855/Transforming_children_and_young_people_s_mental_health_provision.pdf

Awareness of vulnerability factors

BCCG and BC jointly commission population based mental health services but acknowledge that there are groups of children and young people who experience a greater level of health inequalities. Services are working to promote access for these groups, which include:

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

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

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

Future in Mind emphasised that clinicians need to be alert to the possibility of abuse and neglect during mental health assessments and that ALL young people over the age of 16 years should be asked about abuse and violence including sexual exploitation as part of routine assessments.

All staff within CAMHS receive mandatory training in recognising abuse and neglect during assessments of children and young people referred to the service. The service has developed assessment forms to include prompts for clinicians to consider the young person's history and particularly whether neglect/abuse is a feature.

All CAMHS staff teams receive regular supervision from the Trust safeguarding nurses to consider cases where maltreatment has occurred or where there may be suspected but undisclosed abuse/neglect. The service has developed the role of domestic abuse champions within the teams to raise further awareness of young people who may have experienced or witnessed domestic abuse. Links have been developed with third sector organisations that offer support to parents and to young people who have experienced domestic abuse (e.g. Freedom Project, Aylesbury Women's Aid young people's service). The service has contributed to the Buckinghamshire Domestic Abuse Strategy and training programme that is offered to professionals within the county to raise awareness of children's mental health needs in families where domestic abuse has occurred.

Think Family Approach in Adult Services

Oxford Health NHS Foundation Trust have a Safeguarding Standard Operating Procedure which includes a "Think Family" approach for all service-users where dependent children under 18 years are recorded in the patient notes.

Staff working in adult mental health services are required to assess the impact of that parent's mental health on their child and to consider child protection risks at every stage. Children are identified if they are carers to their parent and support offered in the form of a young people's carers group. Staff within adult services must also record if a service-user or their partner is pregnant and the risks to the unborn child are also taken into consideration with referrals made to Social Care where there are concerns about risk.

Children who have experienced abuse and neglect – including children who are looked after and care leavers

- Research in 2013 identified that two children in the average primary class have experienced abuse²⁶. The impact of this abuse on a child increases their risk of developing mental health problems.
- A study²⁷ in 2003 estimated that 45% of children looked after (aged 5 -17) had a mental health disorder, 37% had clinically significant conduct disorders, 12% had emotional disorders such as anxiety or depression and 7% were hyperkinetic. This indicates a level of need higher than the population overall.
- Disabled children are significantly at greater risk of physical, emotional and sexual abuse and neglect than non-disabled children.²⁸ In particular, disabled children who display challenging behaviour or conduct problems are the most at risk of abuse.

NICE guidance indicates a risk to the mental health of babies and toddlers associated with the experience of being in care. Frequent moves and the absence of a permanent carer can adversely affect the ability of babies and young children to form healthy attachments that lead to healthy emotional and physical development. This can have adverse consequences for long-term wellbeing.²⁹ More broadly, many children are in care due to circumstances that are likely to have affected their wellbeing, including domestic violence, substance and alcohol abuse and mental health problems, often in combination. Many children looked after will have suffered abuse or neglect, which can be very damaging to their development, wellbeing and attachment relationship.³⁰

At the end of March 2021, there were 510 children looked after by Buckinghamshire Council compared with 515 at the end of March 2019 and 455 at the end of March 2017. At the end of March 2020, 575 Buckinghamshire children were on a Child Protection Plan.

Figure 5: Total number of children looked after by placement type at 31st March 2020

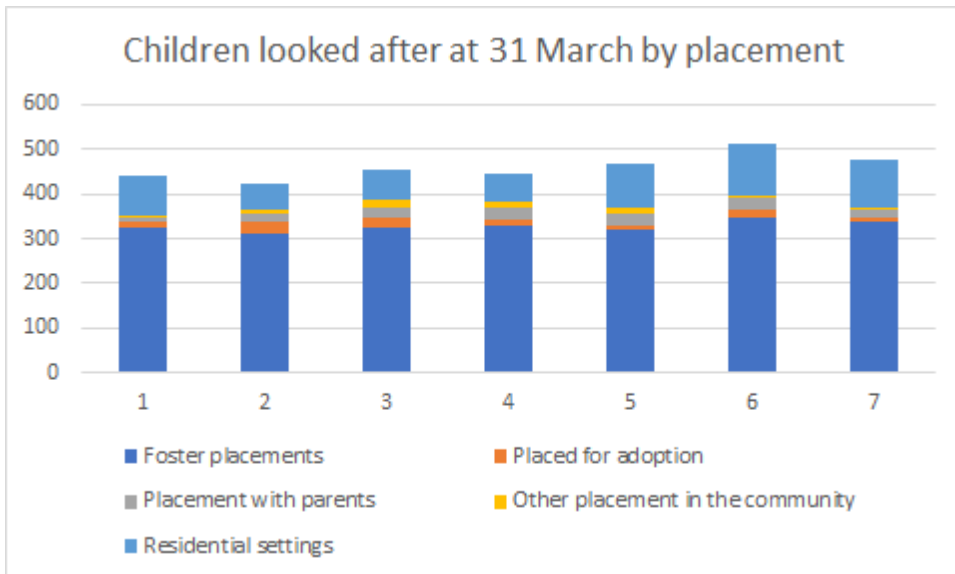
²⁶ Radford, L., Corral, S., Bradley, C., & Fisher, H. L. (2013). *The prevalence and impact of child maltreatment and other types of victimization in the UK: findings from a population survey of caregivers, children and young people and young adults.* , 37(10), 801-813. Available from: http://clock.uclan.ac.uk/6721/8/6721_Radford.pdf

²⁷ Meltzer M., Gatward R., Corbin T. et al. (2003). *The Mental Health of Young People Looked After by Local Authorities in England.* Available from: <https://sp.ukdataservice.ac.uk/doc/5280/mrdoc/pdf/5280userguide.pdf>

²⁸ Brown, J. and Miller, D. (2014). *'We have the right to be safe' Protecting disabled children from abuse.* Available from: www.nspcc.org.uk/globalassets/documents/research-reports/right-safe-disabled-children-abuse-report.pdf

²⁹ National Institute for Clinical Excellence (2010). *Looked-after children and young people: Public Health Guideline [PH28].* Available from: www.nice.org.uk/guidance/ph28

³⁰ National Institute for Clinical Excellence (2014). *Tailored resource for corporate parents and providers on health and wellbeing of looked-after children and young people.* Available from: www.nice.org.uk/about/nice-communities/social-care/tailored-resources/lacyp



Source: Buckinghamshire Council Children's Services data at 31/03/20

In March 2021, 75 children looked after were open to CAMHS Looked After and Adopted Children (LAAC) pathway. Other children and young people will be open to CAMHS but are within the other CAMHS pathways receiving intervention appropriate to their presentation.

There has been an increase in return rate for SDQs in 2020/21 with 78% return an increase from 40% in 2019/20. The higher return rate is the result of both awareness raising and training to children's social workers and a better monitoring system, which is helping to encourage people to return the SDQs. They are now being sent out electronically and the system checks to see who has sent them back and who has not. As can be seen in the table below over 50% of those who completed the SDQ scored in the borderline or cause for concern bands. This is similar to our statistical neighbours and CAMHS continue to support those placed in county. For those placed out of county, mental health provision is varied but Bucks CAMHS will offer support and guidance to care providers and have assisted commissioners in identifying appropriate support from services local to the young person.

Strengths and Difficulties Questionnaires

	England	Statistical Neighbours	South East	Buckinghamshire Council		
	2019-20	2019-20	2019-20	2018-19	2019-20	2020-21
Children looked after for at least 12 months aged 4 to 16 with an SDQ score	81%	87%	79%	79.0%	40.0%	78.0%
Average score per child	14	15	15	13.0	15.2	13.6
Banded "Normal"	49%	48%	46%	50.0%	45.0%	45.6%
Banded "Borderline"	13%	14%	14%	18.0%	14.0%	13.6%
Banded "Cause for Concern"	38%	41%	40%	32.0%	41.0%	40.8%

At the end of March 2021, a total of 260 (51%), of our children looked after were placed outside of the Buckinghamshire county border at a distance from local networks and support. This is a reduction from 55.9% at the end of March 2019. The Local Authority has worked hard at developing in-house provision for children who are looked after including an increase in the number of in-house foster carers by 18% to 174, the development of four therapeutic residential children's homes across the county with CAMHS onsite psychology provision, and further work developing the number of semi-independent and supported accommodation for care leavers.

Colleagues from CAMHS will travel to undertake an assessment of children in care anywhere in the country, where the local CAMHS service is not able to provide this service. In addition, this year a member of the CAMHS has become a member of the Children's Services Resource Panel, where decisions on placements for children in care are made. These factors help ensure that the mental health needs are considered as part of placement decisions and that children's needs can be met wherever they are placed.

A specific pathway is available within CAMHS for children looked after in recognition of the specific barriers and challenges this group. Further information can be found in the Local Offer section.

The development of the multi-agency Mental Health Support Teams, which will support schools and colleges include Local Authority family resilience and youth workers who specialise in supporting families who have suffered trauma and abuse. This is in recognition of the additional vulnerabilities of children who have experienced abuse and neglect.

South East Region Children in Care³¹

During 2020 and 2021 in the South East region senior leaders from CAMHS Provider Trusts, CCGs, Local Authorities and our wider partnership have worked together to create shared agreements to respond to the mental health needs of Children in Care. Together as Corporate Parents to our children in care, these agreements follow the child wherever they live. These agreements have been facilitated by the NHSE/I South East CYP Mental Health team and set out South East Systems Leaders commitment to Children in Care in each of the following ways:

- **Mental Health Ambition;** by making a promise as Corporate Parents to every child in care
- **Roles and Responsibilities;** by specifying the roles and responsibilities that each partner agency commits to honouring
- **CCG Tariff;** by specifying the CCG Tariff for Children in Care mental health assessment and treatment costs
- **Clinical Review and Practice Guide for all staff working with Children in Care:** providing a practical overview of best evidenced practice in recognising, understanding, supporting and monitoring change in the emotional wellbeing and mental health needs of our Children in Care.

These resources are made freely available to all systems leaders within the South East and in other regions to support the emotional health of our Children in Care.

Care leavers

³¹ <https://www.southeastclinicalnetworks.nhs.uk/children-in-care/>

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

Data from Buckinghamshire Healthcare NHS Trust monitoring during the period April 2020 to March 2021 100% of our young people leaving care were provided with a summary of their health history.

Unaccompanied asylum-seeking children (UASC)

During the year to the end of March 2020, there were 25 children looked after who were unaccompanied asylum seeking children (UASC). This is 5% of the overall population of children looked after, compared to 10% within the South East and 6% across England as a whole.

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

	2014	2015	2016	2017	2018	2019	2020
Buckinghamshire	15	15	20	15	35	31	25
South East	450	680	1,360	1,070	850	960	1,040
England	2,060	2,750	4,300	4,560	4,480	5,070	5,000

<https://explore-education-statistics.service.gov.uk/data-tables/children-looked-after-in-england-including-adoptions>

Children who identify as lesbian, gay, bisexual, transgender or questioning (LGBTQ+)

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

Of the 413 new registrants for Kooth in Q1 2021/22, 42 of these identified as Agender or Gender fluid.

Buckinghamshire CAMHS has been working with the Article 12 engagement group to establish how the service can improve accessibility for people that identify as LGBTQ+.

Proposals for LGBTQ+ training have been discussed at the Oxford Health Foundation Trust Equality and Diversity Steering group. Work is currently ongoing with developing Trust Wide Awareness Training: this is being developed with young people and adults and will include a series of short, online interactive training sessions. These will consist of:

- A face to face 1 hour training session specifically for CAMHS on Transgender (Hannah Stratford)
- A series of more in-depth face to face training sessions

It has been agreed that an Equality and Diversity Training Task and Finish Group will be set up to provide an overview of the training that is being developed. The awareness training members (Staff and ART12 members) are currently working to put the modules together.

Children from black and minority ethnic (BAME) backgrounds

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

- more likely to be diagnosed and are at greater risk of mental health problems
- more likely to be admitted to hospital
- more likely to disengage from mainstream mental health services, leading to social exclusion and a deterioration in their mental health more likely to live in poorer or over-crowded conditions, increasing the risks of developing mental health problems³²

The proportion of school children from a minority ethnic community in Buckinghamshire is higher than the national average. In 2018, 34.7% of school children in Bucks were from ethnic minority groups as compared to 32.3% nationally (Public Health England). 17% of children across all schools in Buckinghamshire did not have English as a first language. Nationally, figures indicated that mental health disorders in 5-19yrs tend to be greater amongst White British students -14.9%.

Since 2018 Buckinghamshire have commissioned Kooth, an online counselling and emotional well-being platform for children and young people, accessible through mobile, tablet and desktop and free at the point of use. The aim was to help improve care pathways and maximise access across the children and young people population. Kooth published data suggests people who are less likely to access traditional services are in some cases accessing online support. In Buckinghamshire, data for the first quarter of 2021/22 shows that of the 413 new registrations, 33.4% of the young people registering to Kooth identified as coming from the BAME community.

Young carers

A young carer is someone under 18 who helps look after someone in their family, or a friend, who is ill, disabled or misuses drugs or alcohol. It is estimated that there are up to 700,000 young carers in the UK. Young people that have taken on a caring role are at increased risk of mental health problems.

Results of the Carers Trust survey, published in July 2020, of young carers aged 12 to 17 and young adult carers aged 18 to 25 shows the pandemic's dramatic impact on wider wellbeing:

1. 40% of young carers and 59% of young adult carers say their mental health is worse since Coronavirus.
2. 67% of young carers and 78% of young adult carers are more worried about the future since Coronavirus.
3. 66% of young carers and 74% of young adult carers are feeling more stressed since Coronavirus.
4. 69% of both young carers and young adult carers are feeling less connected to others since Coronavirus.
5. 11% of young carers and 19.7% of young adult carers report an increase of 30 hours or more in the amount of time they spend caring per week.
6. 7.74% of young carers and 14.94% of young adult carers who responded to the survey, said that they are now spending over 90 hours a week caring for a family member or friend.
7. 56% of young carers said their education was suffering and 40% said their mental health had worsened.

The report calls for

³² <https://www.mentalhealth.org.uk/a-to-z/b/black-asian-and-minority-ethnic-bame-communities>

- Greater prioritisation of mental health support for young carers. It is **vital that mental health services and schools supporting a child or young person with their mental health ask about caring responsibilities** and support that child or young person to get support with caring.
- **Greater support from education providers** and employers to help young carers and young adult carers to juggle their caring roles alongside school, college, university or work

Buckinghamshire CAMHS have identified a young carer link worker who works in SPA and have planned training to recognise young carers as part of assessment and intervention with young people.

Young offenders

The mental health of young offenders has been found to be three times higher than that in the general population with prevalence rates ranging from 25% to 81% with the highest being associated with those held in custody.³³ The needs of this group of young people are complex with difficulties such as extremely low IQ (23% with an IQ under 70 and 36% IQ 70-79), speech and language difficulties, poor literacy, ¼ being victims of crime themselves, and substance misuse. A review of young offenders needs by the Prison Reform Trust & Young Minds, *Turning Young Lives Around*³⁴ has found that young people who offend often have complex background histories with exposure to domestic abuse and child maltreatment. A large proportion of young offenders have experienced being in care (42%) or known to social care by being placed on a child protection plan (17%). Early detection of mental health problems can reduce repeat offending behaviour and chronic mental health difficulties.

³³ The Mental Health Foundation (2000). *The Mental Health Needs of Young Offenders*. Available from: www.mentalhealth.org.uk/sites/default/files/mental_health_needs_young_offenders.pdf

³⁴ Prison Reform Trust (2012). *Turning young lives around: How health and justice services can respond to children with mental health problems and learning disabilities who offend*. Available from: www.prisonreformtrust.org.uk/Publications/vw/1/ItemID/168

5. Engagement

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

Commissioning of CAMHS

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

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

Article 12

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

During 2020/21 the service has completed the National Youth Agency, Hear by Right assessment and validation process. This is designed to help organisations achieve best practice in the safe, sound and sustainable participation of children and young people in the services and activities they take part in. The service achieved the higher Flagship level award.

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

The members were engaged in the recruitment of the new participation worker, shaping the role and being part of the interview panel. They have also contributed to the job title choices for Barnardo's staff and interviews for the new Keyworker roles.

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

- Finalising Article12 leaflet and poster looking at ways to increase membership
- Launching a newsletter in order to keep everyone in CAMHS informed of the recent work as well as making sure it is uploaded on CAMHS website each month
- "Sprucing up" of gardens at both clinic bases working with Chiltern Rangers (next one due in October 2021)
- Helping pathways to update their care plans and making them look more young person friendly
- Working on a National Barnardo's report – researching how children and young peoples' mental health and wellbeing have been affected as a result of COVID19 and lockdown
- The opportunity to join WWY as guest speakers and talk to parents about wellbeing tips and their own experiences

- Working on new posters and images for the waiting area – to be more representative of Buckinghamshire population and inclusive of BAME
- Developing material for “Emotional wellbeing tips” display board and ideas for items for sensory boxes in each waiting area
- Contributing to the development/design of Saffron House as a new clinical base and putting together a list of 'helpful tips' to make the move from Harlow House to the new office smooth for patients and parents/carers
- Working with the council in relation to funding to support families over the holidays, as well as LEAP offering to support young people on the waiting list with physical activity
- Advising on social media use in young people, working with the Clinical Psychologist on the Eating Disorder pathway
- Giving quotes to “Hear By Right” on their work with Article 12
- The opportunity to support OH with the general risk assessment training which is being rolled out to all CAMHS clinicians in Oxon, Bucks & Swindon, Wiltshire and BANES (SWB). They wanted to include a video from a Young Person considering their experiences of having their risk assessed or completing this collaboratively with a clinician.
- Bucks MH services organised a Governance Event Day with the theme “Learning from Excellence”. ART12 facilitated one of the activities looking at their story “of excellent care” from CAMHS. They were able to speak about their journey and answer questions from staff.
- Attended Dr Challoner’s High School Health and Wellbeing Conference – Survive and Thrive; Essentials for Parents, Staff and Students, to talk about their experience, specifically targeted for Year 12/13 students.
- Providing contributions to content about Gender Identity and Sexuality for the CAMHS website.
- Contributing to development of a new discharge letter to encourage children and young people to reflect and utilise learning from previous interventions prior to seeking a new referral unless mental health deteriorates, or they have further worries and concerns. ART12 offered an additional suggestion where they would work with the clinical teams to develop a skills refresher booklet for young people.

Youth Voice

- Buckinghamshire Council want to ensure we capture the views of children and young people in Buckinghamshire so that their experiences influence service development at an individual, operational and strategic level. We work alongside a wide range of stakeholders to provide opportunities which are effective, maximises ownership and has Buckinghamshire’s strategic aims and the profile of need of young people at its heart.
- In Buckinghamshire we want to promote ways for young people to participate in services by simplifying pathways and developing opportunities for young people to have a say about things that that are meaningful to them. We know it’s important for young people to have ownership of the things they speak about and what happens as a result and we have a duty to build a system that enables this.
- We recognise that to ensure young people receive the very best services, we need to engage them in conversations that help us understand their views, opinions and ideas about what we can do. We know that without young people’s views, we will not know what they need, how best to support them or how our

services should be developed. Youth Voice is the way we seek to engage and enable children and young people to actively participate.

- We are ambitious to ensure we engage with all young people, especially those who have special educational needs, disabilities and those who are considered vulnerable and in need of extra support. We believe that by listening to young people and acting on their views we can ensure every young person can be enabled to realise their potential, whatever their starting point is. The Specialist Participation Team within the Family Support Service provide tailored opportunities to Children and Young People in Care, Care Leavers and with Special Educational Needs to ensure that they are provided with appropriate opportunities to have their voices heard and contribute as fully as they are able.

Parent Dialogue Group (PDG)

Over the last few years, a thriving Parent Dialogue Group (Previously known as Parent Advisory Group PAG) has been established which meets 4 times per year. The group includes parents from various backgrounds whose child or young person has needed to use mental health services in Buckinghamshire. The group helps to develop the CAMHS service by offering insights of their experiences and identifying how services can be improved.

The PDG had been paused due to Covid-19 during 2020 but restarted in March 2021. The group continue to be a huge support in guiding developments, providing feedback on mental health services and helping to guide how the service can offer effective support to parent and carers.

Walking with You



The Walking with You group has continued through the pandemic, moving to virtual meetings in May 2020. The group is run by parent volunteers supported by Barnardo's. The aim of the group is to bring other parent/carers together to share experiences and insight and gather insight around supporting young people. On average, 30-35 parents attend each session.

As well as being an opportunity for parents and carers to talk to each other, a subject expert from CAMHS also attends and focuses on one key area identified by the group as being something people want to hear about. Sessions are planned 3 months in advance by the parent volunteers and using themes identified by parent feedback using Survey Monkey. The CAMHS clinician stays for the session to provide information, advice and help as appropriate.

The group has been promoted through a number of partner settings, The Healthy Living Centre, Friends in Need, Reducing the risk of domestic Abuse, Buckinghamshire Mind, Buckinghamshire Family information services, Family Centres Bucks, Heritage and Arts Organisation.

The group produces a WWY newsletter that is being promoted monthly within CAMHS, as well as externally to schools and other organisations. The WWY newsletter, designed by the Parent Lead Volunteer, is also published on the CAMHS website each month.

Feedback from the group:

“Being part of Walking With You has not only helped parents and carers have an opportunity to be with others experiencing similar situations, it’s helped me too. Our close friends and families care enormously but don’t truly understand the challenges we face. WWY is a space where we can get advice or support that really helps. So I’m grateful for that, as well as grateful to work with an amazing (award winning) team to keep making it better.”

“.....For the last three years I have been volunteering for Barnardo’s and WWY. It has been a fantastic experience working alongside Barnardo’s Mental Health professionals and other incredibly committed parent volunteers.”

“It’s incredibly lonely having a child with additional needs, whether mental health or educational or a combination of both. Only since I’ve been involved with Walking With You have I really been able to speak openly to anyone about it, and it’s been so helpful to share experiences with other people who are (unfortunately) going through similar challenges. Speaking to professionals is of course useful, but doesn’t always compare to talking with someone who has had the same struggles. “

Themes have included:

- How are you? Check in for parents
- ADHD/Autism
- Managing challenging behaviours
- School work engagement, anxiety, Going back to school
- Transitioning – Moving from CAMHS to AMH, support for parents once a child leaves CAMHS
- Eating disorders

Stakeholder engagement

Stakeholder engagement within Buckinghamshire has been limited over the last 18 months due to the pandemic and impact on meeting and redeployment of staff.

However, feedback to inform the plan has been taken from a number of sources including:

- SEND Survey conducted by FACT Bucks
- Attendees at the link worker project
- Meeting with Article 12
- Meeting with Foster carers
- Fair Access Board feedback from Secondary Schools via Aspire
- Parent Dialogue Group
- Emotional Wellbeing and Mental Health Strategy Group.
- Informal feedback from stakeholders
- Service feedback

In 2021/22 we plan to:

- Complete a survey for children and young people, parent/carers and referrers to find out their views on the service to shape the new contract for April 2023
- Host the annual Stakeholder Event in Spring 2022
- Refresh and refocus the purpose of the Parent Dialogue Group (PDG)
- Explore further opportunities to engage with wider partners

CYP Mental Health and Emotional Wellbeing Strategic Group

During 2021/22 it was agreed to combine the Emotional Wellbeing and Mental Health Strategic Group (multiagency group linking the work around emotional wellbeing and mental health) and the Wellbeing Return Steering Group (providing oversight of the delivery and monitoring of the Wellbeing Education programme) to further develop and strength the Buckinghamshire mental health and emotional wellbeing offer. Bringing these groups together creates opportunities to align action plans and priorities to avoid gaps and duplication and ensure appropriate multi agency mechanisms to address key issues as they arise e.g. suicide behaviours in young people. Smaller task and finish groups may also be established for focused short-term pieces of work. The group is chaired by the Head of Service, Achievement and Learning, with the Public Health Principal as Vice Chair.

The Children and Young People's Mental Health and Emotional Wellbeing Strategic Group has four key aims:

- To continually improve children and young people's mental health and emotional wellbeing and promote equitable outcomes across the county.
- To further develop and strengthen a whole-system approach to promoting and supporting the mental health and emotional wellbeing of children and young people.
- To co-ordinate and promote a whole-system awareness of the resources available to support the mental health and emotional wellbeing of children and young people.
- To embed the core principle that mental health and emotional wellbeing is everyone's business and everyone's responsibility.

6. Access

NHS CAMHS services across the country are nationally mandated to increase the number of children and young people accessing services year on year (As demonstrated in [Table 14](#)).

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

For 2020/21 the nationally set access target was 35%, for Buckinghamshire; this equates to 3,179 children and young people entering services. Buckinghamshire has consistently met national access targets and continues to explore new and innovative ways to increase access to services. Over the last 6 years Buckinghamshire CAMHS have introduced a number of initiatives to increase access to the service:

- Implementation of Kooth - an online counselling and emotional well-being platform for children and young people, accessible through mobile, tablet and desktop and free at the point of use. This was launched in October 2018. Young people are able to access advice from qualified counsellors, engage with other young people through a moderated forum, participate in live forum discussions, read articles and access resources on hundreds of different topics, write articles and share them to the site.
- Development of website co-produced with young people. The website now includes guided self-help and e-referral as well additional information on sources of help and support across the county. During 2020/21 resources in relation to COVID 19 and mental health were added to the site with links to national support. During 2021/22 Article 12 will be providing further feedback and will be further involved in coproduction of the website.
- Development of business cards co-produced with young people that direct young people to the CAMHS website for support.
- Development of a single point of access for all CAMHS referrals with the ability for young people to self-refer.
- Development of the electronic referral form has simplified the referral process allowing information to be shared securely, accurately and effectively. The form is accessed through the CAMHS Website www.oxfordhealth.nhs.uk/camhs/bucks/.
- Working as the lead provider for children and young people's mental health, Buckinghamshire CAMHS have made links to pilot using telehealth and to support the offer of face to face counselling interventions and work into schools.
- To support access to services, CAMHS offers assessments and interventions at a range of venues as requested by young people and where it is appropriate and safe to do so. Despite the limited face to face contact during 20/21, 50% of CAMHS contacts in June and Sept 2020 were in venues outside of mental health clinics.

National access targets

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

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

Table 13: Buckinghamshire achievement against access national access targets

Year	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21
% Target CYP with a diagnosable MH condition receive treatment from an NHS-funded community MH service. (NHSE Mandated Target)	26%	28%	30%	32%	34%	35%
% Actual	No data	No data	47.7%	34.5%	42.7	41.8
Number of patients required to reach access targets		2,543	2,725	2,906	3,088	3,179

Source: Buckinghamshire CAMHS data

4 week wait – National Trailblazer

In 2018/19 Buckinghamshire was chosen as a national trailblazer site and received funding from NHS England to trial a waiting time initiative. This funding has continued through 2020/21 and a further year has been agreed for 21/22. The ambition is to deliver referral to treatment in 4 weeks for patients being referred into the two main pathways within the Buckinghamshire CAMHS service (getting help and getting more help). The funding was initially planned to be used to employ additional psychology resource and test the effectiveness of online Cognitive Behavioural Therapy.

Difficulty in recruitment and retention to these posts has led to the commissioning of an external provider Healios to deliver assessments to children and young people.

As part of this work, the service has also reviewed internal processes to ensure that referrals are processed in a timely manner; a dedicated administrative officer has been recruited to book assessment slots at the point of referral. Demand and Capacity work completed during 2020/21 is being reviewed to identify processes and changes in demand over time to enable the service to rebalance capacity to demand. This NHS England funding is due to cease at the end of 2021/22 and the service is looking at ways to mitigate the impact on waiting times, against the backdrop of increases in demand.

