



**Oxfordshire
LTP Refresh**

BOB

Buckinghamshire, Oxfordshire
and Berkshire West
Integrated Care System

Oxfordshire LTP Refresh

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1.1 Introduction

This Local Transformation Plan has been refreshed to respond to the changing needs of our local population, supported by an updated needs assessment and service changes in response to the surge in need for CAMHS and to the ongoing pressure resulting from Covid-19. This refreshed Plan should be read in conjunction with the previous updated 2020/22 Local Transformation Plan.

This refreshed Plan provides information on our achievements, progress information on the actions that we said we would deliver in 2020/22 particularly to meet the NHS Long Term Plan deliverables. It further provides progress updates on what we achieved including outlining our future plans across the whole system of care to transform our CAMH services.

Central to our Local Transformation plan are the voices of children and young people, parents, carers that continue to drive service improvements and developments across the CAMHS Partnership.

Our priorities for system wide transformation of our CAMH services for 2022/23 and beyond are listed below;

- Continue the transformation of the Eating Disorder Service to meet national priorities, standards, targets and local priorities
- Continue the development of the 18-25 young adults offer
- Continue to respond to the COVID 19 surge including a focus on managing waiting times and developing crisis services
- Address health inequalities through reviewing service access and support for children and young people
- Develop integrated service responses for children with complex needs
- Contribute to the development of an Oxfordshire Emotional Mental Health and Wellbeing strategy to ensure that children and young people can access early help and support from a range of service including from the voluntary Sector.
- Support recruitment and workforce development in Child and Adolescent Mental Health services across the Partnership

1.1.1 Our Achievements

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

- Oxfordshire is part of the Thames Valley successful bid to become one of seven vanguard sites in the country to implement a new service model to improve outcomes for the most vulnerable children and young people with complex needs
- Successfully implemented the four week wait pilot
- Our service reach continues to support and treat high numbers of children and young people
- The Key worker pilot continues to demonstrate that the service is preventing in-patients admissions for our most complex children and young people with ASD/LD
- The introduction of Social Prescribing into our Getting More Help services to increase our service offer to families
- Our digital platform continues to demonstrate increased access and this enables children and young people to get support in the way that suits them best.

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

National Context

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

- **Future in Mind 2015**¹⁴ established key themes for whole system transformation. The key themes are Promoting resilience, prevention and early intervention; Improving access to effective support – a system without tiers; Care for the most vulnerable; Accountability and transparency and Developing the workforce. It further highlighted the need to build resilience, promote good mental health, and promote prevention, and to provide early identification and co-ordinated support.
- **The Five Year Forward View of Mental Health NHSE 2016**¹⁵ makes recommendations to achieve the ambition of parity of esteem between mental and physical health for children, young people, adults and older people
- **Green Paper 'Transforming CYP's Mental Health Provision 2017** jointly published by the Department for Health and Social Care (DHSC) and the

Department for Education (DfE) set out the approach for:

- designated mental health leads in all schools,
- new mental health support teams prioritised in working with children experiencing mild to moderate mental health problems
- trialling reduced waiting times for specialist mental health services
- Established Mental Health Support teams based in schools and colleges
- **The Prevention Concordat for Better Mental Health 2017- PHE**¹⁶ aims to facilitate local and national action around preventing mental health problems and promoting good mental health
- **NHS Long Term Plan**¹⁷ outlines national priorities for CYP's mental health services. The NHSE Long Term Plan aims to expand mental health services for children and young people, reduce unnecessary delays and deliver care in ways that young people, their families and carers have told us work better for them (this includes the NHS-funded school-based Mental Health Support Teams

Local Strategies

Given the increasing pressure on Oxfordshire Child and Adolescents Services (CAMHS). The emotional wellbeing and mental health of children and young people is a key cross-cutting public health priority in Oxfordshire covering the health, education, and care system. It is a key priority of the local Health and Wellbeing Board.

This strategy dovetails with and complements key priorities and deliverables within Oxfordshire's Mental Health Prevention Framework 2020-23, Suicide and Self-Harm Prevention Strategy 2020-24, Oxfordshire's Healthy Place Shaping programme. And this refresh of our CAMHS Local Transformation Plan 2022 -23.