Activity across CAMHS

Over 2020/2021 Oxford Health NHS Foundation Trust (OHFT) moved to an online platform (TOBI) for data analysis. Commissioners are able to view this at any time. OHFT provides a monthly report to demonstrate areas where they are meeting targets and areas where there are challenges or risks with a narrative against each of these and offers mitigation where required. All the CAMHS data for 2020/21 is taken from the new TOBI platform.

Table 14: Summary of CAMHS service activity 2014/15 – 2020/21

	2014/15	2015/16	2016/17	2017/18	2018/19	19/20	20/21
Total number of referrals received – all services	3988	6091	5275	5943	6291	8624	9728
Number of referrals by source:							
Self	Not available	262	250	436	258	245	414
Carer	Not available	19	140	228	816	1852	2734
GP	Not available	1466	1799	1602	1553	2128	2126
Education	Not available	380	491	608	717	1644	1612
Other – includes social care, other health referrals							2842
Number of referrals accepted - All pathways	2396	4468	4153	4821	5047	5171	6839
Average total caseload (as at 31st March)	2481	3089	3261	3793	3328	3398	3890
Number of LAC Caseload average	Data not available			61	74	86	66
Total Education Health and Care Plan (EHCP) completed				52	65	90	98
Waiting times (routine) Referral to Assessment - % seen within 4 weeks of referral - Target 90%	57%	48%	50%	52%	86%	69%	73%
Waiting times Urgent (7days)	Not reported	100%	100%	100%	96%	96%	94%
Waiting times Emergency 24h	Not reported	100%	100%	100%	100%	91%	100%

Source: Buckinghamshire CAMHS data

Table 15: CAMHS activity for eating disorder pathway 2015/16 – 2020/21

Eating Disorder Service	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21
Number of referrals received	42	77	109	100	91	154
Average waiting times urgent referrals (1 week target)	0 urgent referrals	60% seen within 1 week	100% seen within 1 week	100% seen within 1 week	83.3%	87.5%
Average waiting times non-urgent (4 week target)	67% seen within 4 weeks	95% seen within 4 weeks	84% see within 4 weeks	84% seen within 4 weeks	82.6%	67.2%

Source: Buckinghamshire CAMHS data

- The number of referrals across all services has increased from 3,988 in year 2014/15 to 9728 in year 2020/21; an increase of 143%.
- There has been a further increase in referrals from education settings, which is possibly a reflection of the improved relationship and easier access for schools since the introduction of Mental Health Support Teams.
- An increase has also been seen in referrals from carers during 2020/21 which could be linked to the pandemic and lockdown, forcing temporary school closures.
- The demand for the eating disorder service has increased significantly in the context of the relatively small provision. A 54% increase in referrals was seen between 2018/19 and 2020/21, with demand for the service leading to longer waiting times for full assessment.
- Waiting times for assessment for routine appointments is set as a key performance indicator of 90% within 4 weeks. For 2020/21, CAMHS achieved 80% with significantly longer waits for those waiting for a diagnosis of autism. However, over the lifetime of the contract we have seen an improvement in responsiveness; in 2014/15 on average 57% of patients were being assessed in 4 weeks in 2018/19 this rose to 86%. During 2019/21 increased demands in some of the pathways, coupled with staffing challenges has led to increased waiting times.
- The OSCA team support some of the most vulnerable young people with mental ill health and consistently across the life of the contract have achieved their urgent and emergency wait time targets. During 2020/21 an increase in referrals and acuity of presentations to the team has led to pressures in achieving the urgent target with performance at 94%, however additional investment and recruitment to the team should see this return to 100%.
- Children and Young people on the waiting list for longer than 4 weeks are supported by a full time mental health nurse who holds them open on caseload to provide a contact point and to assess and monitor changing needs and take appropriate action.

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

- Maintaining the 90% referral to assessment target has proved difficult and there is an ongoing workstream around this. Buckinghamshire has received trailblazer investment to pilot referral to treatment within 4 weeks over the last 3 years. Difficulties in recruitment has led to this being addressed in different ways from original plans. Additional assessment capacity has been purchased from Healios and demand and capacity work has been completed to look at processes and pressure points in the system. This additional funding from NHSE will cease at the end of 2021/22 and the service is looking at ways to mitigate against the impact of this reduced funding.
- The national expectation that by 2020/21 all eating disorder services would achieve the target of 100% urgent referrals assessed within 1 week and 95% of routine referrals assessed within 4 weeks, has been hampered by difficulties in recruitment and significant increases in demand for the service through the pandemic, with a **54% increase** in referral rates. Additional investment year on year has in previous years enabled the service to meet waiting time standards but the current high demands are impacting this.
- We need to do more to ensure there is a robust partnership response to meeting the needs of children with complex behavioural needs. Scoping has been completed across Thames Valley through 2021/22 to identify the needs of these children and the mental health resources needed to meet these needs. This scoping will be used to develop an expression of interest to become a vanguard in developing a model of delivery across the wider Thames Valley area incorporating BOB and Berkshire East.

Attendance at appointments

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

Table 16: Attendance at appointments 2014/15- 2020/21

	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21
Non-attendance rate (DNA)	9.29%	7.86%	6.31%	7.79%	7%	7%	5.5%

Source: Buckinghamshire CAMHS data

Initiatives have included the introduction of the Barnardo’s Buddy and increased use of alternative venues for appointments. Any young person who does not attend will receive follow up contact from the service with an assessment of risk. The referrer and GP of any young person discharged from the service will be notified of the action taken.

Buckinghamshire CAMHS use automated text reminders for appointments to further reduce non-attendance at appointments. For 2020/21 there was an increase in non-attendance, linked to the pandemic and changes methods of service delivery through this time.

7. Our Priorities

- a) All those living and working in Buckinghamshire will know where to find mental health and emotional wellbeing help and advice that they can trust

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

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

You said in 2019/20 we should focus on:

- Improved links to the CAMHS website and Buckinghamshire Local Offer from our partner organisations so that information is readily available no matter where the search starts.
- Work with stakeholders, including children and young people, to continue to review and develop the information that is provided on services.
- Continue to expand, and evaluate, training for parents and carers (including foster and adoptive parents), young people and stakeholders to raise awareness of mental health issues.

What we did:

- Ensured Children and Young People's mental health resources are linked through the websites so anyone looking for these services in Bucks should be able to find relevant information through the Buckinghamshire Family Information Service (BFIS), Buckinghamshire MIND or Buckinghamshire CAMHS websites.
- CAMHS have been part of a project carried out by the 3rd Sector Young Minds in 2020/21 to refresh the website to ensure that it is accessible and easy to navigate. Concentration has been on this with the aim in 21/22 of developing the communication routes through social media.
- Article 12 have reviewed the Buckinghamshire CAMHS website³⁵ and submitted feedback to the website developers.
- COVID 19 related resources have been made available on the CAMHS website with links to national resources on this.
- A local directory of mental health and emotional wellbeing resources has developed, hosted at the Connecting Bucks Schools website³⁶). This website has been accessed by 2,456 different users, with feedback indicating that school staff and parents are able to quickly and easily access local support for a range of mental health

³⁵ <https://www.oxfordhealth.nhs.uk/camhs/bucks/>

³⁶ www.connectingbucksschools.com/buckinghamshire-wellbeing-resources

challenges and wellbeing opportunities. This directory will be maintained and updated by Buckinghamshire Council.

- In September 2020, all maintained schools and academies in the county (and nationally) were offered three sessions of wellbeing for schools training, designed by the DfE with MindEd and the Anna Freud National Centre for Children and Families and delivered by local experts. Aspire worked with educational psychology to provide training to schools and colleges
- CAMHS have continued to offer PPEP care training and moved to doing this virtually, delivering 41 training opportunities through 2020/21. A training pack is available online, SPA continue to co-ordinate this offer and have added more training topics with more CAMHS staff being trained up so that the offer can be made available to more people. Training evaluation forms are being used to help understand what works well and what needs improvement.
- Bucks MIND³⁷ offer assemblies and workshops to children, young people, parents and staff on children's mental health and wellbeing. They work with school children of all ages, tailoring sessions to meet the needs of the audience.
- Training has also been provided to staff working in the Buckinghamshire residential care homes with training sessions delivered to 43 members of staff.
- The Educational Psychology team produced resources to aid schools and settings in supporting children and young people experiencing bereavement, particularly in the context of the coronavirus pandemic. These were made available using Buckinghamshire Schools Web.
- Professionals from Aspire Alternative Provision and Buckinghamshire Council's Educational Psychology Team delivered the Wellbeing in Education Return (WER) training to a total of 244 members of staff from schools across Buckinghamshire.

In 2021/22 we plan to:

- Develop more parent training opportunities through mental health support team's links with schools
- Continue to develop the training offer to schools through CAMHS and the wellbeing in schools project linked with Aspire. Training to examine well-being support in a post-COVID system.
- Liaison Group Well-being Champion Network developed (link to MHST). Promotion of a single whole-school approach to well-being, potentially align with a well-being award/quality mark.
- Re- establish Young Carers training to staff to enable them to identify young carers during assessment/ whilst in the service. Following from this the MHSTs will work with schools to identify and support young carers in schools
- Ongoing engagement of Article 12 in development of the website and mental health services in Bucks
- Look at options for sharing good practice/resources across schools and colleges through the Wellbeing for School work³⁸
- Oxwell school survey – triage school results & provide bespoke support for schools with greatest need (e.g. 1:1 support, action plans). Support for all schools through drop-in clinics.

³⁷ [Buckinghamshire Mind - Mental Health Education in Schools \(bucksmind.org.uk\)](https://www.bucksmind.org.uk)

³⁸ [Buckinghamshire Wellbeing Resources | Connecting Bucks Schools](#)

- b) All children and young people who need mental health services will receive the right help, in the right place when they need it

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

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

You said that in 2019/20 we should focus on:

- Mental health support in schools through - our Mental Health Support Teams in schools, the national rollout of Designated Senior Leads for Mental Health (DSL³⁹) in schools, peer support programmes and the national Schools and Colleges Link Programme³⁹. Embed the enhanced perinatal mental health provision supported by continued CCG investment.
- The joint neuro-developmental diagnostic pathway and review post-diagnostic support.
- Improved outreach service to those vulnerable young people where there are particular identified health inequalities – including young carers, young people from the LGBTQ community, children and young people from black and minority ethnic backgrounds and those not in education, employment or training (NEET).
- Explore further opportunities to utilise technology to provide assessment and treatment for children and young people. Improve and maintain referral to assessment and treatment times with support from trailblazer funding.
- CAMHS support within the Buckinghamshire residential children’s homes and supporting the early identification of mental health needs for children looked after.

What we did:

- Established 2 MHSTs, 1 covering the North of the county and 1 in the South. The teams started in September 2019 and by July 2021 were working with 47 schools. A new team will start in Chiltern area in September 2021, which will enable further expansion into more schools. The teams have seen a growth in referrals with 324 young people accessing a service in the period April to July 2021/22 compared to 578 during the full year 2020/21. When schools were closed due to the pandemic, the teams continued to support young people, broadening their offer

³⁹ www.annafreud.org/what-we-do/schools-in-mind/our-work-with-schools/the-link-programme/

across all Buckinghamshire schools over that time. The pandemic also provided the opportunity for the MHST to flex its model and harness use of remote consultation to support children and young people

- Senior Mental Health Leads - it is the expectation that every school and college will designate a member of their senior leadership team (or individual with equivalent whole-setting authority) to be the Senior Mental Health Lead. This role involves coordination and oversight of mental health and wellbeing provision within the school or college, with a focus on implementing an effective whole-setting approach to supporting children and young people's mental health and wellbeing. A directory of Senior Mental Health Leads has been compiled to facilitate cross-setting support and sharing of good practice. A programme of national training was planned for 2020 however this was delayed due to the pandemic, with more information expected in September 2021.
- Over the academic year 2020-21, the Bucks Mind Children and Young People's Team have supported 29 schools to implement the Peer Support in Schools Service. Overall, 395 student peer mentors were trained to provide listening support to their fellow students and become mental health champions at their school. Overall, 1,286 children and young people were supported by peer mentors across the year and 105 parent and staff attended our mental health awareness webinars, promoting a whole school approach to supporting children's mental wellbeing. The service is aiming to support 30+ schools to deliver a Peer Support in Schools Service during 2021-22.
- The Link Programme⁴⁰ has been delivered successfully to 2 cohorts within Buckinghamshire. Cohort 1 consisted of 32 professionals (18 school representatives and 15 representatives ranging from the local authority/CAMHS/CCG). The first workshop was facilitated face to face however, the second workshop was delayed due to the COVID 19 pandemic and took place on a virtual platform. Workshop 2 was a success and well received by all those that attended. The decision was made to continue on a virtual platform for cohort 2 as per the Covid restrictions. Cohort 2 consisted of 28 professionals (16 representatives from schools and 12 representatives ranging from the local authority/CAMHS/CCG). Themes that have emerged from this have informed the transformation planning for 21/22.
- The perinatal mental health Service is embedded across the Buckinghamshire system with strong links into maternity services and primary care. The access target for for 21/22 (based on 2016 ONS population data) is 8.6%, Buckinghamshire's performance against this, with much of the country, has been impacted by the pandemic. Recovery plans are in place to work towards an improved trajectory by the end of the financial year.
- In 20/21 Buckinghamshire were successful in a bid for further transformation funding to improve maternal mental health. The funding was awarded across the BOB ICS system to recruit a project lead for a Maternal Mental Health Service (MMHS). The Project Lead will conduct a review of the current provision of care and carry out a gap analysis to produce a project specification. The intention is to build on the Berkshire service model to design a trauma and psychologically informed integrated pathway in Oxfordshire and Buckinghamshire so women and their families across the BOB ICS have equitable access to safe and consistent support.
- Additionally, the Buckinghamshire maternity unit were awarded transformation funding to employ a 0.4wte psychologist for a fixed term of a year to support the consultant midwife and birth reflections team at appointments. This is in recognition that there was a gap in provision of psychological support for women experiencing birth trauma, primary or secondary tokophobia and women who have experienced early pregnancy

⁴⁰ www.annafreud.org/what-we-do/schools-in-mind/our-work-with-schools/the-link-programme/

loss (both termination of pregnancy and miscarriage) and to women experiencing removal of their infant due to safeguarding concerns.

- During 2021/22 it has been agreed that the Reconnect (0-2 attachment) service will move to adult services. Whilst the service has been linking closely with the perinatal mental health service, this will bring closer alignment with the wider mental health offer.
- A review of the neurodevelopmental pathway offered across the 2 providers including the new single point of access was completed jointly with OHFT, BHT and Bucks CCG in 2020. The review considered what had gone well within the collaborative and the challenges being faced and made recommendations for changes to the pathway. This work is ongoing with consideration of pre and post diagnostic support requirements as well as the diagnostic pathway. During this time an additional 750K has been invested in the pathway by the CCG to reduce wait times currently experienced by children and young people requiring diagnostic assessment.

In 19/20 CAMHS implemented work to expand the reach of their services targeting specific communities that are classed as under-represented or at risk of inequalities. This has included development of a new Localised Participation Policy in March 2020 which references inclusion of under-represented group and the strategies for gaining, listening to and implementing change as a result of all young people's views and opinions. Additionally Article 12 representatives have been influential in the development of National Standards for Schools which will help all young people including those from LGBTQ+ and BAME groups in gaining support they need.

- **Young Carers** – a link worker role was established in the single point of access to act as a point of contact between CAMHS and the commissioned young carers support service. PPEP care training delivered by CAMHS has been offered to young carers service professionals. Kooth, being a partner to the delivery of the CAMHS service also completed some targeted work aimed at increasing the awareness of the service and ensuring that young carers know where to go when they need support for their mental health.
- **LGBTQ+** – Safezone Ally training has been included into induction training for Barnados staff and volunteers so that they are more skilled in talking to CYP about their sexuality and are able to find out what support they may need. Localised policies and procedures have been reviewed to ensure they use the correct use of language around identity. Proposals for LGBTQ+ training have been discussed at the Oxford Health Foundation Trust Equality and Diversity Steering group and work is currently ongoing with developing Trust Wide Awareness Training: this is being developed with young people and adults and will include a series of short, online interactive training sessions. These will consist of a face to face 1 hour training session specifically for CAMHS on Transgender and a series of more in-depth face to face training sessions. The awareness training members (Staff and ART12 members) are currently working to put the modules together.
- **BAME** - Oxford Health have continued to review NICE guidelines and complete gap analyses to ensure compliance in relation to engagement with BAME and working in a culturally sensitive way. This has been completed for NICE guidelines on PTSD, Depression and Bipolar disorder. Barnardo's Buddies supported 59 BAME young people this year - 3.5% of the total seen in the targeted service. Kooth report for Q1 of 2021/22 indicates that 33% of those accessing a service identify as BAME.
- **NEET** – (Not in education, employment or Training), links have been made across Early Help and education however progress has been affected by the pandemic – so this work will be a focus for 2021/22.

- The pandemic has forced services to swiftly move to digital appointments, with appointments that did not require face to face contact delivered virtually. The use of online services such as Kooth and Healios in supporting young people, has extended access to services and reduced waiting times for CBT.
- QB testing is an evidence based standardised diagnostic tool for ADHD. The assessment is completed face to face and provides a report to help with management of presentation or identifies the need for further assessment.
- In response to the pandemic, a 24/7 all age mental health support line was implemented as a resource for people to contact if they had concerns about their own or someone else's mental health. Due to its success this support has continued to be funded by the CCG into 21/22 and is now embedded within the NHS 111 delivery model.

In 2021/22 we plan to:

- Expand MHST offer to reach further schools and to create a third team to cover the Chesham area. Funding for this has been agreed.
- Work with the Council Early Help team to develop a partnership approach to assessment and intervention across CAMHS and the Council Early Help offer.
- Build on the success of the "Drop in" sessions previously offered to develop virtual drop-in appointments for CAMHS to be offered when a full clinic appointment is not required.
- Work with partners to facilitate better access to services for people that are not in education employment and training (NEET) with a focus on under-represented groups
- Review the use of the Calm Suit at Whiteleaf Centre to consider its use and any possible alternatives to this.

- c) All services working with children and young people will promote wellbeing across both physical and mental health

The Integrated Care Partnership Mental health and Learning Disability and Autism (MH and LDA) strategic group continue to meet monthly with representation across the IC, the group is an all age meeting allowing for consideration across the age range and working with partners across the health and care system to improve pathways for children and young people and into adulthood.

You said that in 2020/21 we should focus on:

- Developing an all age crisis response service
- Publishing our All Age Mental Health Strategy for Buckinghamshire to provide a single coordinated vision for addressing mental health across the county.
- Employ a dedicated member of staff to in-reach into specialist in-patient wards across the country, developing the process and reporting structure the post should focus on reducing bed days
- Develop and implement a robust Positive Behaviour Support (PBS) model in Buckinghamshire. This will enable the piloting of sustainable and ongoing training and consultation for staff teams across Health, Education, and Social Care, including parents and young people.
- Explore options for delivering further restorative practice training to support effective joint working between agencies in Buckinghamshire.
- Maintaining waiting time standards for eating disorder services, so that 90% of routine referrals are seen within 4 weeks of referral.

What we did:

- CAMHS have been represented at the project meetings for adult crisis pathway to identify areas of cross over and any gaps in provision.
- The all age Mental Health Strategy has been agreed by all parties and will be published during Autumn 2021.
- Established a 24/7 mental health support line to reduce reliance on A&E attendances. Through 2021/22 this is being embedded within NHS 111.
- A Barnados Buddy has been working in Stoke Mandeville Hospital supporting young people with mental health needs who are receiving acute care. This was started as a pilot but has been successful and it has been agreed that this will continue.
- Restorative practice training commenced prior to the pandemic but had to be cancelled to reprioritise workload associated with the Covid response.
- CYP eating disorder services have seen additional investment through both 2020/21 and 21/22 as an identified clinical priority area. Increased demand during the Covid19 pandemic, alongside difficulties in recruitment in this area has impacted waiting times. The service has flexed its wider service delivery model utilising CAMHS staff from other pathways to support as clinically appropriate and temporary staff have been brought in when required.

- The Educational Psychology team responded to 21 critical incidents during the 2020/21 academic year, across nursery, primary, secondary and college settings. The support provided ranged from advice and consultations with key senior staff through to home visits for families directly impacted by the critical incident.
- A multiagency workshop was held in July 2021 to develop the Start Well Action Plan, aligned to the 2021 – 2024 Buckinghamshire Healthier, Happier Lives plan. Attendance covered services working with children and young people in Buckinghamshire, including acute and community health, social care, education and mental health and an action plan was drawn together as a result of the workshop. The themes from the workshop are reflected through this transformation plan.

For 2021/22 we plan to:

- Implement the Key Worker project across BOB ICS, following the award of transformation funding. Buckinghamshire CAMHS will work with partners across the ICS to develop an aligned model. This will build on the success of the model which has been established over the last year in Oxfordshire and develop an equitable offer across the ICS.
- Review the outcomes of the Barnados Buddy working in Stoke Mandeville Hospital with an evaluation of the hours required to ensure adequate support.
- Continue investment in eating disorder services, to meet the increased demand and to provide a specialist resource for children and young people with neurodevelopmental disorders who present with eating disorders.
- A review across BOB and Buckinghamshire partners will consider how to meet the needs of young people with ARFID (Avoidant restrictive food intake disorder) to include closer partnership working across physical and mental health.
- Develop closer partnership working across agencies to deliver increased collaborative working and alignment of plans in relation to the health and wellbeing of children and young people living in Bucks

- d) All young people who are transitioning between services are supported throughout the process to ensure transfers are managed safely, appropriately and in a timely manner

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

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

You said that in 2019/20 we should focus on:

- Intensive Support Offer for young people over 14 with an Intellectual disability and challenging behaviour.
- Transitions between CAMHS and adult mental health services
- Identifying and implementing further pathway improvements across children to adult services

What we did:

- During 2019/20, a project was completed to scope the current offer for Positive Behaviour support (PBS) across county and develop a delivery plan to establish PBS as a response to behaviours that challenge across the system. The report was completed as part of the Local Incentive Scheme for CAMHS in 2019/20. The service has been able to deliver the training internally and has provided support with some of the special schools within the county, however reprioritisation in year has meant that this work has not been able to be progressed to develop an Intensive Support Team or to further cascade the training.
- Reviewed and updated the transition and transfer guidelines for all age mental health.
- CAMHS have been engaged in the pathway development for adult crisis services including the development of the 24/7 mental health support line.
- An all age eating disorder summit was held in 2021, the event which was shared across Oxfordshire and Buckinghamshire looked at the model of provision and reflected on the long waits in adult eating disorder service. A project plan has been developed to progress this pathway work utilising additional investment from the CCG in 2021/22.

For 2021/22 we plan to:

- Develop a team to offer support to young people transitioning between children and adult mental health services with the aim to provide consistent support for young people and prevent them 'falling through the gap' between services. The project will span across CAMHS and Adult MH services with dedicated transition worker posts to work with young people aged 16+ years and their families where it is likely the young person will need mental health support from adults' services after 18 years. It is anticipated that this project will

initially focus on supporting Care leavers and those identified with Special Educational Needs and Disabilities (SEND)

- Additional funding for children and young people's crisis services will be utilised during 2021/22 to enhance the home treatment offer through Getting More Help and OSCA, working with the provider collaborative to help prevent hospital admissions and facilitate earlier discharge from acute mental health settings.
- Work with Transitions UK as they begin their work in county to enable a collaborative approach across the services

- e) All young people who use the service will be involved in decisions affecting the care they receive through collaborative setting of their own targets and planning their discharge from the service.

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

There is a national expectation that CAMHS will move towards routine collection of outcome data and reporting this at a national level to evidence the impact of interventions. Although Bucks CAMHS has demonstrated increased recording of outcomes, the ability to report change through this has been limited and is reflective of an issue for CAMHS nationally. Interim measures which use case studies, surveys and the True Colours⁴¹ system are used to demonstrate improved outcomes whilst a solution to reporting is being developed.

You said that in 2019/20 we should focus on:

- Further increasing the use of patient reported outcome measures and our ability to report on changes following receiving a mental health service.

What we did:

- Continued to use existing outcomes measures - True Colours, Goal based outcome framework, surveys and case studies. Of the I want great care feedback received the service received a score of 4.59 out of 5 for young people feeling involved in their care.
- Worked with the performance team to develop a way to enable True Colours to link with individuals on care notes and so provide outcome reporting.
- Appointed an Assistant Psychologist who has collated the outcome information from workshop and groups.

For 2021/22 we plan to:

- Complete work across BOB partners to develop an outcome reporting process.
- Evaluate the number of children and young people who report they felt involved in planning their care, and work with young people to establish their preferred way to do this.

⁴¹ True Colours is an online system that allows patients to monitor their symptoms and experiences using text, email and the internet. By answering questionnaires patients create a record of how they are feeling and can see how it changes over time. Patients can use this to help them to manage their own health and to share information with their family, friends or care team. Their data is stored on a secure computer system. Monitoring their wellbeing with True Colours will help patients to notice when their feelings are changing. Patients can then act quickly to stop things from getting worse.

- f) Children, young people, parents, carers and other stakeholders will influence the development of the service through participation and feedback.

As the health and social care system moves towards greater integration, the people best placed to tell us whether it is working are those it serves. Integrated care partnerships offer an opportunity for health and social care systems to think differently about how they collect, listen to and act on insight and feedback from patients their carers and relatives.

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

Further information can be found in [section 5](#) on Engagement.

You said that in 2019/20 we should focus on:

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

What we did:

- Recruited to and increased membership of Article 12 to provide a younger group and older group to gain different perspectives of the service.
- Increased availability and as a result membership of Walking with You by moving to a digital offer through the lockdowns of the pandemic
- Standardised Assessment process, to provide opportunity for young people to speak without their parent and to be further involved in care planning, an audit is planned to measure the success of this process

For 2021/22 we plan to:

- Complete a survey of Stakeholders; Young People, Parents/carers and professionals/referrers
- Host the CAMHS annual Stakeholder event - consider how to extend to wider system Children and Young People's mental health event
- Incorporate any feedback received into the development of the new contract for CAMHS due to commence in April 2023

8. The Buckinghamshire Offer

CAMHS

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

- a) those whose needs can be appropriately met at these levels receive the appropriate support and
- b) those whose needs require support at Getting Help, Getting More Help and beyond are able to access this quickly and efficiently.⁴²

This has been reflected in the delivery model which is based on the thrive approach, a model developed by The Tavistock and Portman NHS Foundation Trust (The Tavistock) and the Anna Freud Centre (AFC)

Figure 6: The Thrive Approach

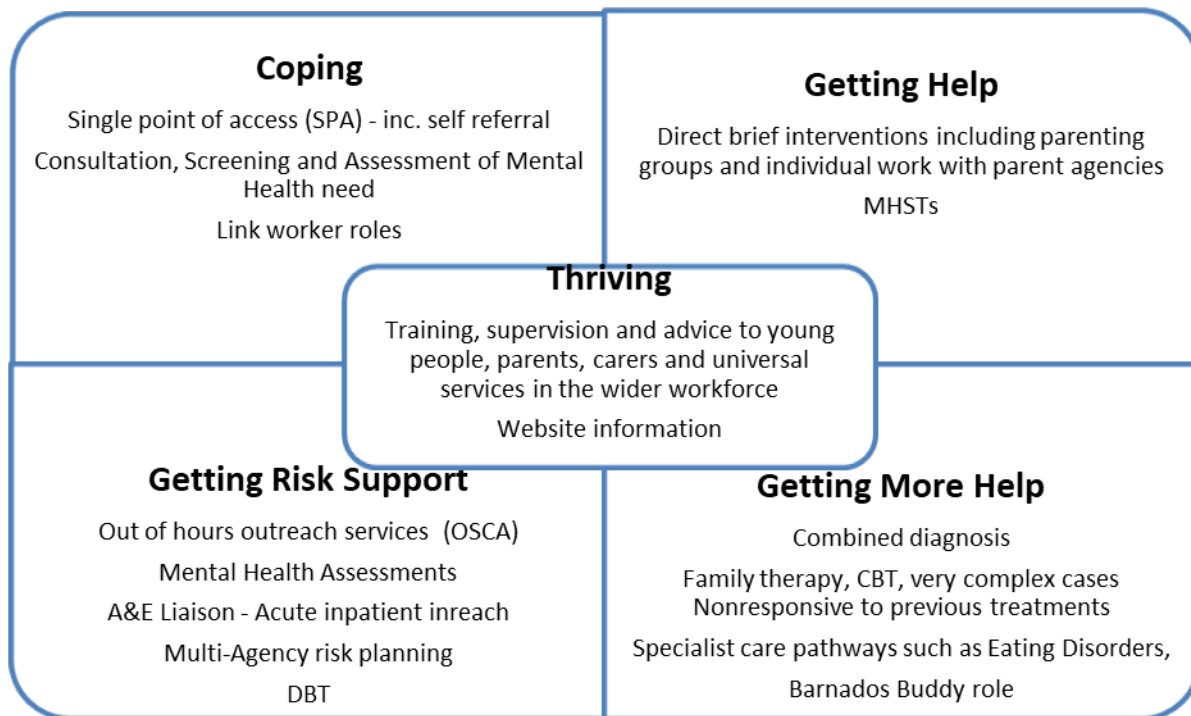


⁴² More information about the Balanced System® can be found at [The Balanced System : Better Communication](#)

CAMHS service model and Pathways

The CAMHS service model is based on pathways that offer consistency and specialist intervention. The service works to the i- Thrive model with partner agencies supporting delivery of this.

- Thriving: prevention and promotion
- Getting Advice and Signposting: signposting, self-management and one-off contact
- Getting Help: goal focused evidence informed and outcomes focused intervention
- Getting More Help: extensive evidence informed treatment
- Getting Risk Support: risk management and crisis response



Single Point of Access (SPA) including self-referral.

To promote access to services for children and young people with mental health needs, the single point of access (SPA) provides consultation, advice, and signposting to ensure no young person with mental health needs is without support, guidance or advice.

The SPA is open Monday to Friday from 8am to 6pm with clinical staff available to talk to anybody that rings, review referrals as they are received and make decisions on further action to be taken. Alongside telephone referrals and written referrals, the service also encourages E-referrals through the CAMHS website. Young People of 16 years and over are encouraged to self-refer, however if a child of any age range made contact, they would never be turned away. The contract requires all emergency referrals will be seen within 24hours of receipt unless medically indicated that this would be inappropriate, with an initial response expected within 4 hours.

Through 2021/22 the service has embedded the 24/7 mental health support line available through NHS 111.

There is an expectation that all intervention offered will be evidenced based and in line with NICE (National Institute for Health and Care Excellence) guidance where available. Where guidance is not available intervention should be in line with best evidence informed practice.

Dedicated named contact points

Each primary and secondary school has a named link worker and there is also psychiatric consultant time available to link with GPs. These provide an additional contact point for consultation, requesting training and liaison.

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

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

Barnardo's staff deliver a three-strand delivery approach to children and families in their "buddy programmes" as follows:

Getting Help

Buddies will provide time limited, targeted interventions for children and young people whose needs have been identified through assessment as suitable for this support. For these children and young people and their families/carers, the buddy will be the primary worker delivering brief targeted support programmes up to six sessions. They will have responsibility for all recording processes including amending the Risk Assessments, Care Plans and ROMS.

Buddies will deliver evidence based work - either Cognitive Behavioural Therapy (CBT) or Dialectical Behavioural Therapy (DBT) informed work - for six sessions. The work is currently delivered on a weekly basis; all cases should be low to moderate mental health issues.

Getting More Help

Within this pathway Barnardo's buddies work alongside qualified mental health professionals to support young people and families as appropriate. The planned support is reviewed regularly (usually 6 weekly) through joint sessions with the CAMHS Care Coordinator / Primary worker. Sessions with buddies may be used to support interventions being done by other multi-disciplinary team members (e.g. supporting attendance at appointments, an opportunity to practise skills learned during formal therapy such as CBT), or may be used to provide step down support to children and young people who are coming to the end of more complex interventions. This may also be provided by a suitable volunteer overseen by a buddy or team manager.

Getting Help/Targeted group work

Barnardo's buddies and Child Wellbeing Practitioners (CWP) deliver the following group programmes in CAMHS.

- **Teen anxiety group- A groups for young people aged 12-17 with mild to moderate anxiety:** These groups are generally used as a first line intervention, although may be used following other interventions to support these or as part of a step down of care prior to discharge. It is run by Buddies who have completed the Enhanced

Evidence Based Practice CYP-IAPT course at Reading University, or are qualified CWPs. The group is 6 sessions long.

- **Teen Low mood group- A groups for young people aged 12-17 with mild to moderate low mood:** These groups are generally used as a first line intervention, although may be used following other interventions to support these or as part of a step down of care prior to discharge. It is run by Buddies who have completed the Enhanced Evidence Based Practice CYP-IAPT course at Reading University, or are qualified CWPs. The groups is 6 sessions long.
- **Healthy Heads Lite (DBT informed) Group:** For young people aged 13-17 who are struggling to manage their emotions (i.e. anger, anxiety, low mood) and/or behaviours (i.e. self-harming behaviours). This group is suitable for young people who engage in self-harming behaviours and they do not need to have a diagnosable mental illness. The group is 5 sessions long.
- **PAC (for Parents of children who experience Anxiety Course:** This is a parent only group for primary aged children who suffer from anxiety with the aim of helping parents support their child. It is run by Buddies who have completed the Enhanced Evidence Based Practice CYP-IAPT course at Reading University, or are qualified CWPs. The groups is 5 sessions long.
- **ASD/Anxiety Programme:** This group is for both parent and young person with a diagnosis of ASD. It is run over 6 sessions (each session is 2 hours). It is for young people aged 10-14 with an ASD diagnosis and low to moderate anxiety.
- **ASD workshop** This workshop is for parents only). It is for parents of children under 11 with an ASD diagnosis for post diagnostic support.

All of the above are currently run digitally through the use of videos, presentations and small group check ins on Microsoft Teams.

Getting Risk Support

Outreach and crisis services

The CAMHS Outreach Service for Children and Adolescents (OSCA) team evolved from the recognition that some young people needed improved access to mental health services, where a more flexible approach to engaging the young person and family can be taken. Such families often require a more intensive package of treatment and care than can be routinely offered by other teams within CAMHS.

The OSCA team currently has four functions:

- **Crisis and Home Treatment:** typically used to support existing care packages. Crisis offers a service to young people up the age of 18, seven days a week, 24 hours a day within the Buckinghamshire area.
- **Assertive Outreach:** focus on maintaining engagement with services and psychosocial support and interventions.
- **Dialectical Behaviour Therapy (DBT):** A specific treatment for young people who may be experiencing heightened suicidal urges and self-harming behaviours and/or exhibiting signs of an emerging emotionally unstable personality disorder.
- **In-reach to and supported discharge from inpatient units.**

The staff team includes nurses, psychiatrists, psychologists, social workers and occupational therapists. The team have also developed more specialist roles including a Nurse Consultant/Lead for Deliberate Self-Harm, In-patient Liaison Lead and Nurse Consultant for DBT (Dialectic Behaviour Therapy). These roles support the team to build up strong working relationships with partner agencies and providers as well as supporting the wider teams in CAMHS in specialist areas. The team will see all young people who present to the local hospital in relation to an acute presentation regardless of status, home address, or any other contributing factor.

Crisis service

The Crisis service offers immediate support to young people out of hours, 24 hours a day 7 days a week. The team are trained in Dialectical Behaviour Therapy offering specialist skills in emotional regulation to reduce the risk of self-harm and suicide. There is 24/7 access to a consultant child and adolescent psychiatrist.

The Five Year Forward View for Mental Health and more recently NHS Long Term Plan proposes that people facing a crisis should have access to mental health care in the same way that they can get access to urgent physical health care. CAMHS offers a response service 24 hour a day, 7 days a week, however capacity in this service is limited.

During 2020/21 a Barnados Buddy was appointed to work in Stoke Mandeville Hospital supporting young people with mental health needs who are receiving acute care. This was started as a pilot but has been successful and it has been agreed that this will continue.

Psychiatric In Reach Liaison Service (PIRLS)

The Psychiatric In Reach Liaison Service (PIRLS) will assess young people over 16 years attending A&E at Stoke Mandeville Hospital and support their needs, referring to CAMHS as required.

Calm suite (Health Based Place of Safety HBPS)

In 2016 a calm suite was established at the Buckinghamshire adult inpatient site as an alternative health based place of safety. Difficulties in accessing Tier 4 inpatient and welfare secure beds for young people has meant that this has been used for longer than initially proposed for a number of young people.

Table 17 Detentions under S136 of the MH Act for under 18s in the 12month period from July 2020 to June 2021.

12mth period from July 2020 to June 2021	Total Number of CYP detained under sec 136	Resident of Buckinghamshire	Resident of Oxfordshire	Resident of Berkshire	Resident of Hertfordshire	Resident of MK
	21	10	7	2	1	1
Number detained	2	2				
Number admitted informally	1		1			

A total of 10 Bucks young people were detained to the Calm suite with 2 being detained under S2 and no informal admissions. All those young people not admitted were followed up by CAMHS, with some jointly seen by children’s social services.

Prior to establishing the specialist service in 2016, the CAMHS service had dedicated eating disorder clinical lead time, however, young people with eating disorders were seen across the service with variable access to staff trained in NICE concordant treatments for eating disorders and no set waiting times standards meaning waiting times often exceeded 4 weeks. The transformation funding enabled the development of the specialist team and pathway for young people presenting with eating disorders.

The *Access and Waiting Time Standard for Children and Young People with an Eating Disorder: Commissioning Guide*^[1] clearly sets out the transformation required locally and regionally to improve access, waiting times and the provision of evidence-based treatments for young people with an eating disorder. The additional funding linked to these standards enabled the development of the community Eating Disorder Service for children and adolescents. The service consists of two linked teams across Buckinghamshire and Oxfordshire and was officially launched in October 2016.

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

The multidisciplinary workforce has been structured according to the NHS England Commissioning Guidelines and local service need including the introduction of Paediatric Consultant time. Incorporating paediatric sessions transformed the interface with paediatrics, enabling better and seamless care for those at high medical risk. The team has clinical and management leadership structures to form a Buckinghamshire All-age Directorate. Both CAMHS and Adult Mental Health clinicians work closely alongside one another so that care is uninterrupted for that young person as they transition into adulthood.

All staff are trained to deliver NICE-concordant treatments and regular individual and team supervision is in place to maintain the standards of care. In 2017-2018 service staff helped to deliver the National Child and Adolescent Eating Disorder Training, commissioned by Health Education England and provided to all 79 child and adolescent eating disorder teams across England. The service was awarded overall team exhibition winner at the finale Eating Disorder Conference in London in March 2018 for presenting its work.

The service is registered with the national quality improvement programme for Child and Adolescent Eating Disorder services under the Quality Network for Community CAMHS. The team completed the self-review in August 2017 and in 2019, they undertook the peer-review stage of the QNCC accreditation.

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

^[1] NHS England (2015). *Access and Waiting Time Standard for Children and Young People with an Eating Disorder: Commissioning Guide*. Available from: www.england.nhs.uk/wp-content/uploads/2015/07/cyp-eating-disorders-access-waiting-time-standard-comm-guid.pdf

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

An accreditation review is pending, delayed due to Covid-19 pressures.

The service has worked hard to improve compliance with Access and Waiting Times standards with 88% of routine referrals seen within 4 weeks in 2019/20 (rolling 12 months) (pre-pandemic). Improving access to treatment for those with suspected eating disorders has remained a national priority during the COVID-19 response, with changes to service delivery and forward planning for the new future. Achieving the 95% standard by March 2021 has remained a priority although there is widespread recognition of the extreme demands CYP ED services have been placed under during the pandemic.

The team have prioritised access to urgent referrals and are seeing 82% of urgent referrals within a week, as compared to the national average which has reduced to 61% due to the pandemic. The team have seen 62% of routine referrals within 4 weeks, compared to a national average of 73% (rolling 12 months including Q1 21/22). A key issue is that it has not been possible to expand the specialised workforce at the same rate as patient referrals have increased.

The service has established an active participation forum which enables service users and carers to regularly work with key staff to support ongoing service development and review. The service leads a regional best practice forum and holds annual meetings with representatives from key stakeholder groups which continue to help refine service access and delivery. The service is committed to research and audit to evaluate the service and interventions and enhance understanding of eating disorders, involving multiple ongoing projects. As an example, the service will be presenting two recent projects at the international London Eating Disorder Conference in December 2021. These projects involved interviewing service users about (i) their experience of treatment for longstanding eating disorders and (ii) their experience of paediatric admissions for an eating disorder, both with a view to improving care.

Bucks Eating Disorder Service Transformation Priorities for 21/22

We have seen an increase in the acuity of referrals in 20/21 and there is extreme pressure on acute inpatient beds for young people with eating disorders. In addition to rising referral rates, there is an NHSE expectation that services will meet the needs of CYP with Avoidant and Restrictive Intake Disorder (ARFID) and report on waiting times for ARFID from 2021/22. However, with increased demand and staff vacancies in the service, the priority at this point is to address waiting times for the core service.

Key objectives for 21/22:

- To increase team capacity towards meeting the 95% Access and Waiting Time Standard in the face of increased demand
- To increase capacity to offer intensive community-based support to those at risk of admission
- Work with the Adult service to implement the FREED model for young people age 16-25

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

First Episode Rapid Early Intervention for Eating Disorders (FREED)

The FREED programme represents a key priority for implementation within Year 1 and 2 of the LTP ICS-wide Community Mental Health Transformation (CMHT) plan. FREED is an early intervention service, based on the staging model and has been developed specifically to target adolescents and young adults (16-25 years) in the early stages of an Eating Disorder (ED) (less than three years illness duration). The FREED service model includes a rapid and proactive referral process, a holistic and non-stigmatising assessment (within two weeks of referral) based on a bio-psycho-social approach, followed by an evidence-based treatment plan (within two weeks of assessment).

FREED has been shown to reduce total treatment costs and improve outcomes in young adults presenting with an ED. Rapid detection and treatment of EDs are crucial in promoting a full recovery. The rationale for FREED is well-documented with EDs unlikely to resolve without treatment and watchful waiting does not work. If someone has only been ill for a short period of time treatment works better.

The FREED programme is being rolled out nationally across England via the Academic and Health Science Network (AHSN). The Bucks ED Service were successful in receiving initial start-up funding for £35k for Year 1 (19/20) and there is support from the AHSN to extend this to Oxford as part of the CMHT plan.

Key objectives for 22/23

- To develop the pathway and service provision to meet needs of appropriate CYP with ARFID
- To continue to expand the intensive community treatment pathway

Avoidant and Restrictive Food Intake Disorder (ARFID)

ARFID is a condition whereby a person restricts their food intake for psychological reasons that differ from the weight and shape concerns that characterise anorexia and bulimia nervosa. It can lead to many of the physical complications and psychological and functional consequences that are familiar to professionals working with eating disorders.

CAMHS have seen increasing numbers of young people referred with suspected ARFID and there is currently no clear treatment pathway in Buckinghamshire with young people passed between different services and not receiving cohesive and appropriate treatment.

NHSE have highlighted concerns that CYP with ARFID are often inadequately served by existing services and set an expectation that Children & Adolescent Eating Disorder Services (CAEDS) will provide support for CYP with ARFID.

Summary of local mapping project into current provision

In 2019 we completed a project, alongside the national ARFID pilot, to map current knowledge and service provision for children and adolescents with ARFID across Buckinghamshire. These children are currently seen across a range of Buckinghamshire services. The report highlighted the need for clear assessment and treatment pathways for CYP with this condition which will involve strengthening existing links between relevant professional groups/agencies. Regional findings from the NHSE pilot sites suggest that the knowledge and skills of CAEDS are best directed at a specific group within ARFID population, alongside consultation and multiagency working for those children and young people whose needs are best served elsewhere. In line with NHSE expectations, we propose to offer assessment and treatment for appropriate forms of ARFID from 22/23.

BOB ICS and ARFID

Clinicians and Operational Leads from across BOB are working collaboratively with NHSE to identify service challenges, to review current provision and to actively explore the benefits of adopting a BOB-ICS system wide approach to assessing, treating, and supporting young people with ARFID. The aim of this work is to create clear and effective clinical pathways, both at place, and within the ICS, to improve patient experience and clinical outcomes, and to reduce the requirement for referrals to tertiary providers.

Buckinghamshire Community Adult Eating Disorder Service (AEDS) Transformation Priorities for 21/22:

Eating Disorders has been identified as a key area for investment and service transformation within the BOB ICS Community Mental Health Transformation (CMHT). The 21/22 priorities for the Buckinghamshire AED service reflect the CMHT. The following key priorities have been identified by the end of Year 2:

1. To provide evidence-based treatment, care and support for the full range of eating disorder diagnoses, including binge eating disorder and OSFED.
2. To accept all presentations – from people who present for the first time to those with long-term problems, regardless of weight or BMI (body mass index).

Key objectives:

- To offer NICE-concordant treatment to adults with ED across the range of severity
- To decrease waits for interventions for all adults with ED in Buckinghamshire by reviewing capacity requirements and investing where necessary to meet this demand and building on the use of technology.
- To establish and offer rapid access to specialist help for emerging adults with EDs via the First Episode Rapid Early Intervention for Eating Disorders (FREED) model

Attention Deficit and Hyperactivity Disorder and Autistic Spectrum Disorder

In February 2019 a Buckinghamshire neurodevelopmental single point of access was established for all new ASD and ADHD diagnostic referrals. This is a collaborative venture between Oxford Health NHS Foundation Trust and Buckinghamshire Healthcare NHS Foundation Trust. Prior to the launch of the SPA young people over the age of 11 would be referred to CAMHS (Oxford Health) and children under the age of 11 would be referred to the paediatrics service (BHT). By pooling resources across the two organisations patients are provided with a more integrated, needs led service. Despite the improvement in process and pathway, an increase in demand for the service has led to longer than ideal wait times for assessment and diagnosis of neurodevelopmental conditions.

Commissioners have worked collaboratively with both lead providers responsible for the delivery of the pathway implementing the following actions to address the increasing wait time and ensure longer term sustainability for the service:

Additional investment has been provided from the CCG in 2020/21 to commission an external online diagnostic service to undertake assessments.

Children and young people with an intellectual disability

The CAMHS pathway for children and young people with an intellectual disability is a multidisciplinary team of clinicians who can offer consultation, assessment, intervention and care co-ordination for children and young people who require a specialist service, due to moderate or severe, complex and enduring difficulties.

In line with recent legislation and good practice guidance the Buckinghamshire CAMHS intellectual disability pathway will work with and alongside the other pathways in CAMHS to ensure that children with intellectual disabilities have equal access to the range of specialist CAMHS services available to children and young people who do not have intellectual disabilities. It is expected that in most cases, the mental health needs of children and young people with a mild intellectual disability (IQ within the range of 50-70 and associated adaptive functioning difficulties) can be met within the other specialist CAMHS pathways. This may require consultation from the Buckinghamshire CAMHS intellectual disability pathway to support assessment, formulation and making reasonable adjustments to interventions as appropriate. When assessment indicates that other CAMHS pathways are not able to meet the current need or if there are not the skills or competence available, the Buckinghamshire CAMHS-ID Pathway will offer an assessment to children and young people who meet both the following criteria:

- Child has an identified emotional, mental health or behavioural difficulty that requires a CAMHS assessment
- Child has a diagnosed Intellectual disability, or significant impairment of intellectual and social adaptive functioning, which significantly impacts their mental health presentation

In addition to the above criteria children and young people may also meet the following criteria, (in addition to a history of chronic difficulties and unsuccessful interventions):

- Complex physical health needs and medication
- More than one family member with an Intellectual disability
- Highly-risky behaviour (i.e. high frequency and impact)
- Urgent safeguarding issues

- Complex co-morbidity in addition to a diagnosis of Intellectual disability.
- For children and young people who are using respite or residential placements, the placement is in danger of breakdown and in need of specialised support.

Following a comprehensive assessment and formulation of the young person's needs the team can offer a range of therapeutic interventions. Examples of interventions offered include psychoeducation usually in the form of workshops for parents around ASD, anxiety, and behaviours that challenge, Positive Behaviour Support, consultation with the system around the child to support the implementation of Positive Behaviour Support and if appropriate individual work (such as cognitive-behavioural therapy adapted to meet a child's needs), and pharmacotherapy.

The service works alongside the learning disability nursing service and with the adult community learning disability team to ensure timely and supported transitions between the services.

Children with Learning Disabilities and/or Autism (LDA)

Children, young people, and adults with a learning disability are up to 5 times more likely to be admitted to hospital than the general population. Nationally there has been a gradual reduction in the total number of inpatients with learning disabilities and/or autism. The transformation plan links to the Learning Disability and Autism delivery plan (not yet published) to ensure children and young people with a learning disability and/or autism who are at risk of admission and in mental health hospitals, receive timely, appropriate, personalised, integrated support. This includes monitoring of children and young people recorded on the Dynamic Support Register and who are receiving Care Education and Treatment Reviews (CETR).

At the end of March 2021 21 children and young people were recorded on the Dynamic Support Register (7 inpatients, 7 'red', 5 'amber' and 2 'green') with a total of 26 children and young people reviewed over the last year, compared to 13 cases in 2019. There were 13 inpatient admissions for this cohort in 20/21 compared to 6 admissions in 2019/20. There have been significant pressures in identifying available tier 4 inpatient beds within the Thames Valley region, with 3 children and young people placed out of area in 2020/21

Buckinghamshire was successful as an early adopter site for the Keyworking Programme in April 2021. The programme will be delivered by CAMHS starting during autumn 2021 and supports the NHS Long Term Plan commitment to ensure by 2023/24 children and young people with a learning disability and/or autism, with the most complex needs will have a designated keyworker. The programme will facilitate additional support and care navigation for children, young people and their families, who are inpatients or at risk of being admitted to hospital. The service will work across system partners in health, social care and education to work towards keeping children and young people out of hospital wherever possible and clinically appropriate. It will provide support and co-ordination to ensure timely transitions, discharge from inpatient services, and full implementation of CETR recommendations.

Early intervention in psychosis service (EIP)

Buckinghamshire CCG commissions an early intervention service for psychosis. The service, which is delivered by Oxford Health NHS Foundation Trust, is modelled based on NICE guidance. It provides clinical interventions for people from age 14 who are presenting with psychosis. The team consists of CAMHS and adult mental health staff to ensure continuity of care for young people who present with this chronic disorder that is likely to continue to impact upon the young person as they move into adulthood.

The service has received additional investment for 2021/22 in recognition of the growth in referrals and increase in acuity and to sustain performance in line with long term Plan. The team are reviewing the possibility to develop an offer for those with at risk mental state (ARMS). The service has consistently exceeded the national access and waiting time target of 60% with performance at 80% for July 2021.

Table 18: Early Intervention in Psychosis Service Performance Data (Q1 2021/22)

Core Intervention	
CBT for Psychosis; service users with First Episode Psychosis that received 2 or more sessions of CBTp (Target 24% = Good; 36%=Outstanding)	27%
Family Interventions; service users with First Episode Psychosis and their families that had 2 or more sessions of Family Interventions (10% = Requires Improvement; 20% =Good; 30% = Outstanding)	18%
Individual Placement Support; service users with First Episode Psychosis that had two or more appointments with an IPS Worker (20%= Good; 30% = Outstanding)	44%
Comprehensive Physical Health Review; (70% = Requires Improvement; 80% = Good, 90% = Outstanding)	75%
Smoking Cessation; those who smoke who were referred to a smoking cessation service (75% = Outstanding)	71%
Carer Education Programmes; carers who were provided carer-focussed education and support programmes (50% = Good; 75% = Outstanding)	62%

Looked after and adopted children's service

The Looked After and Adopted Children's (LAAC) Service is commissioned to meet the needs of children looked after children and young people including care-leavers. The service offers a fast, responsive and flexible service which centres on the needs of the child rather than mental health diagnosis. Young people who are experiencing significant emotional and/or behavioural difficulties or who are struggling in their placement are seen by the team. Referrals are actioned within 5 working days and an extensive assessment is offered to the young person that includes screening for mental health difficulties, attention deficit hyperactivity disorder, autistic spectrum disorder as well as trauma. Assessments include liaising with the various professionals involved in that young person's care so that a holistic overview of that young person's difficulties is gathered. Interventions are offered that focus on improving the quality of life for that young person which can include direct work with the child, work on the carer-child relationship, an intervention within school or within the young person's residential home. Where specific needs are identified, the LAAC team will then refer the young person to a specialist internal CAMHS team, for example the eating disorders team.

A Reflective Parenting group is offered to all foster-carers, adoptive parents and residential care staff so that the emotional needs of the young people in their care can be better understood and responded to in a way that meets those needs. The group utilises the Mentalization-Based Treatment model throughout its 12 week programme and includes psychoeducation on attachment theory and trauma. The group also raises awareness of a carer's own mental health needs and carers are signposted to adult services if needed. A follow-up booster session is offered to carers two months after the group has finished. In 2020/2021, this training has been offered virtually to carers. We have received a very positive response from foster carers that a virtual offer has helped facilitate attendance at this group and has enabled carers to come together across different ends of the county.

The team will travel out of county and complete mental health assessments of young people in care living in other local authorities. The team will make recommendations for getting that young person the right help in the county they are living in either by liaising with their local CAMHS team if they meet local CAMHS thresholds or advising commissioners on therapeutic treatments that need to be purchased through the private sector. In 2020/2021, we had regular involvement with 9 out of county young people's care, attending professionals' meetings and offering consultations to the professional network. 7 of these cases resulted in Tier 4 bed provision following breakdown of therapeutic residential placements.

In 2021, we have introduced a 2-day training programme in Therapeutic Parenting Skills that is offered to all in-house foster carers. The aim of the training is to enhance a foster carer's knowledge and skills in responding to trauma, attachment disorders and working with adolescents. We hope with this training that more placements can be made available for adolescents within the county which can be challenging to find locally.

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

- **Specific development projects:** Service development projects within the LAC team this past year include; greater focus on service-user participation, developing the service for UASC and care leavers. We have worked in conjunction with colleagues from the adult mental team on transitions and specifically raising the profile of the needs of care leavers. Young people have worked with the team in developing a young person friendly version of a Care Plan and have helped developed our CAMHS website. We are currently gathering young people's views on the service and whether it is appropriate to their needs.
- **Closer working with BHT LAC nurses:** CAMHS staff meet regularly with Buckinghamshire Healthcare NHS Trust LAC nurses to discuss cases that the nursing team have been concerned about following statutory health assessments. The CAMHS team will work with the child's social worker for further information to understand the context and children and young people will be seen quickly by the team for further mental health assessments, where necessary.
- **Working within Social Care teams:** CAMHS has placed a senior Clinical Psychologist within the fostering and adoption teams. They are available to Buckinghamshire foster carers for face to face consultation, or for telephone support, to address any immediate concerns a carer may have about the child or young person in their care. If appropriate, they will then recommend further assessment. The psychologist is also available for

consultation to all social care teams about children and young people a social worker may be concerned about. This contact is through the SPA where a member of the LAAC team is on duty to offer consultations to professionals who contact the SPA.

- **Input at the Local Authority Resource Panel:** Senior CAMHS staff now attend the weekly resource panel to offer a mental health perspective to the local authority resource panel. This has been helpful in identifying mental health needs as well as the wider health needs of children and young people in care and signposting to CAMHS for further assessment. This is also an opportunity for CAMHS to input in discussions on how to best meet the needs of the child or young person's needs and identify whether additional/alternate resource needs to be considered.
- **Training of Foster Carers:** The team currently offers a Mentalization-Based Treatment Therapeutic parenting course to foster carers, kinship carers and adoptive parents. This is training to help carers to understand the impact of trauma and how to support young people who are having trouble coping. A 2 day training course on therapeutic parenting skills has been introduced that is offered to all in-house foster carers.