There are several other key local strategies and plans that support children and young people's emotional wellbeing and mental health and will help to support the delivery of the emotional wellbeing and mental health strategy:

- Joint Health and Wellbeing Strategy 2018-23
- Prevention Framework 2019-24
- Children and Young People's Plan 2018-23
- Early Help Strategy – in development
- Oxfordshire Local Area Special Educational Needs and Disability (SEND) Strategy (0-25) 2022-2025
- Thames Valley Police Violence Reduction Unit (VRU) programme

There are also a number of local strategies and partnerships across the county that impact on the wider determinants of emotional wellbeing and mental health.

1.2 The Oxfordshire Context – Updated Needs Assessment

Understanding Local Need and Advancing Health Inequalities

Our Population

This transformation plan has been updated using the Oxfordshire 2022 draft local joint strategic needs assessment.¹⁸

1.2.1 Population Overview

- Oxfordshire has a central England location and is the most rural county in the South East region.
- The majority (60%) of Oxfordshire’s population are resident in Oxford City and the county’s main towns. The remaining 40% live in smaller towns and villages.
- The latest (mid-2020) ONS estimate of the resident population of Oxfordshire of 696,800 (also available at small area level).
- The Census 2021 ONS estimate for Oxfordshire of 725,300 (district level only).
- The count of GP registered patients in the Oxfordshire Clinical Commissioning Group (CCG) area of 773,409.
- Between 2011 and 2021, Oxfordshire saw significant increases in the resident population of:
 - Young people aged 5 to 14 (+15%)
 - Working aged people in their 30s (+15%) and 50s (+27%)
 - Older people aged 65+ (+25%)
- There has been a fall in the number of children aged 0-4 (-8%). This decline in the number of young children was most significant in Oxford City.

Deprivation

Oxfordshire is ranked as the 10th least deprived of 151 upper-tier local authorities in England (up from 11th in 2015). According to the Indices of Multiple Deprivation (IMD 2019), making it one of the least deprived counties in England

Oxfordshire had 1 out of 407 Lower Super Output Areas (LSOAs) ranked within the 10% most deprived areas nationally, part of Northfield Brook ward, south east Oxford.

A further 16 areas were ranked in the 20% most deprived areas nationally, 9 in Oxford City, 6 in Banbury and 1 in Abingdon new. Areas of deprivation showing higher use of services are broadly.

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

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

Oxfordshire Joint Strategic Needs Assessment 2022 (Draft) – Summary Findings for Children and Young People

Oxfordshire JSNA 2022 go to sections on Executive summary - young people and service use

Summary – Start Well - Children and Young People Key findings

- A higher proportion than average of Oxfordshire’s children reach a good level of development at age 2 to 2 ½ years.
- After removing housing costs, 11% of children in Oxfordshire are estimated to be living in poverty – within the city of Oxford this figure rises to 14%.
- In Oxfordshire’s most deprived areas, just over a third (36%) of pupils were eligible for Free School Meals, over double the average of 14%.
- Oxfordshire continues to have a higher than average proportion of pupils with Special Educational Needs support, although the gap with England has narrowed.
- The average GCSE attainment in Oxfordshire in 2021 was slightly higher than the England average. Oxford City was below average.
- The rate of young people classified as Not in Education, Employment or Training has fallen significantly since a peak in 2020.
- Pupils in Oxford City are from a very diverse range of backgrounds. Pupils attending primary schools in the city have over 100 different first languages.
- The rate of young people classified as Not in Education, Employment or Training has fallen significantly since a peak in 2020.
- The number of mental health referrals for young people has increased significantly.
- The rate of hospital admissions due to alcohol-specific conditions in under 18s for females in Oxfordshire was significantly higher (worse than) the regional and national averages. Rates for males under 18 were similar to average.
- National estimates show that 3% of school pupils aged 11 to 15 were current smokers, equivalent to around 1,200 pupils in Oxfordshire.
- The child weight measurement programme has been affected by school closures through the pandemic. The last full dataset (2019-20) showed almost one in five children in Reception, and almost one in three children in Year 6 was overweight or obese.
- Just over half of Oxfordshire’s children and young people were meeting the guidelines for physical activity, above the national average. An estimated 44,000 children in Oxfordshire’s schools were not doing enough physical activity.
- 42% of children in Oxfordshire were not meeting the daily physical activity guidelines (2019/20).

Child and Maternal Health - PHE

Other data from the 2022 draft JSNA tell us that

- The proportion of pupils with autism was well above the England average in Oxfordshire’s state-funded secondary schools (2.6% compared with 1.8%), however, the total prevalence (all schools) is similar.