Attachment and vulnerable young people pathway (ReConnect) – specialist service for high risk parents and vulnerable infants

ReConnect was commissioned to work with parents who are known to Social Care and present as high risk to their children (e.g. domestic abuse, substance misuse, personality disorders, mental health problems, care-leavers or if they have had a previous child removed from their care). The service aims to reduce the risks of neglect/abuse and attachment difficulties between the parent and their child working with parents who are pregnant or who have a child under the age of 2 years.

Intensive therapeutic support is offered to parents to increase the security of the infant's attachment relationship with them and to reduce the risks of harm to the infant. The service offers intensive evidence-based treatments including Video Interaction Guidance, Individual and Group Mentalization-Based Treatments which aims to improve a parent's ability to regulate their emotions and to distinguish their child's needs from that of their own. Trauma work is also offered to parents where this may be a feature in their presentation. The service has gained national recognition for its work (Analeaf award for infant mental health services 2016; Big Lottery Transgenerational Service award 2017, Maternal Mental Health Alliance; Highly Commended for Equality and Diversity, Positive Practice in Mental Health Awards, 2017).

It is featured as an example of best practice in the Positive Practice in Mental Health Directory⁴³ including being highly commended for its work in equality and diversity of service delivery.

For 2021/22 it has been agreed that the Reconnect service will report through adult mental health services and form a closer part of the perinatal/maternal mental health pathway.

Perinatal mental health service

⁴³ Positive Practice, *Sharing Positive Practice Website*. Available from: <http://positivepracticemhdirectory.org/>

Buckinghamshire's specialist perinatal mental health community service was established in 2018/19 allowing women who are planning a pregnancy, are pregnant or have had a baby in the last year and who are experiencing a new or existing mental health conditions to access a specialist mental health team. This has supported improved access to treatment and improved outcomes for women their children and their families.

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

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

The team works collaboratively with all partners, in primary, secondary and tertiary services to enable local women to make personalised informed choices about their care, including but not exclusively IAPT's, AMHT's, Midwifery, Health Visitors, CAHMS, Bucks MIND. The team provides support, advice and expert knowledge to colleagues. The team are a partner in the South East Perinatal Mental Health Clinical Delivery and Network and are working towards achieving the Perinatal Quality Network standards.

Transitions between CAMHS & Adult Services

CAMHS are mindful of a young person's ongoing mental health needs post 18 years and as such have developed a Transitions Policy to remove some of the artificial barriers that previously existed that led to delay or prevented that young person receiving a service when they turned 18 years. This policy ensures that all CAMHS clinicians liaise with Adult Mental Health team manager when the young person is 17 ½ years or earlier if a young person's mental health needs are very complex. If it is not clear whether a young person's needs would meet the threshold for adult services, a meeting is held with the CAMHS care co-ordinator, Adult Mental Health manager and relevant professionals.

A transitions assessment is carried out that includes the following;

- A full and current assessment of risks and associated management plan
- Access to the young person's CAMHS records
- Exploration of the individual service user's own views on their future needs and concerns, their hopes and strengths
- Carer's assessment (where appropriate)
- A completed assessment of ongoing support needs to determine eligibility to hold a personal budget under Self Directed Support. (where appropriate)

- Consideration and agreement on any periods of joint working. It is recommended that there is a minimum of three appointments, with the first being at the CAMHS building to support engagement and reduce potential anxiety to the young person.

It is acknowledged that not all CAMHS service users will require transfer to secondary or tertiary Adult Mental Health Services. If a young person is in active treatment within CAMHS at the point of their 18th Birthday they may stay in the CAMHS service to complete the treatment if it is in their best interest. There is an expectation that transition to adult services can be fluid depending on the needs of the individual. It is possible that a service user may continue to have mental health care needs but do not necessarily require adult mental health community teams. In these cases, the Care Coordinator will consider what supports are available from primary care and other adult mental health services and other agencies.

Buckinghamshire will continue to develop work on transitions not just within mental health services but also to consider the mental health needs of care-leavers as they move out of care and into independent or supported living.

This area has been highlighted as a priority for 2021/22.

Other services and support

Counselling Services

Some individual schools purchase their own pastoral or counselling services. In addition, voluntary services including Youth Concern, YES (Youth Enquiry Service) offer youth counselling in locations across the county. These services are reporting increase in demand through 2021/22.

Youth Concern Counselling is an independently funded agency and part of Youth Concern providing programmes of person-centred counselling to young people between the ages of 13 and 25 in the Aylesbury Vale

Our referrals come from statutory services and non-statutory, local schools, doctors' surgeries, self-referrals and numerous young people's helping agencies/ services.

The team is led by the Head of Counselling and supported by a Counselling Lead/Co-ordinator. There are 2 part-time counsellors, a team of volunteer counsellors and counsellors undergoing counselling training. We currently have capacity for up to 30 counselling places

Buckinghamshire Mind are currently in the process of scoping a Youth Counselling Offer. Any new service will be planned to commence from April 2022, subject to secure and sustainable funding being in place.

Public Health offer

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

Public Health has also commissioned Resilience Training for school staff to provide the necessary skills and confidence to teachers teaching statutory components of PSHE to students in Year 7 to 11 of secondary school. It prepares and provides essential resilience to enable schools staff to teach 28 evidence-based resilience lessons, to

provide techniques for nurturing resilient students and to guide each school's approach to delivering an evidence-based Resilience Skills Curriculum to students.

Public Health commissions Buckinghamshire Healthcare NHS Trust to provide the school nursing service, which delivers the Healthy Child Programme (DoH, 2009) to school age children across the state schools in the county.

Specialist Community Public Health School Nursing Team

Buckinghamshire Council, Public Health commissions Buckinghamshire Healthcare NHS Trust to provide the School Nursing Service, which delivers the Healthy Child Programme (HCP) to school age children across the state schools in the county (DoH 2009).

The programme focuses on 6 key priority areas including Resilience and Emotional Wellbeing.

The school nursing team provides a care pathway (see Appendix 2) to work with children, young people and their families to help overcome low self-esteem, anger issues, sleep issues, social anxiety, parental separation, CP / DV impact on children's emotional health, low mood and feelings of self-harm, poor body image and associated feelings, early signs of ASD/ADHD.

The care pathway identifies those children and young people who require focused goals-based input and targeted support.

Where there are more complex needs/ vulnerability the child/young person may be referred onto the more appropriate pathway to meet their needs.

This joined up approach across an integrated pathway ensures that children and young people can access the right care at the right time.

Buckinghamshire Council Family Support Service

The Family Support Service (FSS) provides a wide range of support to children and young people aged 0 to 19, or up to 25 with a special educational need or disability and their families in Buckinghamshire. This support includes information, advice and guidance through the [Family Information Service](#) (BFIS), open access sessions and health services for early years children and parents/carers and a range of targeted and drop-in sessions for young people at a network of [16 Family Centres](#) across the county.

The centres offer a range of support for children, young people and families. Families can drop in to speak with a professional about concerns they might have anytime during the week at our three Family Centre Plus sites: Mapledean (Wycombe), Chesham Newtown and Southcourt (Aylesbury). There are a wide range of activities available to families run by the FSS and partners at family centres which are free for children, young people and families. Local timetables can be found on the BFIS web pages. The Family Centre's host a range of Early Help services delivered by partners and community coordinators work to strengthen voluntary and community participation, working collaboratively with providers and families in each locality to tailor the offer to the needs present.

The Service is there for the whole family, not just children but for parents and young people too.

The service can provide support to families and individuals through group work to support with parenting, young people's groups on topics such as wellbeing, employability or support from a dedicated Family Worker for families and individuals who are facing more complex challenges. The Family Support Service does not provide whole-family support when a child or young person is open to statutory Children's Services, but if specific support is needed (for example parenting, one-to-one youth support or early years support at family centre sessions), this can be requested.

The Service has been carefully designed to provide high quality targeted support for vulnerable families who face a range of issues or more complex challenges. The service provides one-to-one support to families and individuals in a setting that is most comfortable to them, like their home, a local community setting or somewhere else. Families can refer themselves to the service or may be supported by a school, health or other professionals who will make a referral on their behalf. We work collaboratively with families and professionals to ensure that the agreed family plan is supported by all involved with agreed actions and outcomes. As we are a consent-based service, professionals must work with families to ensure they give their informed consent before a referral for support is made.

Examples of the family support offer include:

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

NEET Solutions Panel

This multi-agency panel chaired by FSS meets quarterly to work collaboratively to agree on the best programmes of learning for individuals who are NEET, to support sustainable progressions into post-16 education, training and employment. The aim is for providers and organisations to work in partnership to avoid duplication of provision and ensure young people do not move between providers for reasons other than progression. The young people put forward for discussion should be aged 16-18 or the equivalent of school years 12 and 13. Exceptions to this will be:

- Care leavers up to the age of 25
- Younger young people at significant risk of becoming NEET
- Young people with an EHCP up to the age of 25.

Although in this case, discussions should involve a representative from the Bucks SEND team so that the EHCP content and any legal duties can be considered.

In order to strengthen support to this cohort, FSS has recently increased the dedicated staff resource to provide active and tailored support to the most vulnerable young people in this group, alongside the wider FSS support offer and traineeship programme.

Early Help Monthly Partnership Forums

The Early Help Partnership forum is a panel made up of a variety of support agencies who meet each month to offer suggestions and support to professionals working with a family. The purpose of the Early Help Partnership Forums is to innovate and co-ordinate a different approach to supporting a family when current work with them is not leading to sustained change. Professionals can bring children and family concerns for discussion where they are unsure of the support that is needed. There is an expectation that the person bringing the family for discussion will usually remain as the family's main link, with the multi-agency discussion offering advice and suggestions or offer support and resource that can be introduced to the team around the family and added to the plan to achieve greater impact. A representative for CAMHS attends and contributes to these forum discussions.

Youth Space

Youthspace⁴⁴ offer courses and youth drop-ins to provide help and support that teenagers told us they needed.

Courses

The free courses take place as virtual or face-to-face courses at different locations across Buckinghamshire and are one hour each week for six weeks. They need to be booked in advance and cover

- how to feel more confident
- tips for moving up to secondary school
- how to have good relationships
- how to cope with stress, anxiety, and feeling low

Young people anxious about registering are encouraged to come along to a drop-in and will be given support to talk through them and book.

Youth drop-ins

Drop-in sessions are run at 3 locations across Bucks (Southcourt family centre, Aylesbury, Chesham youth centre, The Roundhouse, High Wycombe) to provide help and support or someone to talk to for those aged 13 to 19 (up to 25 years for those with a SEND). No booking is needed and these sessions are a great way to meet others and have a chat with our friendly team and find out about

- what's available to you locally such as sporting activities, apprenticeships, volunteering
- help with your health and wellbeing
- support with getting a job
- your options after your GCSEs
- making choices about college or university

⁴⁴ [Help for young people in Buckinghamshire | Family Information Service](#)

Transitions UK⁴⁵ support vulnerable young people aged 14 – 25 years who are struggling with personal disadvantage. The organization work especially with young people who have learning disabilities and special needs; those with emotional and mental health issues; those leaving care; and those at risk of offending or criminal exploitation. They have begun work in Buckinghamshire and are taking referrals from the police and Youth Offending Service, with a plan to deliver their Aspire service which is a programme to provide support for young people who have offended, or are at risk of offending or criminal exploitation.

Specialist health and justice services

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

Children and adolescents who engage in harmful behaviours (CAHBS)

The CAHBS service offers guidance and consultation to professionals, families and young people where there is a concern about that young person's sexual behaviour. The aim is to support professionals in their knowledge and confidence in working with this area of concern. In some cases, they offer specialist assessment and intervention to young people and families.

The service has provided support and training in risk assessment and case formulation to colleagues in CAMHS, social care and the wider network. The service are part of Buckinghamshire Safeguarding Children Board's training agenda, providing sessions on sexual knowledge, harmful behaviour, risk assessment and formulation.

Forensic CAMHS

The forensic CAMHS team is a specialist service for young people under 18 about whom there are mental health concerns and who show high risk behaviours towards others. Young people may or may not be in contact with the youth justice system.

The team has strong links with many agencies working with young people both within the Thames Valley and beyond. It includes different professionals such as psychiatrists, psychologists and nurses and forms part of wider mental health services for children and young people (CAMHS).

Liaison and diversion

The liaison and diversion service works with young people under the age of 18 who are involved in offending behaviour or who have come into police contact. Liaison and diversion services identify people who have mental

⁴⁵ [Aspire — Transitions UK](#)

health, learning disability, substance misuse or other vulnerabilities when they first come into contact with the criminal justice system as suspects, defendants or offenders.

The service supports people through the early stages of criminal system pathway, referring them for appropriate health or social care support and enabling them to be diverted away from the criminal justice system into a more appropriate setting, if required.

The service offers consultation to professionals as well as individual assessments of young people. Its aims are to improve overall health outcomes for people and to support people in the reduction of re-offending. It also aims to identify vulnerabilities in people earlier on which reduces the likelihood that people will reach a crisis-point and helps to ensure the right support can be put in place from the start.

Street triage

Street triage refers to a service where clinical mental health professionals accompany or assist police at incidents where the mental ill health of an individual gives rise to concern. The street triage clinician assists in ensuring the best option for the individuals in crisis by offering professional advice on the spot, accessing health information systems, and helping to liaise with other care services to identify the support required.

The service provides timely interventions and works to avoid unnecessary detention either in a police station or hospital. The service supports Thames Valley Police in managing any incident that may be related to mental health concerns and has no age restrictions. The hours of operation are 13.00 hours to 24.15 hours.

Reducing admissions, attendances and out of area placements

Self-harm pathway

During 2014/15 the CCGs, accident and emergency, Buckinghamshire CAMHS and schools worked together to establish the Buckinghamshire self-harm pathway which spans across the agencies. The project provided a toolkit and training across the agencies and enhanced multiagency working. This project has been further developed to introduce a self-injurious behaviour toolkit and which was launched to the special schools in Buckinghamshire in 2016. The pathway and guidance are being updated for 2021/22 and will be relaunched during this year.

This project won an award for the Positive Practice in Mental Health Awards in 2015 in the categories of Commissioning in Mental health and Innovation in Child, Adolescent and Young People's Mental Health.

Care Education and Treatment Reviews (CETR)

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

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

The CCG has developed all age guidelines for the CETR process and has designated leads within Buckinghamshire CAMHS and the commissioning team to ensure that CETR are arranged in a timely way.

Embedding CAMHS practitioners across a system

Children's homes

As part of Buckinghamshire County Councils commitments to provide support and care closer to home four additional children's homes have been established in county. Recognising the increased prevalence of mental health needs amongst this vulnerable group of young people, CAMHS have been providing a dedicated resource (funded by the Local Authority) to support the mental health needs of these young people and ensure timely access to services. The main focus of the psychology service is to offer the following support to young people and staff teams;

- provide reflective practice to whole staff teams
- provide individual or small group staff coaching sessions to build up skills and knowledge in certain areas (such as mentalization and emotion regulation)
- provide regular manager support to discuss behaviour management strategies and their staff support
- attend CLA meetings, strategy meetings, placement planning meetings and PEP meetings

- lead with team formulation meetings to help teams better understand the young person
- contribute to the referral pathway and matching assessments alongside home managers
- contribute to risk assessments and behaviour support plans
- provide staff teams with support following incidents
- offer each staff team a 3-day training programme covering; mentalization, trauma, attachment, formulation, emotion regulation and therapeutic parenting
- undertake assessment with each new young person into the homes to identify need
- provide individual treatment with the young people where required
- act as gate keeper into CAMHS and to support with referrals into other pathways, such as neurodevelopment.
- offer consultations to young person's school where appropriate
- provide a clinical opinion and write psychology reports that can be used for placement decisions and/or EHCP's.
- delivery of a group therapy programme for young people in the homes using mentalization-based treatment for adolescents.

Designated worker within the Youth Offending Service (YOS)

CAMHS have an identified member of staff who works with the YOS to identify mental health support needs and to support young people who have entered the criminal justice system. This member of staff offers advice, consultation, assessment, and intervention as appropriate, as well as support to the staff around case formulation and training.

Substance misuse services

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

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

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

Switch Bucks offers:

- One to one and group support
- Information and advice for parents/carers
- Support to reduce harm caused by the misuse of substances
- Professional drug and alcohol training in relation to children and young people's substance use and misuse for partner agencies
- General health and well-being support

- Hidden harm support for children effected by parental substance misuse – in partnership with One Recovery Bucks (adult substance misuse service)
- Supported access to pharmacological and needle exchange support in partnership with One Recovery Bucks (adult substance misuse service)
- Accredited (AQA) life skills programme
- Supported access to local activities e.g. music, art, craft

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

Multi Agency Risk Assessment Conference (MARAC)

The MARAC is a multi-agency meeting, which focuses on the safety of victims of domestic abuse identified as being at high risk. A member of the CAMHS service attends the meeting reviewing cases of those referred and accepting referrals or signposting as appropriate. The service is also linked to partnership arrangements across agencies including working with the police and social care in the Multiagency Safeguarding Hub (MASH).

Children’s Hubs - Primary and Community Care

During 2019, a children's hub model was established in Buckinghamshire, with monthly Multidisciplinary Team (MDT) meetings where GPs discuss children they are concerned about with a named consultant paediatrician. Initially the meetings were in person but since the pandemic the MDT sessions have been held remotely. The model also incorporates having community paediatrician led clinics in primary care for appropriate children, however these have been on hold due to Covid19. The model is based on an Imperial health Connecting for Children (C4C) approach and has brought benefits in building stronger relationships and improving confidence in primary care management of these children. To date meetings have been focused on the High Wycombe and Aylesbury areas.

In 2021 it has been agreed that there will be a CAMHS themed MDT every 3 months with each of the contributing PCNs (2 Aylesbury and 2 Wycombe).

Schools

CAMHS has a named clinician attached to every primary and secondary school in the county. The school link worker meets with school staff once a term to discuss any concerns the school may have about particular children and will give appropriate advice regarding how that child’s needs can be met at school or recommend a further assessment to be carried out by CAMHS. This initiative has helped with earlier identification of children who may be at risk of mental health difficulties by ensuring that the right help is delivered at the earliest opportunity.

Mental Health in Schools Teams (MHST)

The Bucks MHST is a multi-functional collaborative incorporating workers from the Family Resilience Service and Youth Service, who are part of the Bucks Early Help offer. The teams work in collaboration with VCS organisations such as Bucks Mind and the Woodland Activity Centre to broaden the support available and ensure that service offers a personal centred approach. They provide support to young people and their parents focusing on anxiety, low mood and behaviour difficulties. The MHSTs works in education settings to provide advice, support and early help including CBT informed interventions, to children and young people identified as needing wellbeing support. The Teams are available Monday to Friday 9am – 5pm, 52 weeks a year. If required young people will move into the appropriate CAMHS pathway, such as Getting Help or Getting more Help for specialist treatment. The Bucks MHST is proactive and adopts a flexible approach. It continually seeks the views of ART 12 participation group ensuring the service continues to evolve to meet the needs of our young people.

There are currently two MHSTs operating across Buckinghamshire, one based in Aylesbury and the other in High Wycombe. They offer intervention to various educational settings including colleges, primary, secondary, special schools and PRUs. Amersham and Chesham area has been identified as the third Team location as part of Wave 5. The third team will enable the service to reach an approximate population of 24,000 young people across 3 geographical areas with a roadmap of expansion planned prioritising areas of the greatest needs and inequalities.

The MHST are building links between the travelling community and education and statutory services by understanding the needs and experiences of this group of young people as well as exploring the barriers to accessing services. In addition, they are establishing an emotional wellbeing group for the LGBTQ+ community run, in collaboration with the MHST youth worker and education mental health practitioner. The group will be an open group where young people can drop in to sessions or attend the group regularly. Topics for discussion include but are not limited to: mental health, relationships, identity, friendships and managing issues with bullying. With further expansion the MHST will ensure young people attending MHST schools will have access to this group

Feedback on the service has been positive:

I have truly valued the support and guidance given and although we are only at the start of the journey I feel so much more confident to deal with what may lie ahead especially in these uncertain times.

I felt very supported by the team. My daughter engaged well with her initial assessment despite it being on a video call. I felt able to contact the team between meetings if I had any concerns. All very professional.

The weekly meetings were so helpful to me and my family, really helping us through a difficult time that we had in lockdown.

MHSTs and BOB ICS

Currently BOB has 9 teams that cover 67780 pupils or 24% of our ICS pupil population, split relatively evenly across the 3 CCG footprints. Buckinghamshire was underrepresented in comparison to Oxfordshire and Berkshire West, which resulted in the ICS prioritising a team to be established in that CCG area, lifting it from 13% to 23% coverage. The regional allocation to our ICS was to add 3 teams for wave 5 (starting Sept 2021) and a further 4 teams in wave 7 (starting Sept 2022). The table below outlines that profile across the ICS.

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

In order to agree the allocations, with reasonable coverage already established across the ICS, the CCGs reviewed the following data from the January 2020 School Census

- Deprivation/ poverty. Using the pupil premium data
- Emotional/ Mental Health. Using the SEN data.
- Vulnerability. Using the Child in Need data
- Inequalities. Using the pupil Ethnicity data.

It was agreed that:

- Oxfordshire with 4 existing teams would wait for Wave 7 to set up a further 2 teams.
- Reading has the clearest level of need across Berkshire and Buckinghamshire
- Chesham and South Bucks have similar need to other potential teams in the ICS, but Buckinghamshire needed to increase coverage
- Newbury was identified with the next highest level of need, excluding the Oxfordshire sites.

Wave 7 sites are being currently being agreed and will be presented to the BOB CAMHs working group before the end of 2021.

Develop system wide Positive Behaviour Support approach

PBS is an evidenced based approach that enables the young person and their support network to manage their behaviour before it escalates and leads to hospital admission, offending behaviour or exclusion from school. The programme aims to ensure that this vulnerable group of young people receive the appropriate support to remain with their families reducing the need for residential or hospital placements. The project led by a Consultant Child Psychologist has provided training within the CAMHS pathways to introduce positive behaviour support as an approach to manage young people presenting with complex needs and challenging behaviour. There has been limited opportunities to broaden the offer wider across the system due to changing priorities through the pandemic.

Adoption Support Fund (ASF)

Since the ASF came in to affect in 2015 Buckinghamshire has made 791 applications which equates to £ 2,572,801. Some of these interventions are happening alongside CAMHS involvement. The most commonly applied for interventions are: specialist assessments, therapeutic parenting, Dyadic Developmental psychotherapy, Theraplay, therapeutic life story, Sensory integration therapy, Creative therapies (Play Therapy, Art Therapy) work and family therapy work. The number of applications have increased year on year with 90 referrals received in the first half of the year 2021/22, compared to 98 in 2016/17 and 17/18.

Table 19 Number of Applications for Adoption support fund per year

Year	Number of applications
2015-2016	56
2016-2017	98
2017-2018	98
2018-2020	154
2019-2020	133
2020-2021	154
2021 (first 6 months)	90

Training and Sharing of Good Practice

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

CAMHS delivers training in understanding and recognising various mental health problems across the county to professionals including foster-carers. The service delivers PPEP care training, an evidence-based programme designed by Reading University for the CYP-IAPT (Children and Young People’s Improving Access to Psychological Therapies). Topics include supporting young people with low mood, anxiety, self-harm, challenging behaviour, eating disorders and PTSD.

In addition, bespoke training is offered to schools in understanding and responding to children’s attachment needs in school. The CAHBS service (children and adolescents who engage in harmful behaviours) offers regular consultation and training to schools in managing sexualised behaviour in pupils.

During 2020/21 the service offered 41 locality and PPEP training events, covering anxiety, low mood, conduct disorder, eating disorders, attachment issues, post-traumatic stress disorder and self-harm. These free training sessions were all offered virtually and were attended by 639 people from different professional backgrounds.

Residential Homes Training

The psychologist working within the children’s residential homes has delivered 5 rounds of a 3-day training programme to a total of 43 residential workers, Assistant Team Managers and Home Managers for the 4 Local Authority Homes in Buckinghamshire; The Elms, Wenlock House, The Steeples and Newlands. The aim of this training was to develop the homes into therapeutic placements with the aim of offering full Adaptive Mentalization-Based Integrative Treatment (AMBIT) training later in 2021.

I really enjoyed the training – I felt that it all made sense and examples of how mentalization and therapeutic parenting can be used to support young people feel secure over time. Understanding on the basic AMBIT model in relation to this – how to use this in reflective working, supervision and key working

I’ve learnt a lot in this training and will definitely be putting a lot of what I learnt into practice

Buckinghamshire emotional wellbeing in schools: annual conference

Each year, Public Health, organises an Emotional Wellbeing in Schools Conference in partnership with BC colleagues and local partners. The conference provides a platform for school staff and those who provide services to schools to network, share and update knowledge on national and evidence based programmes and on local practice in relation to promoting emotional wellbeing for children and young people. The 2019 conference theme was “Progressing and strengthening the whole school approach to promoting mental health in schools” and was held in November 2019.

Due to the pandemic there was no opportunity to arrange a conference in 2020 or 2021.

The 2019 conference was highly attended by over 95 people with representation from more than 50 schools / special schools / infant & nursery schools from across the county. Of these, 35 primary and 13 secondary schools were represented with others attending from school nursing, CAMHS, Buckinghamshire Council and the third sector.

100% of attendees who completed an evaluation form rated the conference overall as good or excellent and indicated they agreed or strongly agreed that the conference had met its objectives.

The DfE Wellbeing for Education Return (WER)

The programme announced in August 2020, required local authorities to oversee the dissemination of training materials out to schools and settings, focussing on a whole-school approach to supporting mental health and wellbeing in the context of the coronavirus pandemic. Professionals from Aspire Alternative Provision and Buckinghamshire Council's Educational Psychology Team delivered the WER training to a total of 244 members of staff from schools across Buckinghamshire. From the project evaluation, more than 90% of survey respondents agreed with the statements:

- *I understand the mental health and wellbeing impacts of Covid-19 on myself and the wider staff in my school/college.*
- *I understand the impact of staff mental health and wellbeing on children and young people in my school/college.*
- *I recognise the importance of acknowledging staff concerns and dilemmas and identifying and signposting staff for further support.*
- *I am aware of normal responses to stress and loss.*

Over 95% of schools attended the training and with staff trained to identify and address low level mental health and wellbeing needs of students and other staff as well as being clear for escalation routes through to other services.

Buckinghamshire Council commissioned mental health and wellbeing training

A programme of bespoke **twilight webinars** was delivered by experts from a range of agencies and services, covering areas such as emotional attachment difficulties and bereavement. Additionally, '**peer learning sets**' were established as a reflective group framework promoting cross-setting mutual support for school staff. These were facilitated by professionals from Aspire Alternative Provision and the Educational Psychology team.

A **coaching package for senior leaders**, accessed by 33 headteachers across the county and facilitated by Aspire Alternative Provision, gave school leaders access to a confidential source of support, providing opportunities to improve their confidence and competence when dealing with the challenges of the coronavirus pandemic.

Public Health commissioned the **youth suicide prevention charity Papyrus** to deliver a sequence of online seminars and workshops. Multiple sessions have been arranged in order to maximise accessibility for school staff, with the first tranche taking place in July 2021. Further sessions will be offered during the autumn term with spaces available to a broader audience across children's services in Bucks.

Schools were given access to '**Psychological First Aid**' training course, developed by Public Health England (PHE). The training focuses on how to provide practical and emotional support to children and young people affected by emergencies or crisis situations, such as those triggered by the coronavirus pandemic. Across the 2020/21 academic year there were 903 attendees in total, with over 90% of evaluations indicating that they were "satisfied" or "very satisfied" with the training.

9. Investment

The current Buckinghamshire Child and Adolescent Mental Health Service was commissioned in 2014/15 with a new service model and contract which started on 1st October 2015. The service is provided by Oxford Health NHS Foundation Trust in partnership with Barnardo's. It is jointly commissioned and funded by NHS Buckinghamshire Clinical Commissioning Group (CCG) and Buckinghamshire Council (previously Buckinghamshire County Council) under a pooled budget section 75 arrangement.