The Office for Health Improvement and Disparities (OHID) publishes key data relating to children and young people's mental health and wellbeing from various sources. Key indicators for Oxfordshire are summarised below:¹⁹

- In 2020/21 in Oxfordshire 390.2 per 100,000 people aged 10 to 24 years old were admitted to hospital after a self-harm incident, lower than the England average of 421.9.
- In 2021, Oxfordshire had a higher proportion of all school age pupils with social emotional and mental health needs (3.25%) compared to the England average (2.79).
- In 2019/20 in Oxfordshire 37% of looked after children's emotional wellbeing was a concern, similar to the England average of 37.4%.

Oxfordshire Public Health Mental Wellbeing Needs Assessment

A full wellbeing needs assessment for Oxfordshire was completed in 2021 and the main findings are listed below.

Children and Young People

Mental wellbeing reduces with increasing age, worse in girls

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

Teenagers more likely to struggle with sleep and feel more lonely

Higher numbers of pupils report bullying in years 4-6 compared to older years

Young Adults

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

Highest levels of loneliness amongst all adults in 16-24 years old

Those providing support for wellbeing in Oxfordshire feel there is less support and support less accessed by young adults, creating potential unmet need in transition points into adulthood.

1.2.2 Key take home messages – findings

Oxfordshire adults score well for many aspects of wellbeing, but less well for anxiety.

Oxfordshire children and young people, wellbeing is slightly better across Oxfordshire compared to other counties.

Within Oxfordshire there are great examples of partnership working to improve mental wellbeing

There are many areas where we need to build a better local picture of wellbeing

E.g. improved community insight and an understanding of inequalities at a more local level; improved understanding of challenges at specific times in the life course; improved local understanding of loneliness through life course

The effects of COVID-19 on mental wellbeing are numerous and diverse

Highlighted inequalities and the need to build on local and place-based approaches to addressing these

In some instances, specific support is likely to be needed

There are lessons and positive ways of working which have emerged from COVID-19

PHE School Aged Needs Assessment

Public Health in Oxfordshire undertook a needs assessment for School-aged Children in Oxfordshire in 2022 to gain a clearer picture of the needs of children, young people and their families across Oxfordshire. The needs assessment will help to inform the delivery of the Healthy Child Programme, as part of the Local Authority's responsibility to commission public health services for children.

Some of the key finding from this needs assessment in relation to Resilience and wellbeing are:

- The mental wellbeing of children and young people closely interplays with risky behaviours, vulnerability, and deprivation. It can have far reaching effects on all aspects of children and young people's lives, and impact on educational attainment and employment in adulthood. Half of all mental health conditions begin before the age of 14.
- Mental wellbeing presents a significant need for children in Oxfordshire. From 2016/17 – 2019/20, there has been a substantial increase in referrals to Oxford Health CAMHS, 83% increase in 0-9years and 58% increase in 10-19 years.
- Oxfordshire has a significantly higher rate of hospital admissions for Mental Health conditions than England (108 vs 87.5 per 100,000 for England, 2020/21)
- The admission rate for self-harm in 15-19 year olds in Oxfordshire is also above than the England average
- The COVID-19 pandemic has further negatively impacted the mental wellbeing of children and young people across England, with a disproportionate effect on those from disadvantaged background, females and those with pre-existing conditions.

A whole school approach has been shown to be most effective in supporting mental wellbeing of children and young people. This should be informed by an awareness of need within the school with the development of a personalised action plan. It is essential to support the development of social, emotional, and behavioural competencies at a universal level, in addition to targeted support for mental health and behavioural difficulties.

Prevalence data

NHS digital ran a survey on the mental health of children and young people in 2020 in follow up to a similar survey in 2017. Applying national prevalence rates of children and young people who have a probable mental disorder from 2020 (16% of 5 to 16 year olds and 20% of 17 to 22 year olds) to the mid 2020 estimated Oxfordshire population suggests there are 16,159 children aged 5 to 16 years old and 11,069 children and young people aged 17 to 22 years old with a probable mental disorder in Oxfordshire (see figure 5).²⁰

Estimated populations and prevalence of children and young people with a probable mental disorder, 5 to 16 year olds and 17 to 22 year olds in Oxfordshire, 2020



Source: Office for National Statistics (ONS) and NHS Digital

Emotional, anxiety and behavioural disorders are the three most common probable mental disorders in children and young people across aged 5 to 19 years old in Oxfordshire (see table below).²¹