The provision is county-wide, outcomes based, needs led and evidence-based, to support children and young people who have difficulties with their emotional or behavioural wellbeing. It embraces a whole system approach, promoting early intervention and prevention with the aim of reducing escalation of need and improving outcomes for children and young people.

The designated pooled budget for the Buckinghamshire CAMHS contract for 2021/22 is £10,704,719. This is made up from contributions across Buckinghamshire Council (15.5%) and NHS Buckinghamshire CCG (84.5%). The current total contract value for the 7.5-year period is **£60,973,460**. Since 2015, through transformation funding (outlined below) Buckinghamshire CCG has made additional investment into Buckinghamshire CAMHS. Buckinghamshire Council's contribution has been maintained since the beginning of the contract in 2015, with a small addition in 2020/21 to cover psychology input to the children's residential care homes.

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

Year	Buckinghamshire Council		Buckinghamshire CCG				Total – Pooled budget
	£	%	£	Transformation £	Total CCG	%	£
21/22	£1,661,611.00	15.5%	3,823,497.00	5,219,611	9,043,108	84.5%	10,704,719
20/21	£1,661,611.00	19.6%	3,823,497.00	3,026,271	6,849,768	80.4%	8,511,379.00
19/20	1,599,903.00*	22.33%	3,823,497.00	1,740,426	5,563,923	77.67%	7,163,836.00
18/19	1,612,731.29	22.52%	3,959,005.52	1,590,426	5,549,431	77.48%	7,162,162.81
17/18	1,634,467.29	24.55%	3,882,571.14	1,140,426	5,022,997	75.45%	6,657,464.43
16/17	1,617,540.07	25.77%	3,360,294.01	1,298,426	4,658,720	74.23%	6,276,260.08
15/16	1,618,249.53	29.5%	3,082,916.10	784,426	3,867,342	70.5%	5,485,591.63

Buckinghamshire is committed to delivering the Five Year Forward View for Mental Health and the NHS Long Term Plan in relation to children and young people. Investment in the service since 2015 has been retained and it is the belief of the ICS Five Year Forward View for Mental Health delivery group that we need to work with children and

young people to address needs earlier to prevent escalation and minimise the impact of long term mental health conditions.

The CAMHS contract holds a 5% local incentive scheme paid on the achievement of 5 annually agreed key performance indicators. Through 2020/22 these have been paid directly to the provider as part of the core contract, however for 21/22, 5 quality improvement targets have been agreed across the provider and commissioner without financial incentive or penalty. The improvement targets for 21/22 are listed in [section 10](#) of this plan.

Provider Collaboratives

NHS-Led Provider Collaboratives⁴⁶ are being established to ensure that people with specialist mental health, learning disability and autism needs experience high quality, specialist care, as close to home as appropriately possible, which is connected with local teams and support networks. NHS-Led Provider Collaboratives are seeking to enable specialist care to be provided in the community to prevent people being in hospital if they don't need to be and to enable people to leave hospital when they are ready.

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

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

The HOPE new care model started in shadow form in July 2018, and aims to go live as Provider Collaborative in October 2021. The collaborative covers beds in Oxford, Bristol and Marlow, there are significant demand and capacity pressures on beds and this has been impacted by Covid19.

The eating disorder service for children and young people has an emphasis on treatment in the community and crisis support build into the model to avoid hospital admission where possible. For the eating disorder service and the crisis/assertive outreach team transformation funding has enabled additional investment to improve capacity within services to support a reduction in admissions. Work through the community mental health transformation programme will enhance the support offer to over 16 year olds through adulthood in the community.

Tier 4 CAMHS new care model

The Thames Valley Tier 4 CAMHS new care model started in shadow form in April 2019 and went live as Provider Collaborative April 2021. A collaborative network is in place consisting of Oxford Health NHS Foundation Trust, Berkshire Healthcare NHS Foundation Trust, Gloucester Health and Care NHS Foundation Trust, The Huntercombe Group, The Priory Group and Southern Health NHS Foundation Trust. The network covers Inpatient Acute Child and Adolescent Mental Health Services (Tier 4 CAMHS) with a scope of: General Adolescent inpatient Units (GAUs), High

⁴⁶ <https://www.england.nhs.uk/mental-health/nhs-led-provider-collaboratives/>

Dependency Units, Psychiatric Intensive Care Unit (PICU), specialist eating disorder inpatient services, low secure adolescent inpatient services and Forensics CAMHS. There continues to be risks in relation to demand and capacity regarding specialist units, such as those for learning disability / ASD, secure, children and complex comorbid presentations such as emotional unstable personality disorder and eating disorder.

Key Aims of the Network are to:

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

Through 2020/21 rising demand & acuity has been impacted by reduced bed availability.

The impact of the initiative has been reduced out of area inpatient stays and out of area bed days.

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

10. Monitoring Performance and Outcomes

Contract Monitoring

The CAMHS service is about to enter year 6 of the contract (running October to October since 2015). A two-year allowable extension was agreed in 2019 and a further 6 months agreed early in 2021, which will enable the current provision to run to 31st March 2023.

Monthly project meetings are held to track continued transformation through a clear project plan. These were placed on hold during 2020/21 as a result of the pandemic but have recommenced during 2021/22.

Monthly performance monitoring meetings are led by commissioners to review the service against access, waiting times and annually agreed key performance indicators (KPIs). Contract monitoring of the CAMHS contract is aligned with the adult mental health contract, delivered by the same provider, to support the continued development of an all-age approach and outcomes-based framework. As well as the engagement work that the service undertakes, they also use the “I want great care” tool to collect service user feedback to support the evaluation, review, and ongoing development of the service.

Outcomes

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

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

The app is used by the young person to show change which is then recorded in the clinical record. Whilst the young people and clinicians find this a useful tool to see individual progress, there is a difficulty in translating the data to a reportable format for the purpose of demonstrating high level outcomes for monitoring.

Routine Children’s Depression and Anxiety Scales (RCADS) and goal-based outcomes (GBO’s) are used to measure improvement in young people’s mental health when attending group sessions and workshops run within CAMHS.

RCADS and GBOs were used in the following:

- ASD/anxiety programme
- Cygnets group
- Healthy Heads Lite (DBT informed) group
- Parent anxiety group
- CBT informed groups (teen anxiety group and teen low mood group)
- Autism post-diagnostic workshop

- Looked after and adopted children service carer’s group
- Re-connect group
- Obsessive compulsive disorder workshop

Appendix 3 provides a report of outcomes from CAMHS for interventions during 2019/2020

Quality

The CAMHS contract has a suite of quality measures in place to ensure that a needs-led, patient focused service is being delivered.

Patient Feedback on CAMHS

Oxford Health also use the ‘I want great care’ (IWGC) feedback system – an open, internet based platform that allows people to post their experiences of services using a star rating, with 5 being the highest.

The majority of surveys submitted prior to the pandemic were collected via the IWGC App on iPads. This facility has not been available routinely since March 2020. Parents / Carer have been able to complete surveys using an external link. However, this link is currently not available to young people. Survey Monkeys have been set up for all CAMHS Teams replicating the IWGC Surveys and including additional questions relating to experience of using technology for appointments. Information from the Survey Monkeys is inputted to IWGC manually to ensure that it can be reported on in the usual way.

The Intellectual Disability Team and NeuroDevelopment Team have contacted parents via telephone to ask for feedback. This has significantly increased the response rate from parents and has led to more detailed and constructive feedback.

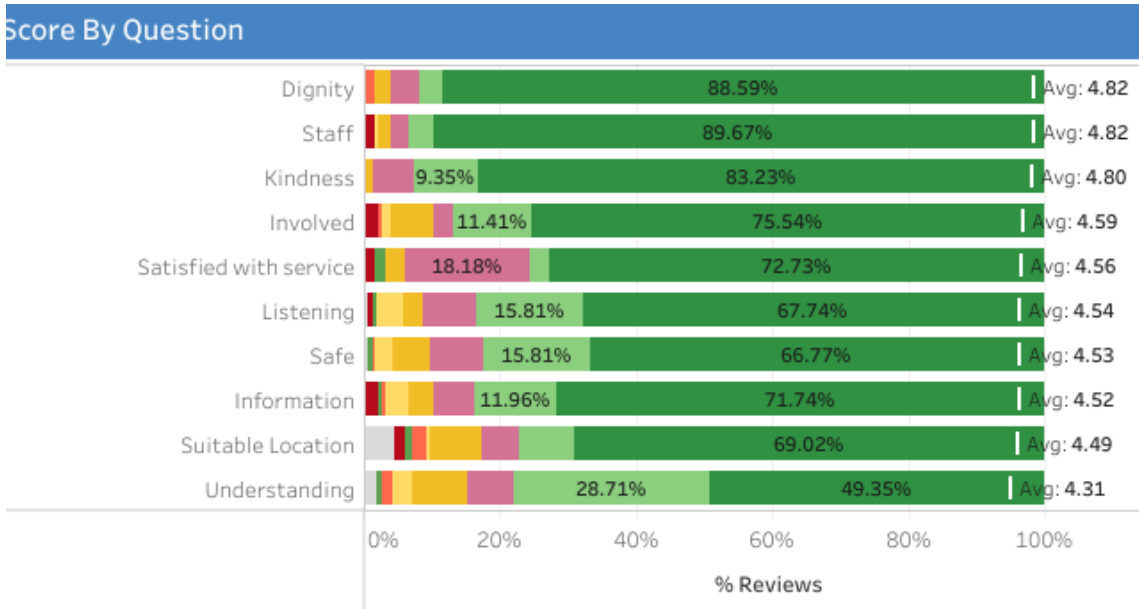
Feedback from service users who completed the survey during the period August 2019 – August 2021, shows an overall high level of satisfaction with the service.

The Friends and Family Question has been changed nationally from ‘How likely are you to recommend this service’ to ‘Overall, how was your experience of our service’ & ‘Please can you tell us why you have your answer’.

Table 20 – The experience of CAMHS service users

Performance Over Filtered Date Range	
% Positive	93.32%
% Negative	2.83%
Average 5 Star Score (all questions)	4.60
Review Count	494





As can be seen above the questions rated most highly in the surveys were Dignity (4.82), Staff (4.82) and Kindness (4.80).

Examples of comments made are as follows:

We found [staff] really respectful and easy to talk to. [Staff] was really helpful and supported us to ensure our care for our foster child was attachment informed. She generally reassured us when we felt uncertain. [Staff] always found time to speak with us when we needed additional supervision. (LAC)

Everyone was very kind and thoughtful. They helped me understand what was going on throughout the process. They also helped me to control my moods and how to go about certain situations. (OSCA)

My child was treated with respect and not spoken down to (treated like an adult). She was given lots of help and resources for coping strategies. (Buddy)

CAMHS usually holds an annual stakeholder event centred on the local transformation plan celebrating achievements and working with system partners to develop services for the next 12 months. This allows stakeholders to give their feedback and contribute to future plans for service development and transformation. Unfortunately, this has not been able to be held for 2020/2021 but the service is planning to host another event in Spring 2022.

Local incentive scheme (LIS)

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

For 20/21 and 21/22 there has been no application of the incentive scheme, in line with the Government guidance that there is no requirement for a CQUIN or alternative incentive within NHS contracts. However, for 2021/22 the commissioners and provider have agreed quality improvement targets for the year. These are centred around the following key areas:

- Improving wait times enabling children and young people to receive an assessment within 4 weeks of referral
- Developing pathways, processes and improved support for young people transitioning from CAMHS to adult mental health services
- Working with partners to facilitate better access to services for people that are not in education employment and training (NEET) with a focus on under-represented groups
- Reporting outcomes to demonstrate the benefits the provision of mental health interventions has made to children and young people
- Contributions to Education Health and Care Plans

Improved data and the national mental health minimum dataset

The national minimum mental health dataset (MHSDS) has been mandatory from April 2017. Commissioners are working with Oxford Health NHS Foundation Trust (OHFT) to continue to ensure that accurate reporting is in place to capture data to monitor the performance of the service and report on key performance indicators that are nationally mandated, such as the Eating Disorder Service and the CAMHS Access Trajectory. Reporting on both of these is currently in place.

The Performance and Information Team within OHFT has initiated a data quality improvement plan in relation to MHSDS, utilising the latest Data Quality Maturity Index published by NHS Digital to identify areas of priority for improvement. The Information Management and Technology Service is working with operational services to undertake an options appraisal in relation to the most appropriate system to capture outcomes information for children and young people. The Trust is engaged in the regional and national programme to improve the recording and reporting of outcomes. The trust routinely monitors access times for children and young people and validates local information against the nationally published information. The Trust is working with the South East Clinical Delivery and Network to review pathways and performance in relation to Eating Disorders.

The Trust routinely provides a range of dashboards/performance reports locally, which are used to improve performance and the delivery of care. Through 2020 the Trust launched TOBI, an online data performance platform which commissioners can access.

The Trust is fully engaged with the South East Clinical Delivery and Network programme to improve data and reporting. The Performance and Information Team provide updates and participate in regional workshops.

11. Governance

Strong multi-agency arrangements are in place in Buckinghamshire to oversee the delivery of our local mental health priorities. Buckinghamshire's Local Transformation plan and all age mental health strategy reflect the deliverables articulated in the Five Year Forward View for Mental Health and the NHS Long Term Plan as well local priorities, determined through consultation with partners, children, young people, their families and carers.

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

Monitoring and oversight is provided through the following:

- **The Health and Wellbeing Board:** The Buckinghamshire Health and Wellbeing Board (HWB) is the key partnership for promoting the health and wellbeing of residents. Its focus is on securing the best possible health outcomes for all local people. Whilst the Health and Wellbeing Board has delegated responsibility for oversight of local plans to ICET, the board has mental health as an identified priority and receive regular updates on progress alongside general updates on mental health needs, performance and services. The refreshed Local Transformation Plan is presented on an annual basis.
- **The ICP Partnership Board:** The Partnership, led by the Local Authority, has identified five priorities which it considers could yield significant benefits from a stronger partnership approach one of the key areas is mental health and in particular is the continuation developing a strong early intervention provision for children and young people's mental health and wellbeing.
- **Buckinghamshire Safeguarding Children's Board:** A multi-agency body responsible for coordinating local work to safeguard and promote the welfare of children and to ensure the effectiveness of what the member organisations do individually and together. Oxford Health has been a member of the Board, including providing data and participating in multi-agency auditing to support the Board's assurance around safeguarding practice. They also submit an annual Section 11 safeguarding return to the Board. The refreshed Local Transformation Plan is shared with the Board on an annual basis.
- **Integrated Commissioning Executive Team (ICET):** The purpose of ICET is to set the route map for integrated commissioning across health and social care, to lead strategic planning, assurance and oversight of collaborative commissioning, to support the ambition of the ICS and ICP and to contribute to the implementation of the NHS Long Term Plan within Buckinghamshire. Regular reports on progress towards transformation are presented to the ICET, and the ICET has delegated responsibility from the Health and Wellbeing Board to oversee local plans relating to mental health. This meeting also scrutinises progress against the agreed aims and intended outcomes of joint funding agreements for integrated commissioning between Buckinghamshire County Council and

Buckinghamshire Clinical Commissioning Group – including the CAMHS Section 75. Reports are provided every month.

- **Corporate Parenting Panel:** This is a multi-agency panel which leads on ensuring that the Council and other partners are meeting their corporate parenting responsibilities towards children looked after. A representative from CAMHS sits on the panel and provides regular reports focusing on children looked after.
- **CAMHS Strategic Delivery Board:** Attended by commissioners and provider, this provides oversight and assurance of the progress towards transformational change. It is tracked by an implementation plan and includes an active risk register.
- **The Children and young people's mental health and wellbeing strategic group.** During 2021/22 it has been agreed to combine the Emotional Wellbeing and Mental Health Strategic Group (a multiagency group established to link the work around emotional wellbeing and mental health in Buckinghamshire) and the Wellbeing Return Steering Group (established to provide oversight of the delivery and monitoring of the Wellbeing Education programme) to further develop and strength the Buckinghamshire mental health and emotional wellbeing offer. This also creates opportunities to align action plans and priorities to avoid gaps and duplication. The aim of this newly formed group is to strengthen a whole system approach to emotional wellbeing and mental health for children and young people. It provides a whole systems awareness of the resources available to support emotional wellbeing and mental health of children and young people. It looks to embed the core principle that mental health and emotional wellbeing is everyone's responsibility with representation from professionals from across the system.
- Oversight from **stakeholder groups** including Article 12, walking with you and the Parent Dialogue Group
- **Monthly contract monitoring meetings and quarterly quality monitoring meetings** for commissioned services (see Section 10)

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

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

Integrated Care Partnership (Buckinghamshire)

Buckinghamshire as an Integrated Care Partnership has its own place based mental health learning disability and autism delivery group. The group is chaired jointly by the clinical director for mental health learning disability for the CCG and the clinical director for mental health at Oxford Health NHS FT. the group meet monthly and are focused on working together as a Buckinghamshire partnership driven by the ambitions of the Five Year Forward View for Mental Health and the NHS Long Term Plan. One of the key work streams of this group is children and young people's mental health.

Integrated Care System (Buckinghamshire Oxfordshire and Berkshire West)

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

As our Integrated Care System matures there is connectivity and governance arrangements being created for CYP Mental Health. Currently a Mental Health and Learning Disability Oversight group has been established in the last 18 months that includes the CYP mental health agenda. There are 3 key areas of work for this board:

- To scrutinise and assure the Long-Term Plan metrics as well as receive narrative update from our ICS Senior Responsible Officer (SRO) for CYP mental health
- Issues are flagged by exception and very senior leaders in our ICS are available to support mitigating actions.
- Key decisions are filtered to be taken at the BOB ICS level regarding allocation of resources

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

This subgroup will seek to establish a programme approach to its work, lifting the cross-cutting themes from the 3-place based local transformation plans. Important to the programme will be the need to apply a decision on whether the work is either 1) to track and learn about place-based initiatives and apply that learning and support to the other place plans or 2) to set up a full BOB project that drives a single approach or solution for all 3-place based LTPs.

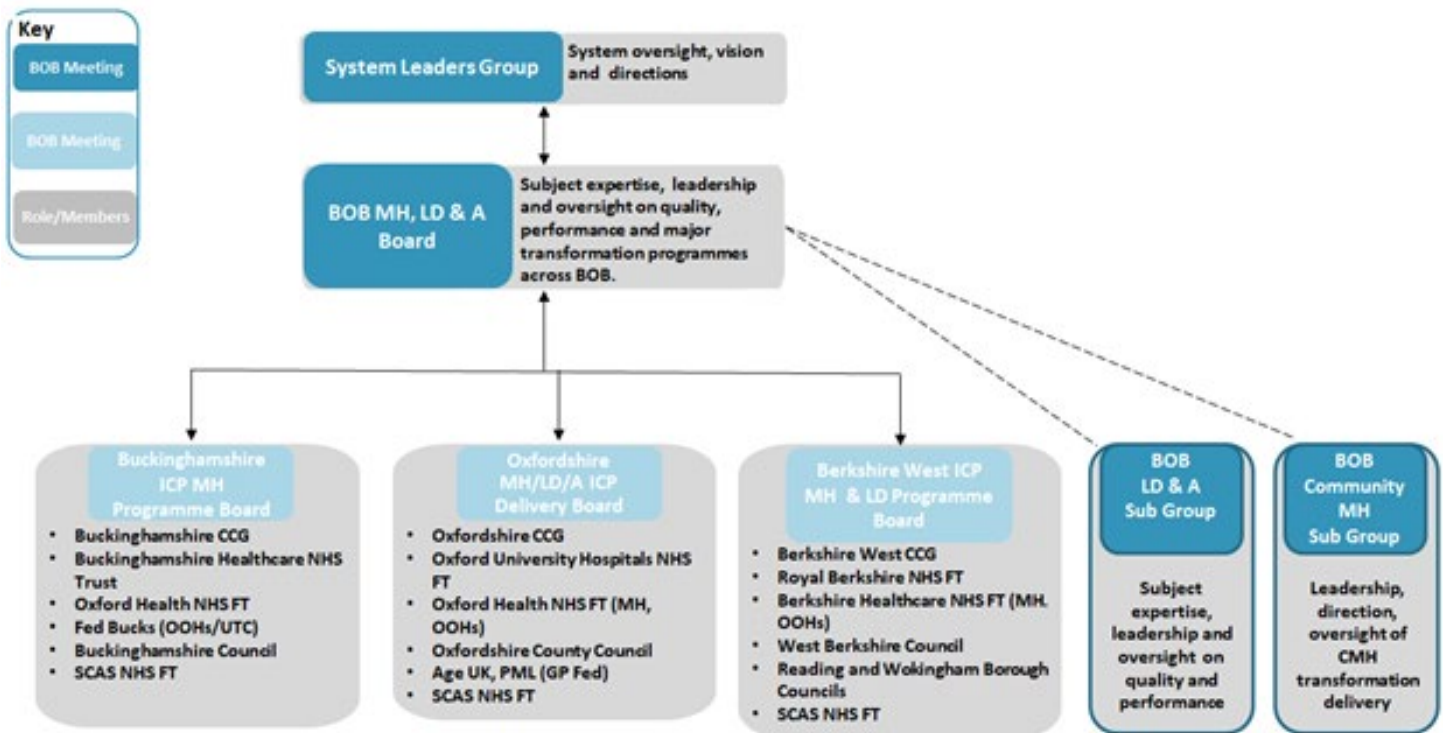
The 5 cross cutting themes identified for programme planning (so far) are:

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

The relationship across the ICP and ICS systems are emerging as the ICS matures and forms from the 1st April 2022. There is ongoing work to agree what will be managed at place level (ICP) and what at BOB level (ICS), working to identify synergies and economies of scale.

Figure 7: Integrated Care System governance for mental health

Mental Health, Learning Disabilities and Autism - Governance



Evaluation of CAMHS transformation

Over the last 5 years a formal evaluation has been completed of the model of CAMHS across Buckinghamshire and Oxfordshire. This evaluation of CAMHS transformation has been an important opportunity to look in detail at two services and the impact of the transformation on services and children and young people. A small research team from the University of Oxford departments of Psychiatry, Health Services Research and Health Economics have brought their disciplines together to conduct as broad and useful an analysis as possible to this complex area, as CAMHS encapsulates many different services, professionals and populations, all of which are constantly changing.

A number of key points can be drawn about the CAMHS transformation:

1. The numbers of children and young people (CYP) accessing CAMHS did increase as a result of transformation, primarily because of the introduction of the Single Point of Access (SPA). The SPA was changing the way in which CAMHS was working, primarily by providing a more accessible front door. For staff, the introduction of the SPA was perceived as the core change of the CAMHS transformation.
2. In both Buckinghamshire and Oxfordshire, the numbers of people accessing SPA climbed quickly. While much of the emphasis on SPA was on the phone line, as the service evolved, increasing numbers of requests were received online. In Oxfordshire, online referral was available from the outset and came to be encouraged as it was thought to be resource efficient, with changes to ensure sufficient information was collected to allow

an informed triage decision. Young people expressed some preference towards accessing the service online. The introduction of the SPA was associated with an increase in self-referrals, both from carers and children and young people (CYP), and a fall in the proportion of referrals from primary care.

3. Spend and staffing increased across both CAMHS.
4. Third sector partners were providing low-intensity interventions, with initial teething problems around governance and roles. New care pathways were seeing patients according to psychopathology.
5. There was no change on the rate of new spells or new patients accessing the service in the first year after the transformation. However, by year 3, the number accessing the service was 19% higher (and the rate was 12% higher).
6. The types of patients accessing CAMHS following transformation are similar to those accessing pre-transformation, with the largest proportion coming from the most deprived areas.

Transformation investment, both financial and intellectual, can help to increase access to CAMHS in England, but, while the system as a whole is under strain, time is needed to realise the benefits of reorganisation.

Papers have been published to show more details and can be available on request.

Mina Fazel, Stephen Rocks, Margaret Glogowska, Melissa Stepney and Apostolos Tsiachristas.

Table 21: Risks to Delivery of Transformation

Risk	Mitigation
<p>Difficulty in recruitment and retention of workforce will lead to insufficient staff resulting in limited ability to deliver the required transformation</p>	<ul style="list-style-type: none"> • Workforce strategy has been developed for Oxford Health NHS Foundation Trust • Working with wider partners to develop third sector providers. • Diverse workforce being recruited to attract a wider pool of professionals working in CAMHS service • Use of online remote providers to complement existing service • ICS partners are developing workforce initiatives.
<p>Impact of Covid-19 on children’s mental health and wellbeing still not fully realised</p>	<ul style="list-style-type: none"> • Additional investment in CAMHS service in 20/21 and 21/22 (CCG and NHSE) to enable additional staff to be recruited • Mental health support team offer expanded to more schools in the county • Development and implementation of an all age 24/7 mental health support line accessible via NHS 111
<p>Financial pressures in the system will lead to reduced investment in mental health resulting in limited ability to deliver the required transformation.</p>	<ul style="list-style-type: none"> • Transparency between CCG and NHSE has maintained investment in CAMHS. CCG has met the mental health investment standard each year • Additional investment has been made available over and above the long-term plan as a result of covid recovery requirements and spending review • As an ICS funding decisions will be made as a system wide offer.
<p>Emotional health and wellbeing needs of children and young people are not fully understood or owned across the wider system leading to lack of priority and parity between mental health and physical health</p>	<ul style="list-style-type: none"> • Mental health delivery board meets monthly and Oxford Health NHS Foundation Trust is representation on the ICS boards ensure a mental health voice at ICS executive and provider collaborative meetings.
<p>The ability to accurately report outcomes will be limited by data input/technology issues resulting in poor reporting against the standards and negative national publication of performance</p>	<ul style="list-style-type: none"> • Outcomes being measured on a local basis through clinical tools such as revised children's anxiety and depression scale (RCADS) and routine outcome measures (ROMS)
<p>High numbers of young people placed out of county and refusal by some mental health providers to see children who are placed in their county will lead to inability to offer a mental health service in a timely way</p>	<ul style="list-style-type: none"> • Virtual panel process to fund external providers. • CAMHS support to identify providers close to placement. • Provision of additional in county provision with psychological support. • CAMHS input to Local Authority resource panel to inform placement decisions.
<p>Complex case presentations with insufficient preplanning or lack of suitable alternative provision will lead to crisis management resulting in difficulties securing timely placements for those in need.</p>	<ul style="list-style-type: none"> • Dynamic risk register for young people at risk of placement breakdown.

- Provision of additional in county provision with psychological support.
- National earlier implementer for the keyworker scheme.

12. Developing the Workforce

Buckinghamshire CAMHS

The CAMHS service, through Oxford Health's partnership with Barnardo's, consists of a skill mixed team. This has built on the recruitment success of an alternative workforce who can offer short term interventions to low-moderate mental health concerns. The Barnardo's staff receive training and regular supervision through the Oxford Health staff team. Working with Barnardo's has also brought opportunities to develop a volunteer workforce with an average of 12 volunteers collectively providing 422 hours support over the last 6 months.

In 2018/19 CAMHS engaged the services of Kooth an on-line counselling service. They offer one to one sessions and a chat room as well as a host of other support and resources. The contract has continued into 2021/22.