Estimated count of probable mental disorders in Oxfordshire, across age ranges, 2017 prevalence applied to mid-2020 population

	5-10 years	11-16 years	17-19 years	All
Emotional disorders	2,124	4,435	3,711	10,163
Anxiety disorders	2,022	3,922	3,250	9,104
Behavioural disorders	2,579	3,087	197	5,848
Depressive disorders	156	1,347	1,198	2,649
Hyperactivity disorders	887	987	198	2,069
Pervasive Developmental Disorder (PDD)/Autism Spectrum Disorder (ASD)	761	605	122	1,493
Tics/other less common disorders	588	311	154	1,062
Eating disorders	28	292	194	502

Source: ONS and NHS Digital

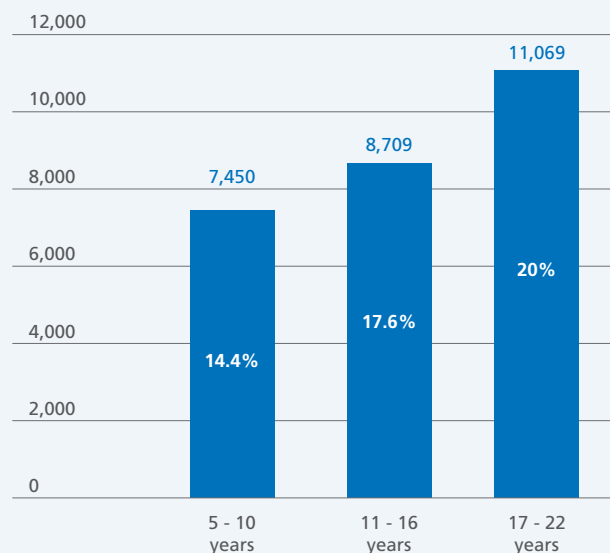
Inequalities

The following estimates have been made by applying the results from the recent national NHS digital Mental Health of Children and Young People surveys to local population datasets.

Age

The number of children and young people with a probable mental disorder increases with age. Applying the national estimated prevalence to the Oxfordshire population shows that 11,069 young people aged 17 to 22 years old, 8,709 children aged 11 to 16 years old, and 7,450 children aged 5 to 10 years old have a probable mental disorder in Oxfordshire (see figure 6 below).

Estimated number of children and young people with a probable mental disorder in Oxfordshire, 2020, by age bands



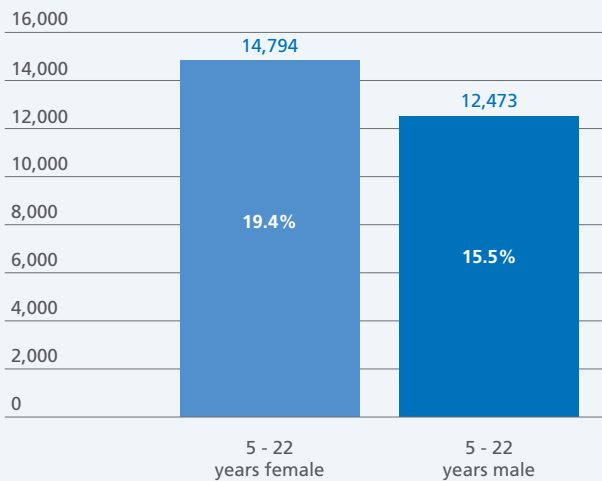
Source: ONS and NHS Digital

Sex²²

Overall, more females aged 5 to 22 years old have a probable mental disorder compared to males of the same age, accounting for 19.4% of females (14,794) and 15.5% of males (12,473) in Oxfordshire (see figure 7 below).