Table 22: CAMHS Establishment 2015/16 – 2020/21

Role	Year	2015/16	2016/17	2017/2018	2018/2019	2020/21
	Band	WTE	WTE	WTE	WTE	WTE
A&C	3		3	3	3.65	7.75
A&C	4	6.9	6.9	10.3	8.4	15.08
A&C	5	1	1	1	1.8	2.73
A&C	7	1				
Consultant Psychiatrist	Consultant	7.3	7.3	7.4	7.7	7.4
Dietician	6	0.4	0.4	0.4	0.41	0.41
SALT	7				1	1
Family Therapist	7	0.5	0.5	1.5	1.3	1.2
Family Therapist	8a	1.2	1.2	0.6	0	0
Family Therapist	8c	0.8	0.8	1	1	1
Nurse	5					1
Nurse	6	5.6	5.6	7	7.56	8.4
Nurse	7	12.16	12.16	10.6	7.9	14.19
Nurse	8a	0.5	0.5		1.5	1.13
Trainee MH Practitioner	4					8
Mental Health Practitioner	5	0.7	0.7	0.7		7.32
Nurse Consultants	8a			2.5	0.55	1
Specialist Practitioner	7			1	1	1
Psychologist	6	6	6	2	4.7	2.4
Psychologist	7					6.47
Psychologist	8a	5.3	5.3	5.5	9.3	10.15
Psychologist	8b	2.2	2.2	3	1.87	3.16

Psychologist	8c	2.38	2.38	2.95	3.3	3.75
Psychologist	8d	1	1	1	1	1
Ass Psychologist	4	0.5	0.5	4.5	3.5	5.1
Ass Psychologist	5			1	1.6	0
Trainee CBT therapist	6					2.8
Psychotherapist	7	0.5	0.5	0.5	2.5	4.3
Psychotherapist	8a	1.2	1.2	0.8	1.4	2.4
Psychotherapist	8b	0.8	0.8	0.8	1.52	1.08
Occ Therapist	7			1.6		0
Occ Therapist	8a				1	1
Snr Mgr.	7					1
Snr Mgr.	8a	3.6	3.6	3.9	2.3	6.58
Snr Mgr.	8b	1	2	2	3	2.24
Snr Mgr.	8c	1			1	0
Snr Mgr.	8d					0.1
Social Worker	5					0.6
Social Worker	6	4	4	1.5	2.1	2.4
Social Worker	7			6.5	4	4.8
Social Worker	8a			1	1	0
PWP	4		4	0	0	0
Pharmacist	8a					1
Barnardos		36	36	32	32	38.52
Grand Total		103.54	110.54	117.55	126.56	179.76

As can be seen above and in line with additional transformation funding that has been provided to develop the CAMHS service since 2015 workforce has increased from 103.54wte to 179.76wte in 2021/22.

However, at 31st July 2021, the vacancy rate for Buckinghamshire CAMHS was 13.8%. This is an increase from the previous report for April to September 2019, when the vacancy rate across the service was 1.53%. Whilst the increase investment has increased the staffing levels and retention of staff in good, recruitment remains an issue with the services.

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

Throughout the last 6 years additional investment in Mental health services has led to a high demand for staff and more creative ways of building the workforce. Buckinghamshire continues to face challenges in recruitment as, alongside a national shortage of qualified staff, its close proximity to London means the area is expensive to live without the benefit of additional allowances for London or High Cost area allowance.

It is anticipated that in response to Covid there will be additional demand for services which has already been seen in Eating disorders and number and acuity of presentation in crisis services.

Difficulties in recruitment have provided the opportunity to explore innovative approaches to the workforce including developing partnerships with third sector providers and reviewing the skill mix within teams, developing nurse prescriber posts and enhancing clinical leadership. The introduction of the third sector as a partner in delivering CAMHS is developing a new workforce whilst retaining clinical oversight and ensuring clear governance structures. A specific training programme is in place and continues to be delivered to further expand on capacity and enhance skill levels in line. CAMHS continues to evaluate the third sector roles to establish the impact on young people and ensure ongoing positive outcomes.

The local workforce plan includes not only plans for CAMHS staff and the third sector partners, but also the wider children's workforce. The service has a clear remit around developing capacity in the wider workforce. The aim is to foster early intervention and for staff to feel confident and having the skills when dealing with children and young people who show signs of distress, emotional difficulties and knowing how to identify mental health problems in children and young people. Training plans have therefore been developed to build capacity in:

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

CYP Mental Health (formerly CYP IAPT)

CYP-IAPT is an innovative and transformational project undertaken by Health Education England (HEE), NHS England (NHSE), and multiple Children's Mental Health Services. The newest developments have involved the Department for Education and Local Authority/Educational institutions. The focus has been on transforming mental health services for CYP and their families.

Now in its seventh year, the initial aims of the project were (and continue to be) to improve mental health services for CYP and their families through a number of core principles which have been embedded within local services. These include developing the range of evidence-based psychological therapies that are delivered in CYP-MH services, and for them to be delivered by qualified and accredited psychological therapists.

Bucks CAMHS have been involved from the outset, and this project is now seen as business as usual (referred to as CYP MH rather than CYP IAPT). The transformative component of the CYP-IAPT initiative took the key evidence-based therapies (based on NICE guidelines) to develop Post Graduate (full and part-time) training programs including several therapeutic modalities. As such, we have clinicians trained in High intensity Cognitive Behavioural Therapy (HI-CBT) and low intensity CBT (LI-CBT) based interventions. These are delivered in MH services and schools within the Educational Mental Health Practitioner (EMHP) and Children's Wellbeing Practitioner (CWP) roles. Though this programme, Bucks CAMHS also have clinicians trained in interpersonal psychotherapy for adolescents (IPT-A), as well as supervision and leadership, in order to ensure an impact at all levels in CYP-MH services.

Over recent years the focus within CYP MH training has also moved to early intervention. The newly developed roles of CWP and EMHP work into both CYP-MH services and schools respectively to identify those CYP who are at risk of developing, or have already developed, mild to moderate symptoms of anxiety and depression. These innovative roles aim to prevent CYP needing to access more specialist MH services as they can deliver highly evidenced (CBT-based), manualised interventions to CYP and their families. These practitioners are highly trained and closely supervised/assessed to ensure fidelity to the specialised psychological interventions, which include: Behavioural activation (BA); Parent-led CBT (PL-CBT); Graded Exposure and several other anxiety-based interventions. Bucks CAMHS continue to access appropriate training from our local Higher Education Institutions.

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

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

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

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

- a) Develop a rolling programme of evidence-based training across services to include induction, upskilling and new ways of working
- b) Create a training map for services that includes online training, where to access external CPD courses (at a cost) and any nationally/locally funded opportunities
- c) Sustainability Transformation Partnership (STP) /Integrated Care System (ICS) level discussion on how best to utilise the CPD training funds within the CCG baselines
- d) Create a visually appealing 'Career Pathway' map for potential recruits and existing staff to promote opportunities
- e) Use webinars to promote and inform service leads and CCG leads around HEE New Roles, Apprenticeship and Recruit to Train models
- f) Map out and publicise the current Supervision training available and share good practice across trusts
- g) Set up a Task & Finish group to address some of the issues around access to Supervision training
- h) Promote the Knowledge, Skills and Attitudes (KSA) pathway which is the BABCP3 approved route for becoming a registered therapist without a core profession, and ensure Service Leads are confident in the process

Next steps

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

The Buckinghamshire, Oxfordshire and Berkshire West (BOB) People Strategy is being delivered through five multi-year programmes of work:

- (I) Workforce Planning and Change;
- (II) Recruitment and Resourcing;
- (III) Productivity;
- (IV) Retention; and
- (V) Culture and Leadership.

Each programme is aligned to the People Plan 20/21 and 21/22 priorities. Mental health features throughout the strategy both regarding recognising the need to support emotional wellbeing of the workforce but also in relation to workforce need.

Future workforce requirements

Eating Disorders

Completion of the Crest Modelling tool as indicated below for the South East, identifies the level of capacity required to meet the projected demand for Eating Disorder Services. This has been further applied to the Buckinghamshire population and will enable planning for the future. Oxford Health Foundation Trust has experienced challenges in recruitment across the eating disorder services over the last year, and this must be considered in any planning.

SOUTH-EAST REGION	CYPMH Community Eating Disorder Services Projected Annual Activity 2021/22						Average Therapeutic Contacts per Completed Pathway	CReST Weekly Contacts/Appointments required to meet wait-time standard					
	current urgent:routine ratio			projected urgent:routine ratio				current urgent:routine ratio			projected urgent:routine ratio		
	at baseline	on long term trend (to Q4 2019/20)	on current trend	at baseline	on long term trend (to Q1 2019/20)	on current trend		at baseline	on long term trend (to Q1 2019/20)	on current trend	at baseline	on long term trend (to Q1 2019/20)	on current trend
Urgent	358	688	1562	635	825	1898	25	193	365	821	337	436	996
Routine	1456	1669	3862	1179	1532	3526	20	591	677	1561	480	622	1426
All Activity	1814	2357	5424	1814	2357	5424		784	1042	2382	817	1058	2422
% Urgent	20%	29%	29%	35%	35%	35%							

2021/22 investment will be used to increase the substantive workforce with the aim of meeting the 95% standard following mitigation of Covid-19 pressures. 2 Band 7 psychologist/nurse roles will expand capacity to deliver NICE concordant treatment within the Access and waiting Time Standards (AWTS). A Band 5 nurse preceptorship role creates an opportunity to recruit and retain to Band 6 nursing time within the team which frequently presents a recruitment challenge within CAMHS. This role will support medical monitoring of CYP with ED and the delivering of NICE concordant care. A Band 4 Assistant Psychologist post will support delivery of NICE concordant care and maximise engagement at the point of initial assessment to minimise AWTS breaches. A new Carers Lead role will

ensure we meet NICE quality standards relating to support of carers. A recent NICE guideline audit identified that we do not routinely assess carers needs over and above the eating disorder treatment. This role will link with wider Trust initiatives to involve carers in service design and delivery. An additional 2 Band 4 CSW posts will extend capacity to provide intensive community support to CYP with ED at risk of admission. These new roles will offer support with meals in the home, distress tolerance skills to CYP to support engagement in treatment and to reduce the need for admission and bespoke support to CYP reintegrating into the community on discharge from hospital. Employing a dedicated ED crisis worker, in a development role, would enable us to deliver evidence-based consistent support for families requiring home-based intervention for their child or young person's eating disorder. They will function under the guidance and supervision of our existing Band 7 lead nurse working across ED and the Crisis and Home Treatment Team.

Demand and Capacity

Oxford Health Foundation Trust has completed demand and capacity work across its pathways to inform workforce requirements and to facilitate modelling. This is in early stages of analysis but will include the use of 3rd sector provider and increasing skill mix within the team.

13. The NHS Long Term Plan

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

Work is underway at both a local CCG level and at a Buckinghamshire, Oxfordshire and Berkshire West (BOB) Integrated Care System (ICS) level to collaboratively develop implementation plans that outline how we intend to operationalise the ambitions of NHS Long Term Plan. These plans will be subject to review due to the changing nature of local need across the five to ten year period.

Long Term Plan priorities for children and young people's mental health

- **Crisis services - There will be 24/7 mental health crisis provision for children and young people that combines crisis assessment, brief response and intensive home treatment functions**

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

In 2021/22 Buckinghamshire CCG increased investment in the children's urgent care pathway to further develop the home treatment offer and support delivered through the Getting More Help pathway. Additionally, the 24/7 mental health support line through NHS 111 has been embedded in core service delivery through 2021/22.

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

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

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

Buckinghamshire CCG has achieved this target, however consistently maintaining a performance of 95% has been challenging. Referral numbers through 2020/22 have shown a marked increase, this coupled with difficulties recruiting to vacant posts has led to increased challenges achieving this with a drop in performance against this target. The service has received additional investment and continues to explore innovative way to recruit to posts in this area.

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

Demand for neurodevelopmental assessment has continued to increase. A review of the neurodevelopmental pathway offered across the 2 providers including the new single point of access was completed jointly with OHFT, BHT and Bucks CCG in 2020. The review considered what had gone well within the collaborative and the challenges being faced and made recommendations for changes to the pathway. This work is ongoing with consideration of pre and post diagnostic support requirements as well as the diagnostic pathway. During this time an additional 750K has been invested in the pathway by the CCG to reduce wait times currently experienced by children and young people requiring diagnostic assessment.

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

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

The Buckinghamshire, Oxfordshire, Berkshire West Integrated Care System (ICS) will work to collaboratively develop 5 year implementation plans that will outline how we intend to achieve the ambitions set by NHSE. As a Buckinghamshire system mental health for children and young people is a priority; we will continue to develop and commission innovative services that are focused on increasing access to local CAMHS services and will work with NHSE to achieve the ambitions outlined in the NHS Long Term Plan.

14. Links to National and Local Strategies

In addition to Future in Mind, The NHS Long Term Plan and the Five Year Forward View for Mental Health, developments in Buckinghamshire have been guided and informed by the following national papers.

- COVID-19 mental health and wellbeing recovery action plan⁴⁷
- Transforming children and young people’s mental health provision⁴⁸

Mental health is embedded within across the Buckinghamshire system through a number of plans with oversight provided by the Buckinghamshire Health and Wellbeing Board and Safeguarding Children’s Board.

- Buckinghamshire Early Help Strategy 2019 - 2022⁴⁹
- Buckinghamshire Joint Health and Wellbeing Strategy 2021- 2024, Happier, Healthier Lives - a plan for Buckinghamshire⁵⁰
- Buckinghamshire Children & Young People 2019 – 2024 Partnership Plan⁵¹
- Buckinghamshire Suicide Prevention Plan (currently under development due to be published in 2022)
- Buckinghamshire County Council Special Educational Needs and Disability Inclusion Strategy 2021-23⁵²
- All-Age Mental Health and Wellbeing Strategy Buckinghamshire 2020 – 2023
- Buckinghamshire Joint Autism Strategy (currently under development)
- Buckinghamshire, Oxfordshire and Berkshire West (BOB ICS) Learning Disability and autism (LDA) 3 year plan
- Improving health and care in Buckinghamshire, Oxfordshire and Berkshire West (ICS Plan)⁵³ - Mental Health is a key work stream for the BOB
- We are Buckinghamshire Mind 2021- 2024 Strategy⁵⁴

⁴⁷ [COVID-19 mental health and wellbeing recovery action plan \(publishing.service.gov.uk\)](https://publishing.service.gov.uk)

⁴⁸ [Quick read: Transforming children and young people's mental health provision - GOV.UK \(www.gov.uk\)](https://www.gov.uk)

⁴⁹ Buckinghamshire County Council (2019). *Early Help Strategy April 2019-22*. Available from: <https://democracy.buckscc.gov.uk/documents/s130408/Appendix%20%20for%20Early%20Help%20Review.pdf>

⁵⁰ [Health and Wellbeing Strategy.pdf \(moderngov.co.uk\)](https://moderngov.co.uk)

⁵¹ <https://www.buckscc.gov.uk/services/council-and-democracy/our-plans/our-strategic-plan/childrens-services-strategies/children-young-people-partnership-plan/>

⁵² [Special Educational Needs and Disabilities \(SEND\) Inclusion Strategy 2021-2023 | SchoolsWeb \(buckscc.gov.uk\)](https://schoolsweb.buckscc.gov.uk)

⁵³ <https://www.bobstp.org.uk/media/1749/bob-report-2019-final.pdf>

⁵⁴ [Buckinghamshire Mind - Strategy 2021-2024 \(bucksmind.org.uk\)](https://bucksmind.org.uk)

Appendices

Appendix 1 Case Study – An intervention born of necessity due to Covid-19: Learning from an eight year olds experience of trauma focussed CBT delivered remotely

Eleanor Rowsell, Consultant Clinical Psychologist / Head of Psychological Therapies CAMHS. Oxford Health NHS Foundation Trust.

14th April 2021

Summary:

Recent reviews on treating Posttraumatic Stress Disorder (PTSD) in children and adolescents consistently point to the good evidence base for these interventions and that they translate well from research trials to clinical practice. There is, however, no current research into delivering these interventions online. This case study summarises an online intervention using Trauma-Focussed Cognitive Behavioural Therapy (TF-CBT) with an eight year old boy (Archie) with PTSD and neurodevelopmental conditions. The intervention was born out of necessity as a result of Covid-19 as both were parents shielding due to underlying health conditions.

Overview of Archie's case:

Archie, aged eight, was referred to CAMHS by his mother Alison in January 2019. Problems described included sadness, anger, anxiety, worry, panic, mood swings, and problems sleeping. It was noted that there was an impact across settings and an increase in anxiety following a small house fire four months before. The referral mentioned that Archie's mother had been in and out of hospital because of a medical condition over the last couple of years.

Archie was assessed by a colleague within the Getting More Help Pathway (for young people with moderate / severe mental health issues) in February 2019. I joined a session in April and confirmed a diagnosis of PTSD related to the house fire. At that stage Archie was already on the waiting list for an ASD and ADHD assessment by Community Paediatrics (within a different local NHS Trust). During sessions Archie's issues with attention, concentration and hyperactivity were evident – he found it extremely hard to keep focussed and on task despite the best attempts made by his mother and me. It was 6 months since the fire - research evidence suggests that after 6 months there is very little spontaneous recovery from PTSD. Archie was placed on the waiting list for psychological therapy on the basis that his PTSD would be reviewed to ensure this intervention was still needed when his name came to the top.

Alison and I agreed that even if there had not been a wait for psychological therapy, it would be beneficial to wait for the outcome of the neurodevelopmental assessment. Archie's presentation suggested that a diagnosis of ADHD was quite likely and as there was a possibility that medication may be recommended to support his attention and concentration, we felt it would be best for this to be initiated prior to psychological therapy in order to give Archie the best chance to access therapy. It was agreed that in the meantime I would take over as the primary worker and meet with Archie and his mother for psycho-education around PTSD as well as liaising with Archie's school.

Unfortunately, the already long waiting times for neurodevelopmental assessments by Community Paediatrics was exacerbated further by Covid-19. As a result, it was not until the end of April 2020 that Archie was diagnosed with Autistic Spectrum Disorder (ASD), Attention Deficit Hyperactivity Disorder (ADHD) and Developmental Co-ordination Disorder. Medication for ADHD was recommended. Once stabilised on medication Archie was reviewed in June 2020 – he still had PTSD. There had been a significant benefit from the medication in relation to his attention and concentration. Finally, 16 months after his initial assessment in CAMHS, we agreed that Archie was ready to begin trauma therapy.

However, what I had not factored in was that due to significant health issues, both of Archie's parents had been advised to shield during Covid-19. In June 2020 they were shielding and home educating their five children due to the risks of contracting Covid-19. As a result of this we agreed to experiment with Archie's ability to engage with therapy over Microsoft Teams with support from his mother Alison in the room at home. Between us we agreed to give it a go on the basis that we would have to move to face to face therapy if needed and with appropriate infection prevention and control measures in place. Archie had weekly therapy sessions over Teams throughout July and August and with a final review in September. In addition, home practice tasks were supported by his mother in between sessions.

Whilst the reliving elements of the trauma therapy were extremely distressing and difficult for Archie, with fantastic support from Alison during and between sessions, Archie was able to complete the trauma therapy remotely. We saw huge improvement across all areas of

PTSD: a total reduction in re-experiencing and avoidance, improvements in mood, and a huge reduction in arousal and reactivity. Archie's parents noticed big changes which impacted on them all on a daily basis. The reduction in PTSD had a big impact on Archie's overall anxiety as well as meaning he no longer experienced panic at things that reminded him of the fire. On the Children's Revised Impact of Event Scale (which measures PTSD) Archie's score reduced from 22 in June 2020 to 10 at the end of August 2020 (17 being the cut off). Archie commented at the end of therapy that by talking it through we had helped him to see things differently. He particularly found the 'what I know now' part of the trauma therapy helpful.

By the time of our review in the Autumn Archie, having been home educated for some time, had returned to his previous school and had already settled in well and was enjoying being back at school and seeing his friends. Archie and Alison were really positive about the support he was getting there and were confident that school had a good understanding not just of his neurodevelopmental conditions but his mental health and emotional wellbeing. Alison compared me to Nanny McPhee and Archie agreed that he was sad to end but agreed CAMHS was no longer needed!

Discussion:

The national CAMHS Benchmarking data for April 2019 to March 2020 evidenced that Buckinghamshire CAMHS had embraced digital technologies early on – by the end of March 2020 the proportion of non face to face contacts delivered digitally was at 32% compared with a mean of 14% and median of 2% nationally. Within our Child and Adolescent Services across the patch, prior to Covid-19 digital technologies had only been used extremely rarely for either clinical or non clinical purposes, and neither admin nor clinicians were familiar with using Microsoft Teams.

We know from the NHS Benchmarking Network Covid-19 Monthly Tracker for Mental Health, Learning Disability & Autism Services that contacts delivered via digital technologies have continued to increase over the last year. Nationally the proportion of contacts delivered using digital technologies remains highest within services for children with learning disabilities (28% of contacts in February 2021) and CAMHS (27%).

Our clinical experience during Covid-19, including through working with Archie, has radically altered our thinking around service delivery and methods to enhance user experience. With a focus on understanding both staff and patients' experiences, positive and negative, we have been able to consider the different components needed to make remote delivery an effective part of our service provision.

Following successful completion of the intervention I obtained feedback from Archie and his mother as to their experience of completing this therapy online and what recommendations they would make to guide future practice. Archie was very keen to encourage other young people to access this therapy based on his experience that it was really difficult to do, but really effective and worthwhile. Together we have written a paper which has just been submitted for publication in the British Psychological Society Child and Family Clinical Psychology Review – the theme for this edition is 'What Good Looks Like Now: Learning from the Covid-19 Pandemic'. In that paper the learning from my clinical experience and Archie and Alison's feedback is used to make recommendations to shape service improvements.

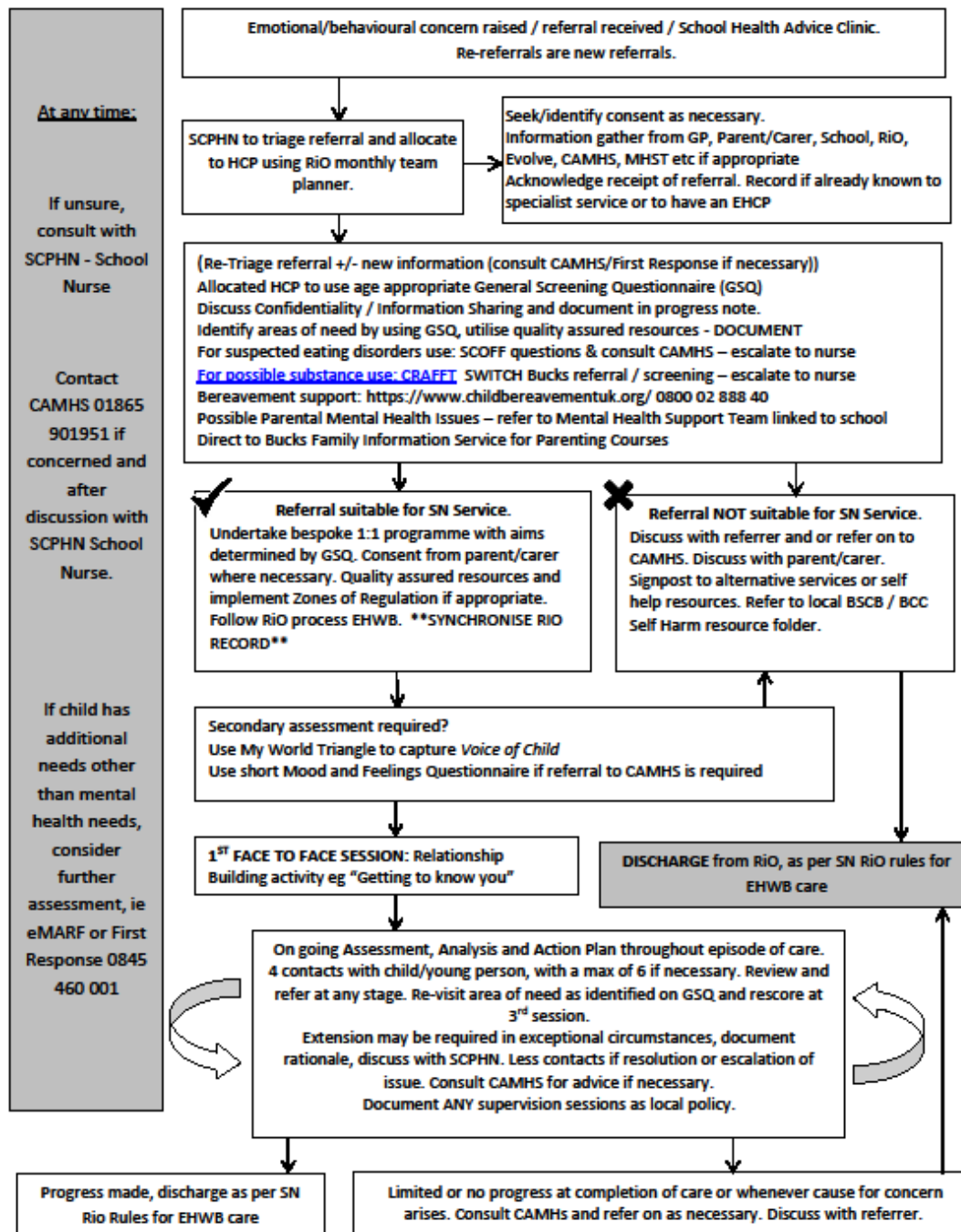
Archie and Alison's advice is: post Covid-19 continue to involve Children and Young People (CYP) in decisions regarding delivery options. Where appropriate offer a choice of face to face versus digital taking into account patient characteristics, situations, culture and preferences. Do not automatically exclude remote delivery as an option because it has not been tried before.

Acknowledgements:

Archie and Alison have given consent for this case study to be submitted to the Health and Social Care Committee. All names have been changed to protect confidentiality.

BHT School Nursing Pathway for Resilience, Emotional Health and Well-being

(To be used with the BHT School Nursing Emotional Health and Well-being Guidelines)



Buckinghamshire Child and Adolescent Mental Health Service (CAMHS) Routine Outcome Measures (ROMs) Report for Groups delivered April 2019 – March 2020

Summary: Goal-Based Outcomes (GBOs) were used across all workshops and groups run within CAMHS. GBOs are designed to evaluate progress towards a goal by comparing how far a young person believes they have moved along a 10-point scale towards reaching their target. Across all groups, significant improvements were demonstrated in progress towards goals.

The Revised Children's Anxiety and Depression Scale (RCADS) was also commonly used across many groups. The RCADS is a 47-item questionnaire used for measuring symptoms of anxiety and depression. The RCADS are scored using standardised t-scores, whereby a score of 65 is interpreted as borderline clinical and a score of 70 and above is interpreted as within clinical threshold. The RCADS showed an improvement in symptoms in the majority of groups, however there was a slight increase in average symptoms for 1 out of 6 ASD Anxiety groups and 1 out of 6 Teen Anxiety groups.

Other Routine Outcome Measures used within CAMHS also demonstrated positive results. Within the Looked After Children (LAAC) pathway there were significant increases in carer-reported knowledge and understanding of different topics, and a reduction in carer-reported difficulties experienced by looked after children. The Re-Connect pathway demonstrated a decrease in symptoms of both anxiety and depression following the 20-week group for parents. The Multiple Family Therapy group for Eating Disorders showed an increase in parents' self-reported caregiver skills, and in one out of two groups this was also sustained at follow-up.

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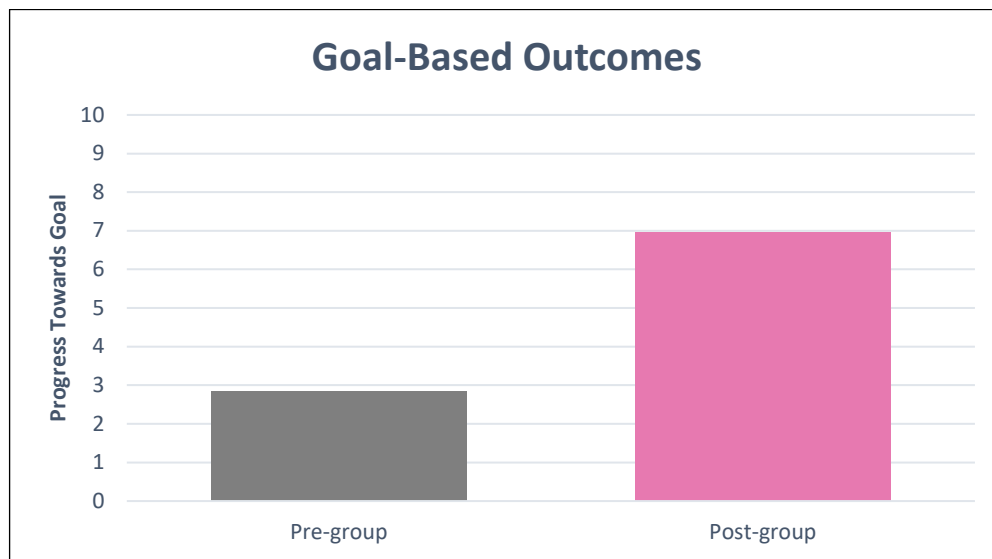
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Targeted Barnardo's Groups

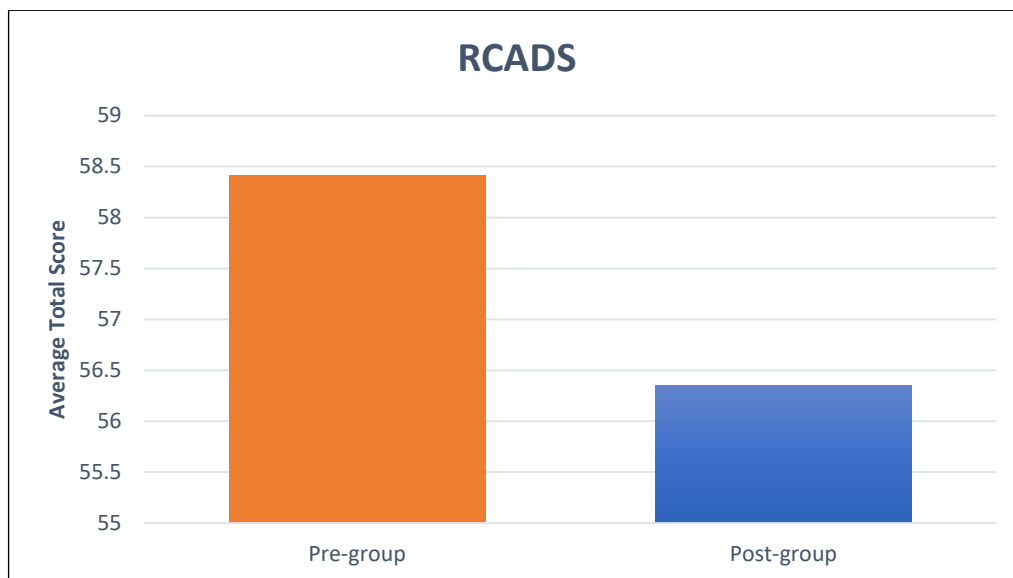
ASD/Anxiety Programme

This programme is run by neuro buddies over a course of six two-hour sessions for both parents and young people. The age of the young people invited to the group are 11-14 years old, who have a diagnosis of ASD with mild to moderate anxiety. The programme includes understanding anxiety provoking scenarios, exploring relaxation and skill building.

6 groups ran between April 2019 and March 2020. All groups completed both GBOs and RCADS at both the first and last sessions. For both measures, an average score across all groups was calculated (see appendix for individual graphs).



The above graph shows an increase from 2.9 to 7, indicating that on average, parents believed they had progressed towards achieving their goal from the first to final session.

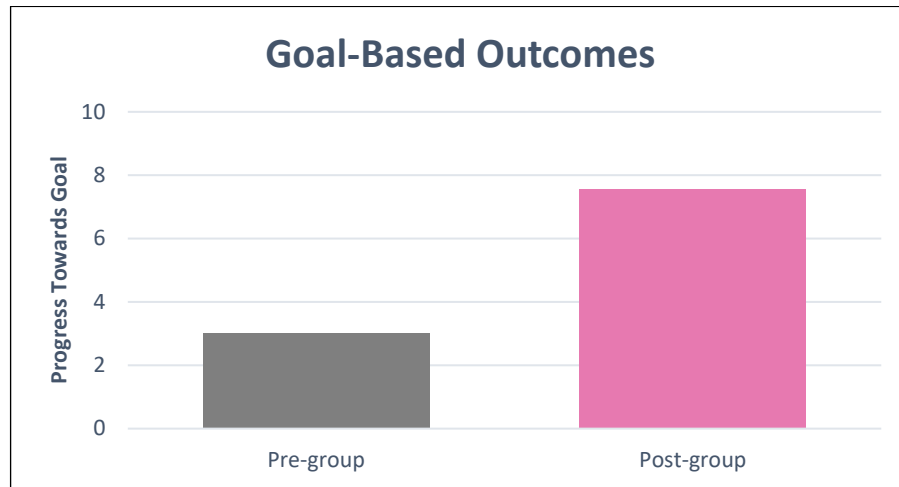


The above graph shows that on average, the young people reported a decrease in symptom frequency, 58.4 to 56.4, from the initial to the final session.

Cygnets Group

This programme is a post-diagnostic support group for parents with children under the age of 11 who have received a diagnosis of ASD. The group is designed to provide ideas, support and strategies in understanding and helping ASD and its impact on the young person and the surrounding family. This group runs over six sessions and covers understanding the diagnosis, communication, sensory issues, understanding and managing behaviour.

7 groups ran between April 2019 and March 2020. GBOs were collected by all groups at the first and last session. Examples of the goals that the parents set included: "to have a better understanding of ASD" and "to learn strategies to help manage [child]'s difficult behaviour". An average score across all groups was calculated (see appendix for individual graphs).

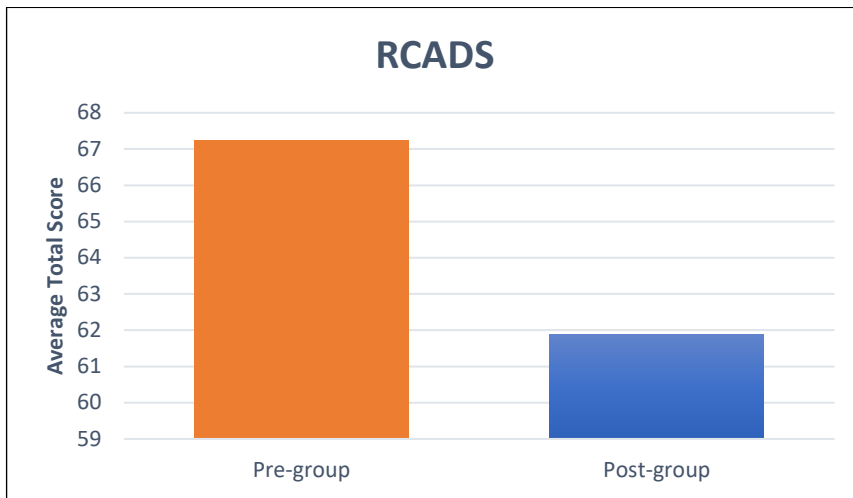


The above graph shows an increase from 3 to 7.6, indicating that on average, parents believed they had progressed towards achieving their goal from the first to final session.

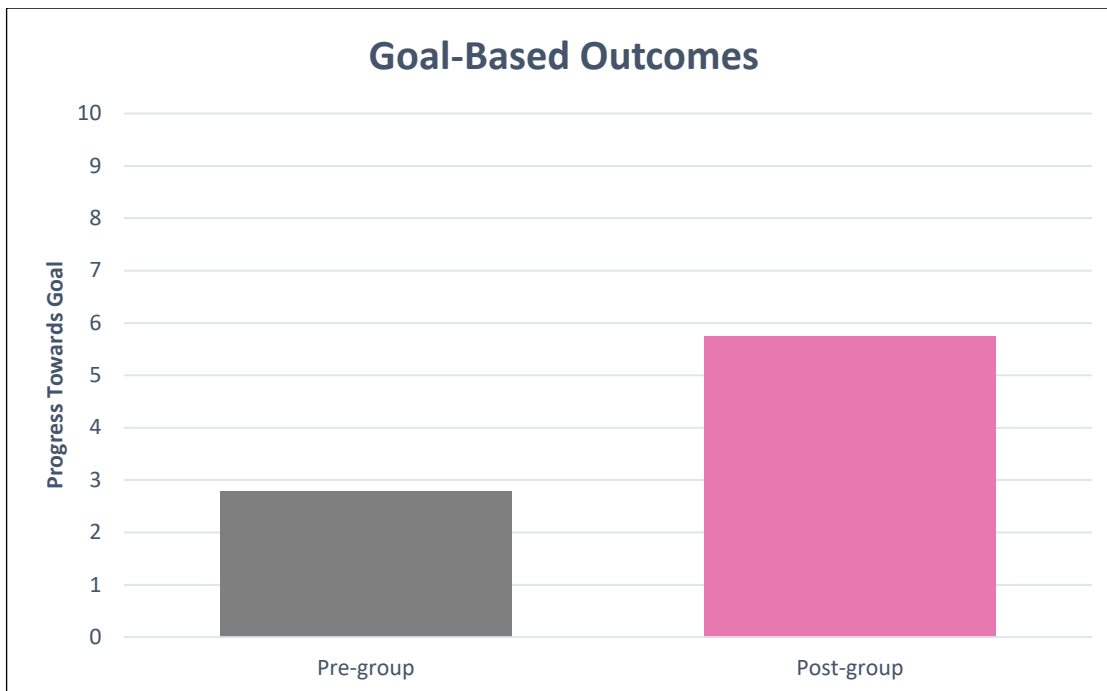
Health Heads Light

This group is run by Buddies for young people aged 12 – 17 who are struggling to manage their emotions (i.e. anger, anxiety, low mood) and/or behaviours (i.e. self-harming behaviours).

4 groups ran between April and March. All groups collected both GBOs and RCADS at both the first and last sessions. Examples of goals set by young people included "to be able to cope better with my emotions", "to talk more when I'm feeling low" and "to be able to manage negative feelings at least 50% of the time in the next five weeks". For both measures, an average score across all groups was calculated.



The above graph shows that on average, the young people reported a decrease in symptom frequency, 67.2 to 61.9, from the initial to the final session.

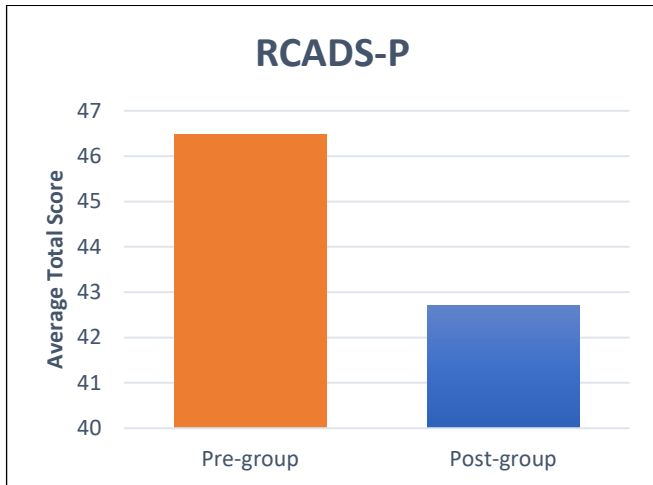


The above graph shows an increase from 2.8 to 5.8, indicating that on average, the young people believed they had progressed towards achieving their goal from the first to final session.

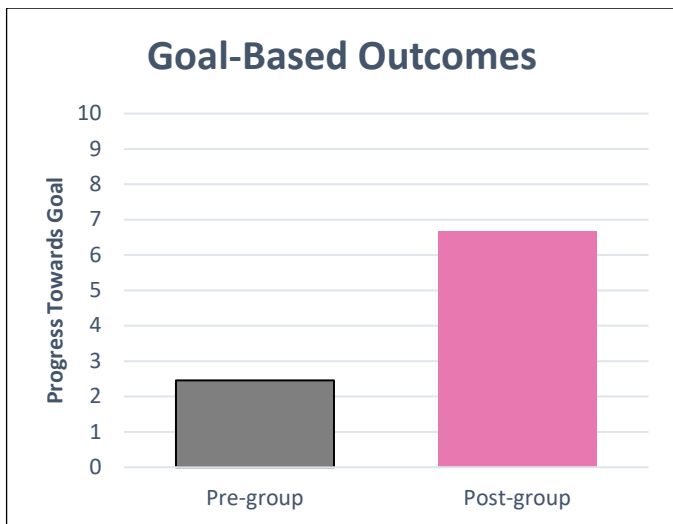
Parent Anxiety Group

This group is run by EEBP (Enhanced Evidence Based Practice) trained buddies for parents of primary aged children who have a diagnosis of mild to moderate anxiety and who are able to engage in CBT-informed interventions.

9 groups ran between April and March. GBOs were collected by all groups at both the first and last sessions. Two groups also completed the RCADS-P, the parent-reported version of the RCADS. For both measures, an average score across all groups has been calculated (see appendix for individual graphs).



The above graph shows an increase from 2.5 to 6.7, indicating that on average, parents believed they had progressed towards achieving their goal from the first to final session.



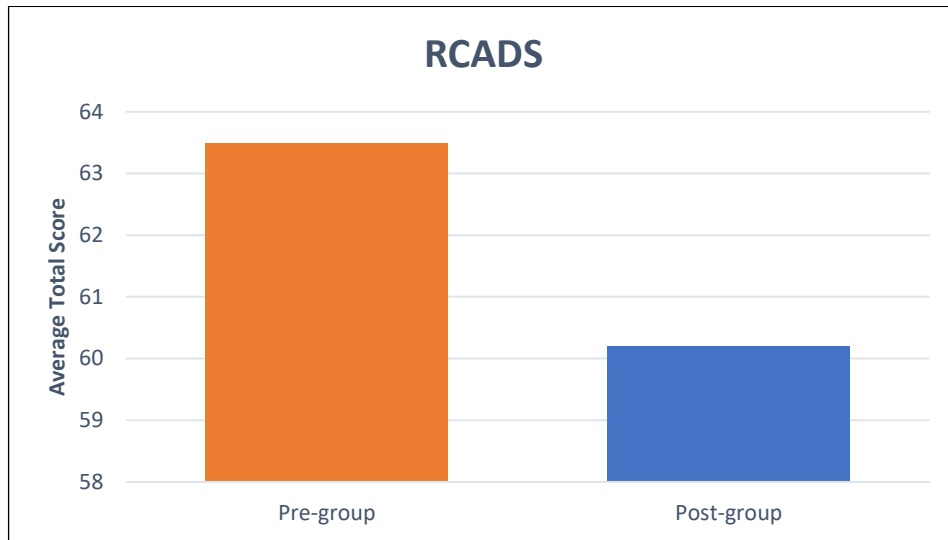
The above graph shows that on average, parents reported a decrease in symptom frequency, 46.5 to 42.7, from the initial to the final session.

CBT Informed Groups (Teen Anxiety Group & Low Teen Mood Group)

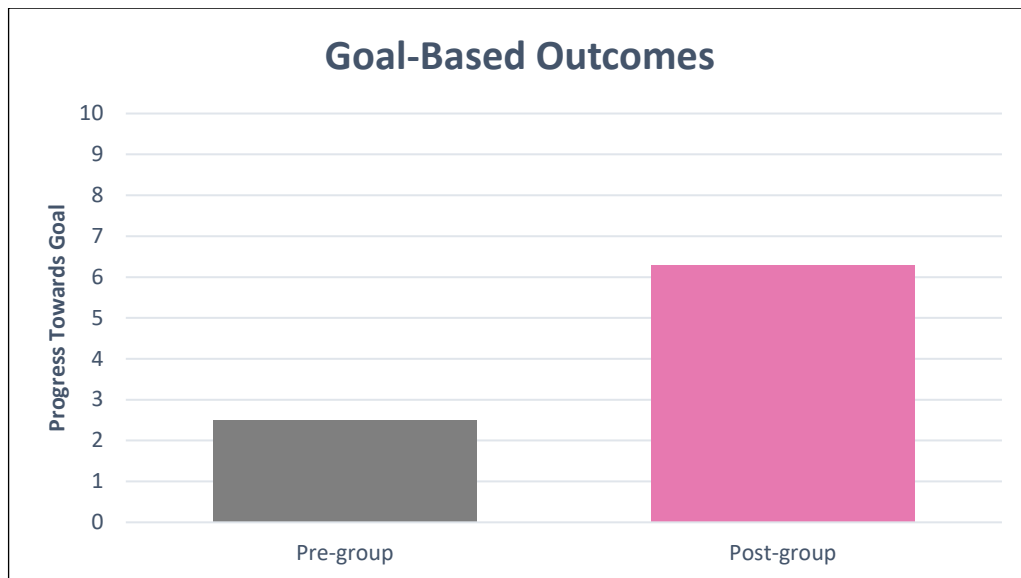
Two of the groups run are focused on CBT informed work for mild to moderate anxiety or depression. Groups are run in both the South (High Wycombe) and North (Aylesbury).

Teen Anxiety Group

6 groups ran between April and March. All groups collected RCADS at both the first and last sessions, and 5 out of 6 groups also collected GBOs. For both measures, an average score across all groups was calculated (see appendix for individual graphs).



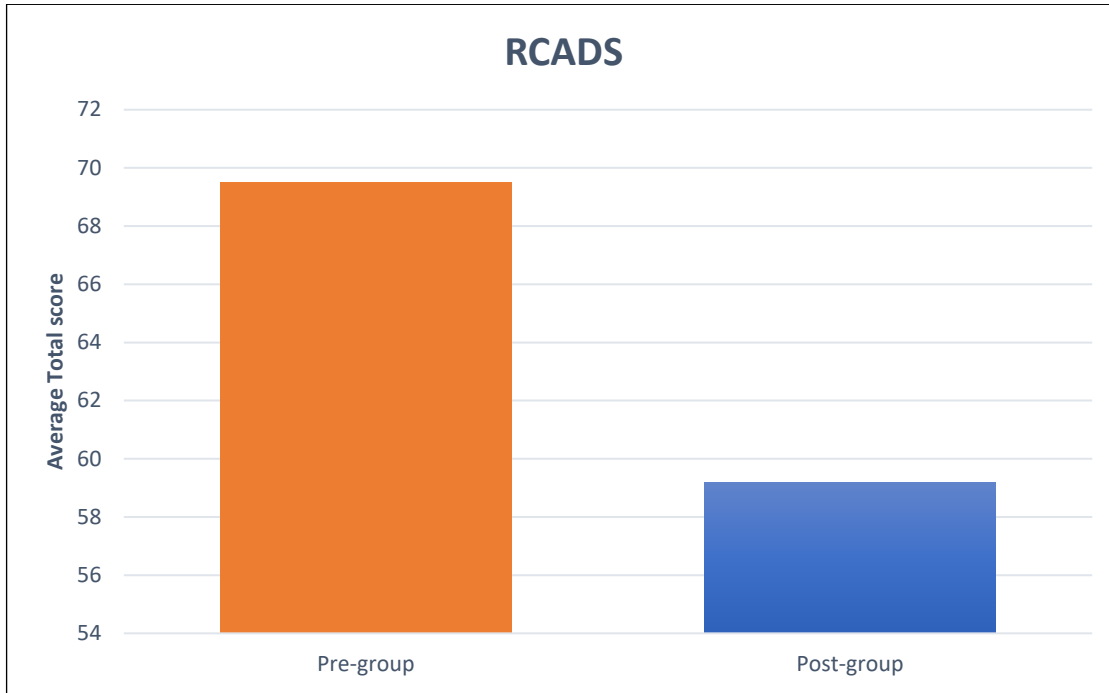
The above graph shows that on average, the young people reported a decrease in symptom frequency, 63.5 to 60.2, from the initial to the final session.



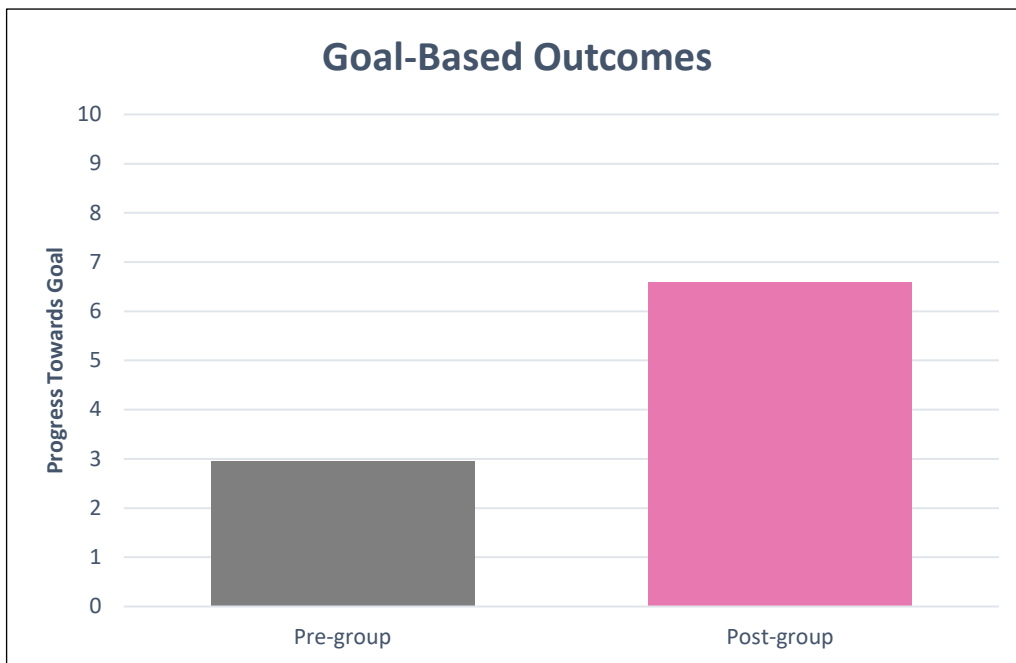
The above graph shows an increase from 2.5 to 6.3, indicating that on average, the young people believed they had progressed towards achieving their goal from the first to final session.

Low Mood Group

9 groups ran between April and March. All groups collected RCADS at both the first and last sessions, and 8 out of 9 groups also collected GBOs. For both measures, an average score across all groups was calculated (see appendix for individual graphs).



The above graph shows that on average, the young people reported a decrease in symptom frequency, 69.5 to 59.2, from the initial to the final session.



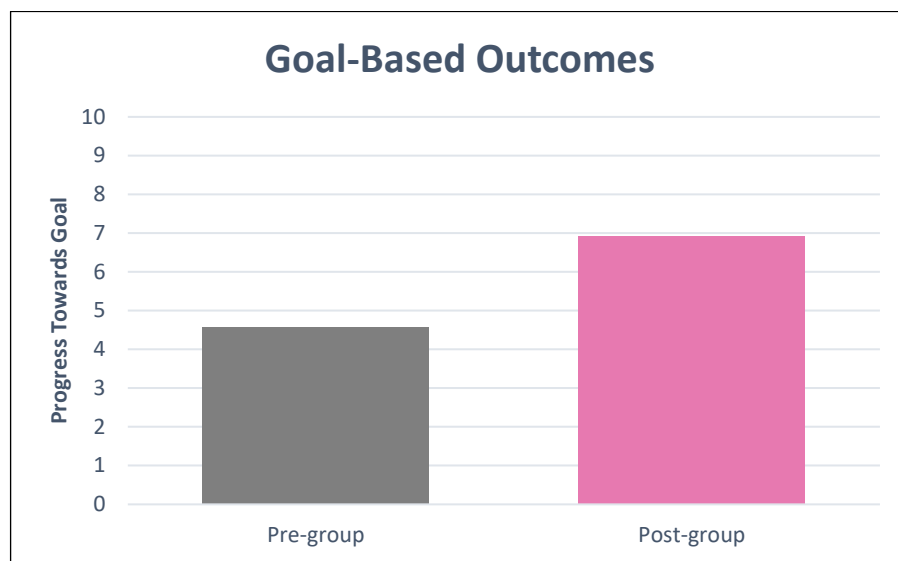
The above graph shows an increase from 3 to 6.6, indicating that on average, the young people believed they had progressed towards achieving their goal from the first to final session.

ASD Post Diagnostic Workshop

The workshop is aimed at helping parents and care-givers understand Autism Spectrum Disorder (ASD) and Attention Deficit Hyperactivity Disorder (ADHD) and to provide strategies on how to best support their children with neurodevelopmental traits such as sensory difficulties and accompanying anxiety. Groups are run over two mornings, typically about 2 weeks apart, in both the South (High Wycombe) and North (Aylesbury).

The GBO measure is used in these workshops, and is collected at the beginning and end of the day. Examples of goals set by parents included "developing a greater understanding of ASD and ADHD", "understanding how to manage my child's behaviour" and "learning techniques and coping mechanisms".

9 groups were run between April and March. An average score across all groups was calculated (see appendix for individual graphs).



The above graph shows an increase from 4.6 to 6.9, indicating that on average, the parents / carers believed they had progressed towards achieving their goal from the first to final session.

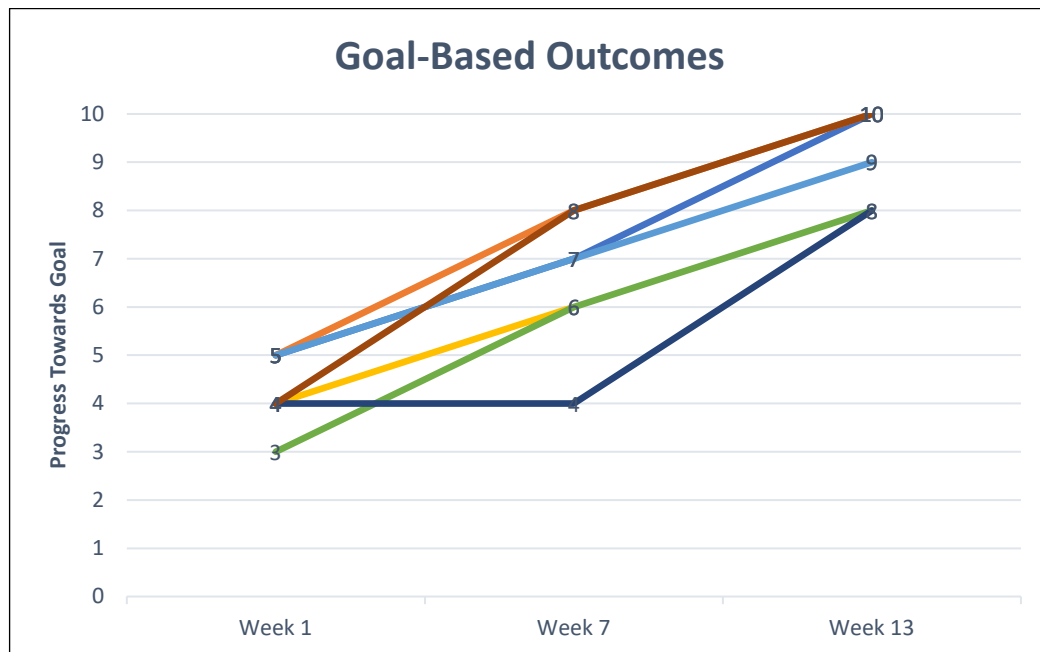
Looked After and Adopted Children (LAAC) Service Carers Group

The group is a therapeutic programme for foster carers, special guardians, adoptive parents and residential care staff. The workshop aims to help parents and carers “mentalise” the child’s experience. In other words, parents and carers learn to think about issues from a child’s position and respond in a way that is more sensitive to their emotional needs. Topics covered include attachment theory, trauma, mentalising skills, self-harm, challenging behaviour and developing resilience as a parent/carer. The group is a 13-week programme, with a follow up session approximately 6 weeks later, and is open to families who are known to CAMHS and who may be experiencing difficulties in their relationship with their child. The programme is run in a closed group format to up to 15 parents/carers during school term time.

Eight carers completed the most recent group, which began in September 2019 and concluded in January 2020.

Goal Based Outcomes (GBOs)

Seven out of eight carers completed the GBO measure at all time points (week 1, week 7 and final session). Examples of goals included “to develop skills to support a child who has experienced trauma”, “to learn and understand and cope better” and “to stop him getting so frustrated and self-harming”. The following graph shows that all carers indicated they were much closer to their goal by the end of the group.

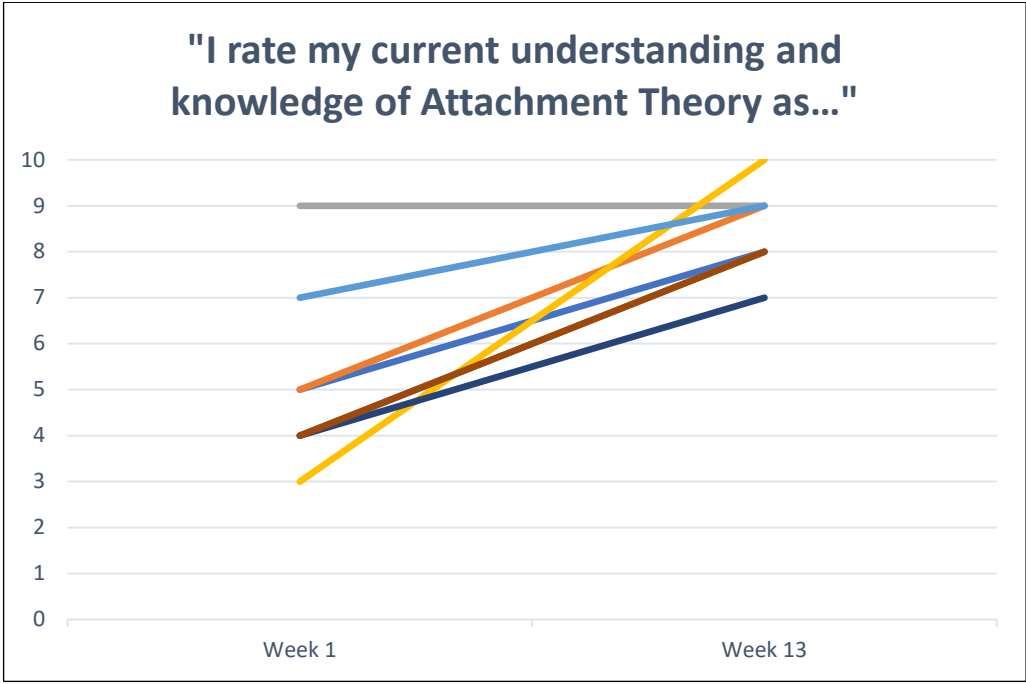


The average goal rating increased from 4.4 (Week 1) to 9.1 (Week 13).

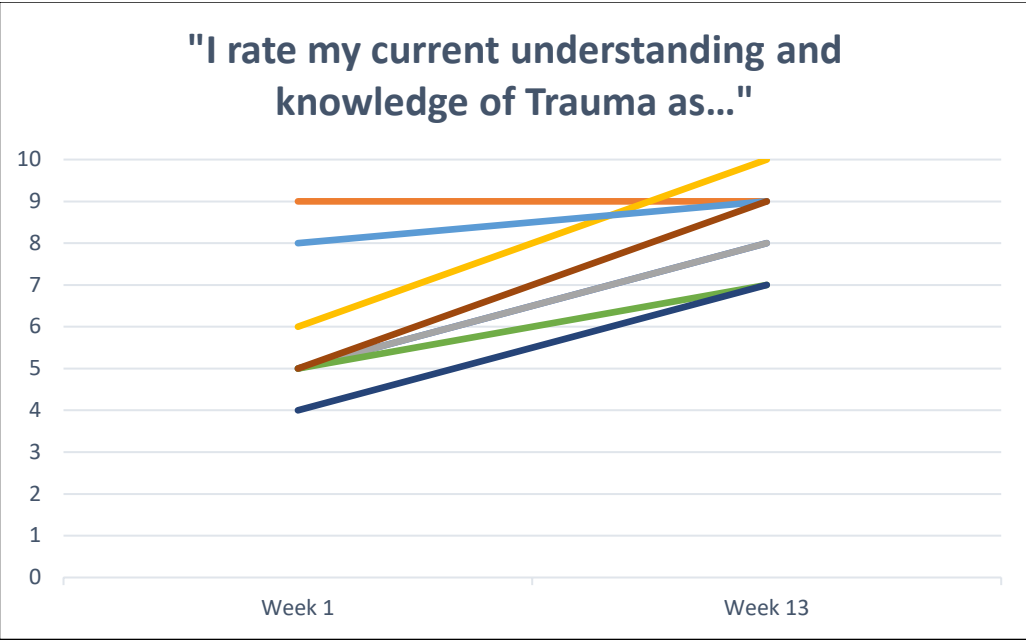
Knowledge and Understanding Assessment

This is a questionnaire designed specifically to focus on carer knowledge and understanding of the topics covered during the programme. Carers are asked to rate their knowledge and understanding of each named topic on a Likert-type scale from 0 (no understanding) to 10 (High level of understanding). A middle rating of 5 is indicated to mean some understanding. This questionnaire is completed once at the start (Week 1) and once at the end of the group (Week 13).

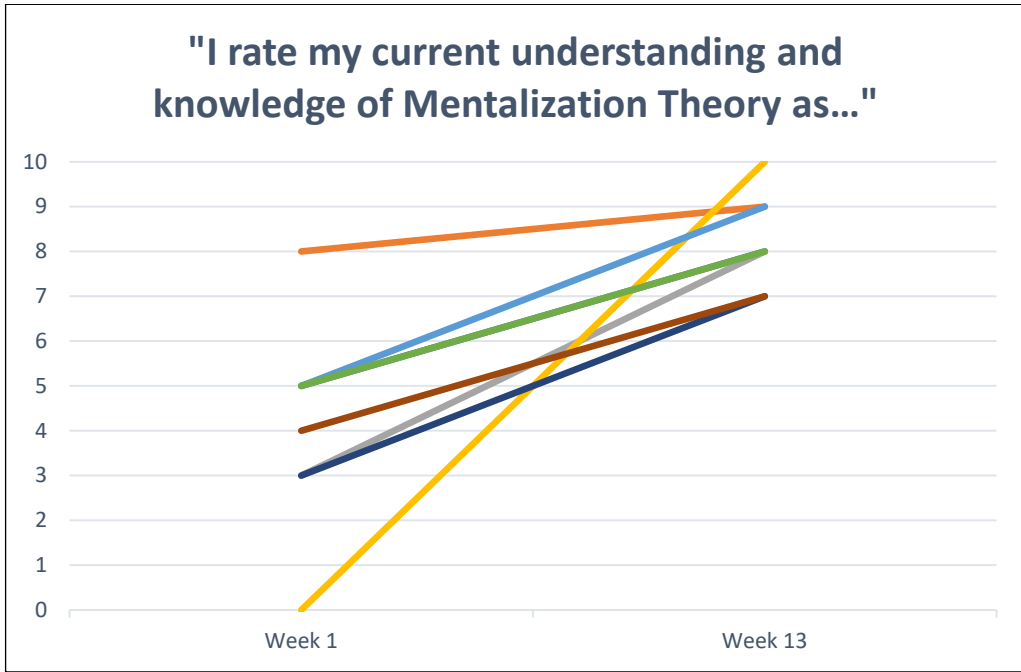
All eight carers completed the measure at both timepoints. The following graphs show the change (general theme of improvement) in participants’ perceptions of their knowledge and competency for each item on the measure (some of the graphs have fewer lines because carers gave identical ratings):



The average rating on this item increased from 5.12 (Week 1) to 8.5 (Week 13).



The average rating on this item increased from 5.88 (Week 1) to 8.38 (Week 13).

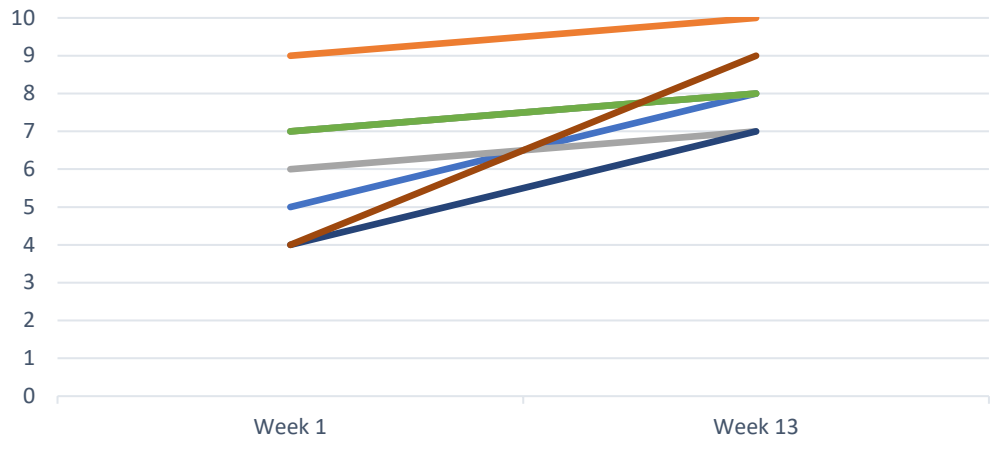


The average rating on this item increased from 4.13 (Week 1) to 8.25 (Week 13).



The average rating on this item increased from 6.88 (Week 1) to 7.63 (Week 13).

"I rate my current competency in understanding and responding to a child's difficulties as..."

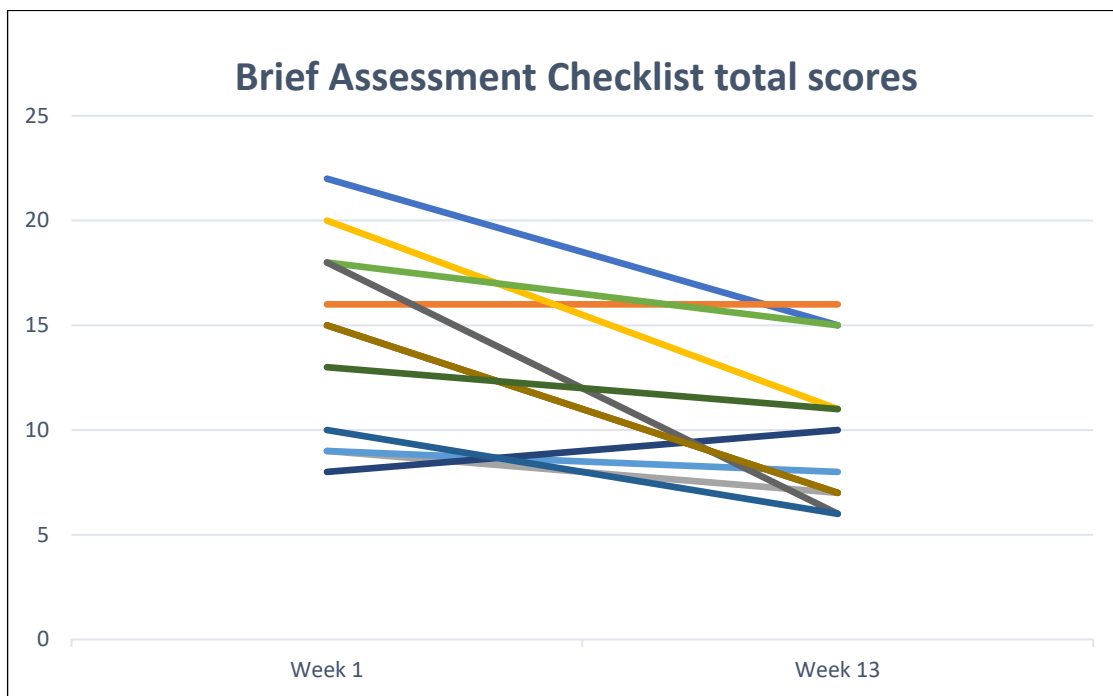


The average rating on this item increased from 6.13 (Week 1) to 8.13 (Week 13).

Brief Assessment Checklist for Children (BAC-C) and Brief Assessment Checklist for Adolescents (BAC-A)

The BAC-C and BAC-A (Tarren-Sweeney, 2013) are 20-item caregiver-report psychiatric rating scales designed to screen/monitor clinically meaningful difficulties commonly experienced by children and adolescents in foster, kinship, residential and adoptive care. The BAC-C is completed if the child is aged four to 11, and the BAC-A for children aged 12 to 17. On both measures, the carer is required to rate how frequently each item (e.g. "Craves affection") has been true for their child over the last four to six months. Ratings are 0 = "Not true," 1 = "Partly true," or 2 = "Mostly true." Questionnaires provide an overall score ranging from 0-40, with a higher score indicating greater level of difficulty.

The graph below shows the total scores on these measures, completed by eight carers for ten children (nine lines are visible because scores were the same at both timepoints for two of the children). There was a general trend for a reduction in the level of clinical difficulty rated by carers on this measure from the beginning of the group to the end. During this period carers knowledge and understanding of attachment and trauma, and their ability to mentalize for their child(ren) at home, were increasing (as per the data above).



The average total scores decreased from 14.42 (Week 1) to 9.92 (Week 13).

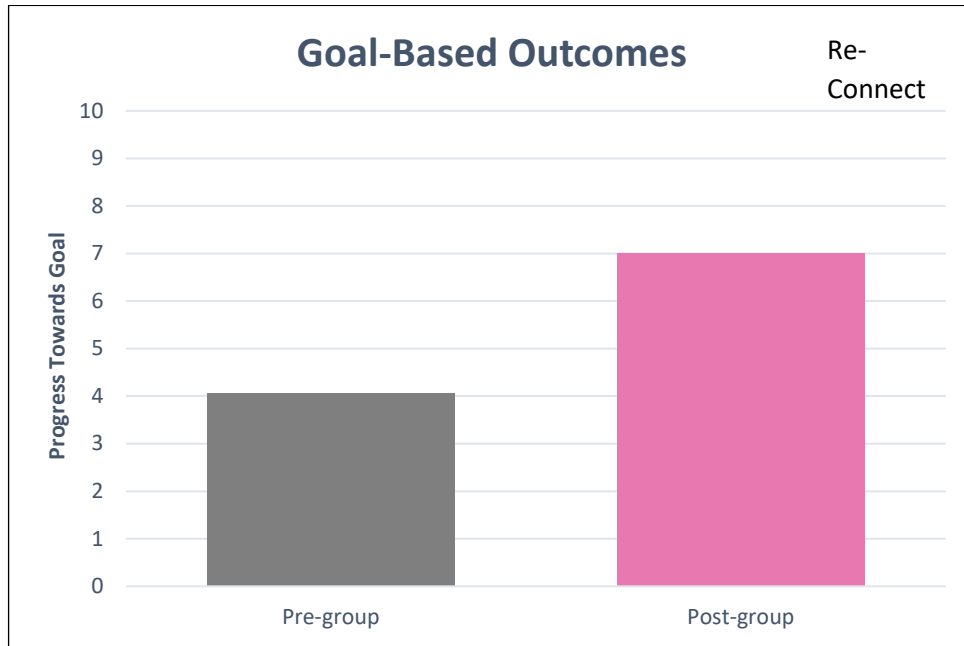
Carers were also given the opportunity to provide qualitative feedback about their experience of the group. All 7 carers who completed the feedback scored 8 and above for "would you recommend this course to other carers" (see appendix for qualitative feedback and ratings).

Reconnect Group

The group aims to enhance parents' capacity to mentalize and in particular to mentalize their children, to enhance attunement in parent-child relationships, to promote secure attachment. The programme explicitly trains parents to mentalize their children and relationships with their children (meaning to understand their children's stage of development, view of the world, their feelings, wishes and desires, and emotional needs). The group is run over a 20-week period.

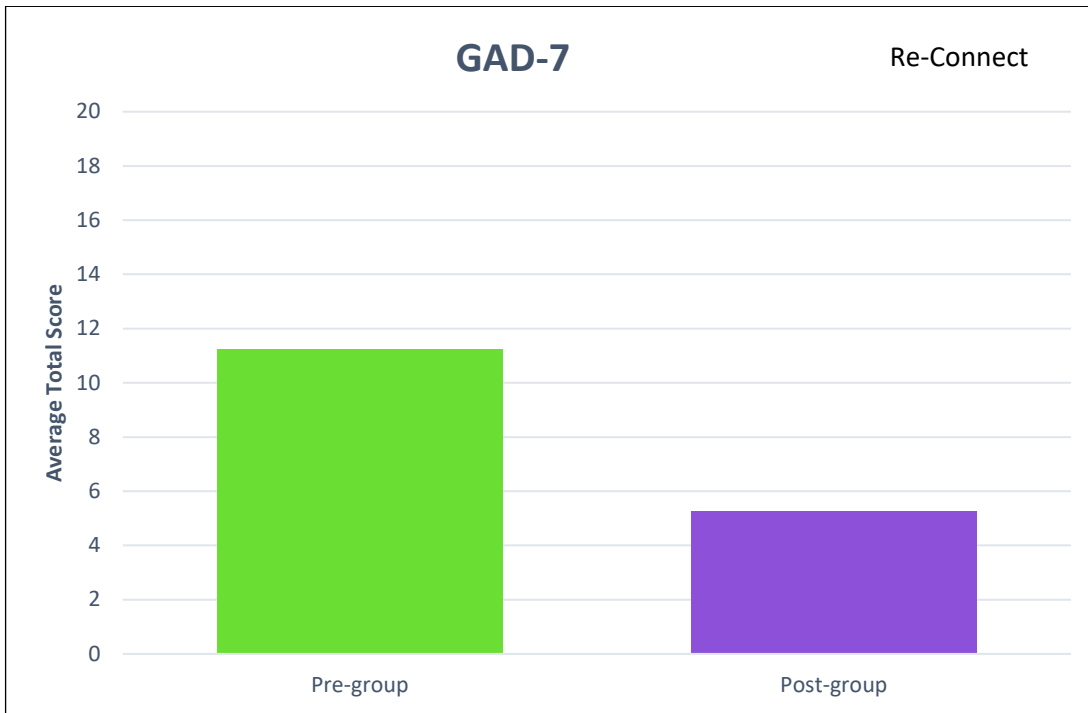
5 parents attended the group and all completed the GBO measure at both the first and last session. Examples of goals set by parents include increasing confidence, feeling more positive and to be better able to communicate.

Parents set multiple goals, and therefore an average of these has been included in the below graph.

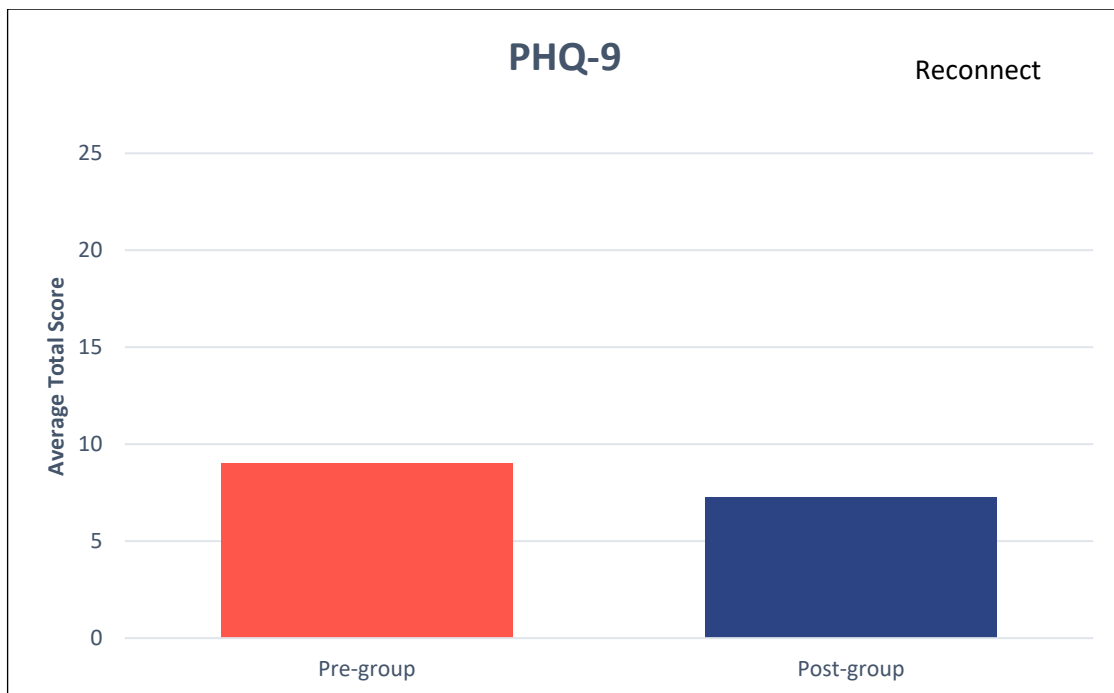


The graph shows an increase of average scores from 4.07 to 7, indicating that parents believed they had progressed towards achieving their goals from the first to final session.

Out of the 5 attendees, 4 also completed GAD7 and PHQ9 measures at both time points. The GAD7 questionnaire measures the severity of anxiety symptoms and the PHQ9 questionnaire measures the severity of depression symptoms.



The above graph shows a decrease in average scores from 11.3 to 5.3, indicating that parents believed that their own symptoms of anxiety had reduced over the duration of the group.



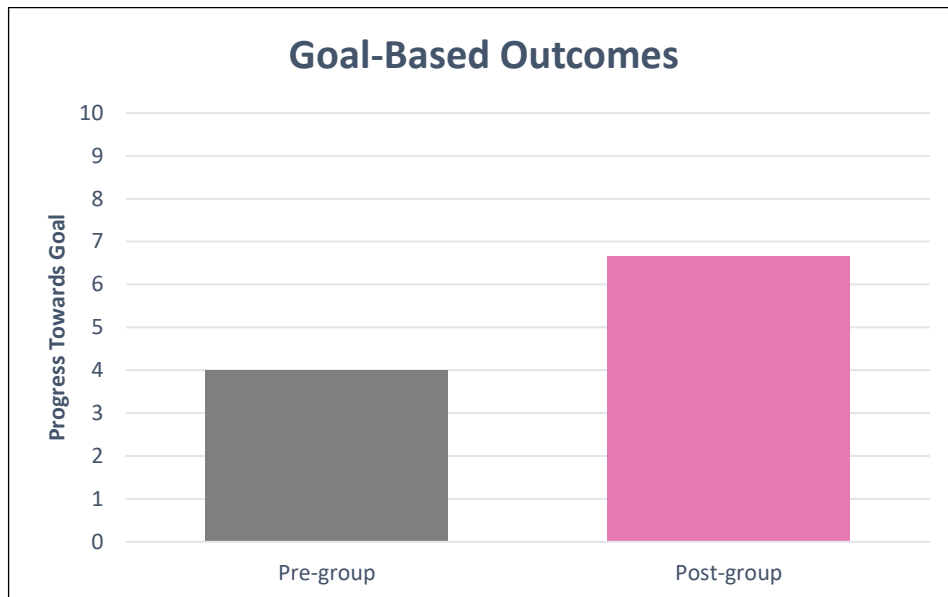
The above graph shows a decrease in average scores from 9 to 7.3, indicating that parents believed that their own symptoms of depression had reduced over the duration of the group.

Eating Disorders Multiple Family Therapy (MFT) group

Multiple Family Therapy (MFT) involves the bringing together of families in a therapeutic context in order to work jointly to overcome their specific and individual problems. It is based on systemic concepts and practices and many families are seen at the same time. It has a considerable evidence base in with children who are experiencing emotional, behavioural and psychosomatic difficulties.

The Oxfordshire and Buckinghamshire CAMHS Eating Disorder service run MFT for young people with a diagnosis of Anorexia Nervosa (AN). MFT is a 7-day intervention which involves 4 consecutive days with 3 follow-up days at 4 weeks, 10 weeks and 18 weeks. MFT is not a stand-alone treatment in this case. It is offered alongside the primary treatment for AN, therefore throughout the intervention, the family will also be attending regular individual sessions with a therapist. Before commencing the group, the families attend an introduction evening where the principles and expectations of MFT are discussed.

The service runs MFT groups 3 times a year – March, July and November. Referrals are invited from both Oxfordshire and Buckinghamshire. MFT is facilitated by 3 clinicians working in the eating disorder service. GBOs were collected from each group member before the group commenced and reviewed at follow-up 2. Examples of goals set include “for my parents to understand anorexia more and to be closer as a family” (young person) and “to deal with the eating disorder as a family with less stress” (parent). An average score across all 3 groups was calculated.



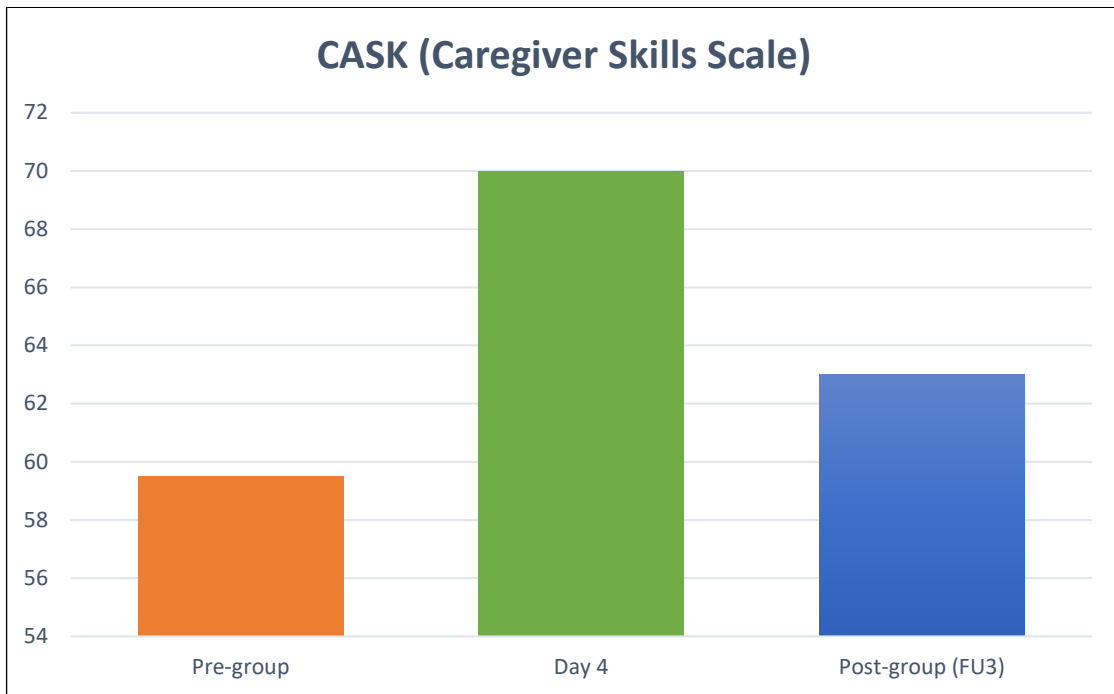
The above graph shows an increase from 4 to 6.7, indicating that on average, parents and young people believed they had progressed towards their goal from first to final session.

The Caregiver Skills Scale (CASK) was also collected from parents before the group commenced and on day 4. It is also collected again at follow up 3. Caregiver skills has been associated an important component in supporting a young person with a diagnosis of AN. Higher scores on the CASK are associated with a reduction of the symptoms of AN (Salerno et al, 2015). The scale includes 27 items where answers are given as a percentage.

For example: *how confident are you that you can be understanding towards ____, even when you are angry and frustrated with them?*

0 10 20 30 40 50 60 70 80 90 100
Almost never Occasionally Frequently Almost always

An average score across groups was calculated.



The graph shows an increase from an average total score of 59.5 pre-group to an average total score of 70 at day 4. Results were not maintained at follow-up and show a decrease in scores to 63.

Appendix 3: The voice of the young person in transforming the service

Our most recent project was re designing the CAMHS Sue Nicholls centre garden. For me, one of the most important elements of the garden project was having the views and involvement of article 12 and young people at every stage: from brainstorming ideas about what, from our own experience, would be helpful to actually painting the benches in the garden. Within the garden, we included a calm area, an area for dbt groups to meet and a wildlife area. The garden went from looking quite dark and run down to a calm area with relaxing distractions. Being part of the garden project, was a really positive experience for us, knowing how other young people would benefit and experiencing that sense of achievement seeing the project unfold from beginning to end. We have also had many positive responses to the garden by both professionals and young people which shows the positive impact a project like this has on a service.