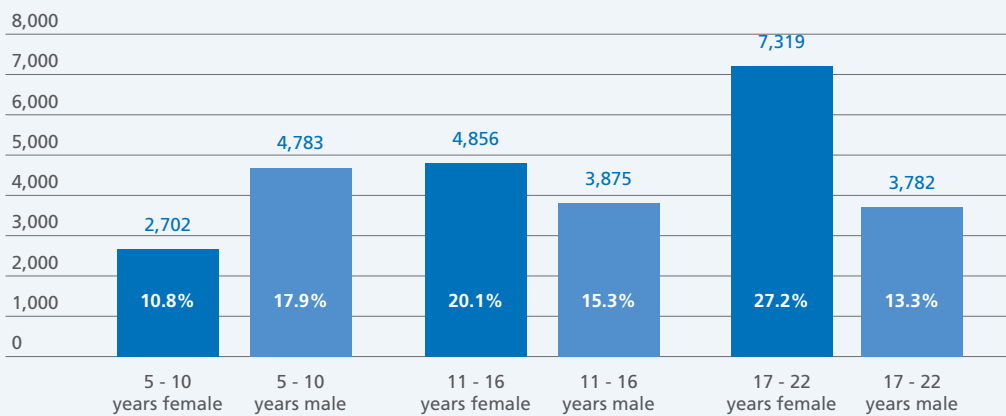
When looking at the age bands by sex, probable mental disorders increase with age for females, but decrease with age for males (see figure 8). More females aged 17 to 22 years old have a probable mental disorder compared to any other age band and sex, totalling 7,319 (27.2%).

Estimated number of children and young people with a probable mental disorder in Oxfordshire, 2020, by sex



Source: ONS and NHS Digital

Estimated number of children and young people with a probable mental disorder in Oxfordshire, 2020, by sex and age bands

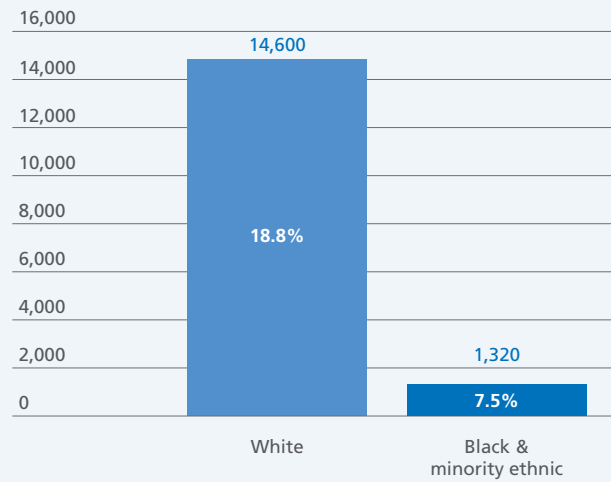


Source: ONS and NHS Digital

Ethnicity

For 5 to 16 year olds, 18.8% of children of White ethnic backgrounds had a probable mental disorder in 2020, compared with 7.5% of children of Black and Minority Ethnic backgrounds (see figure 9).²³ In Oxfordshire this equates to 14,600 children of White ethnic backgrounds and 1,320 children of Black and Minority Ethnic backgrounds.

Estimated number and proportion of children aged 5 to 16 years old by broad ethnic group with a probable mental disorder, Oxfordshire 2020



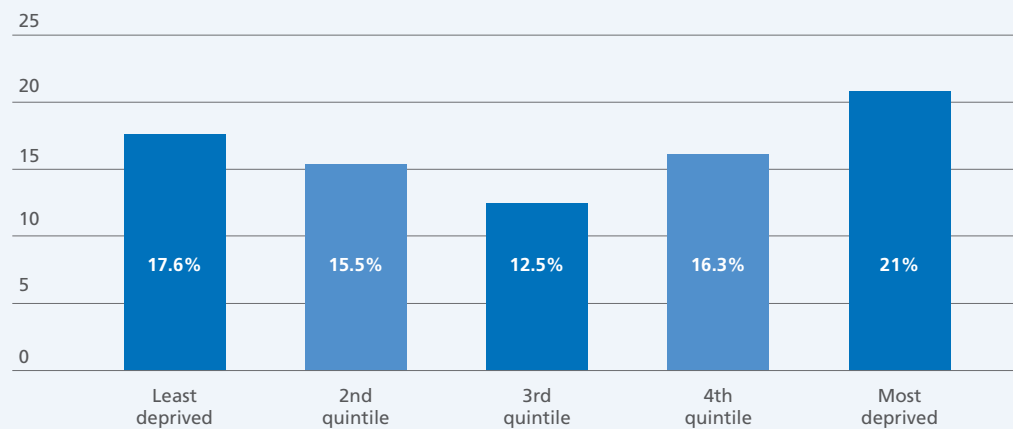
Source: Department for Education and NHS Digital

For 17 to 22 year olds, 20.8% of children and young people of White ethnic backgrounds had a probable mental disorder in 2020, compared with 17.3% of children and young people of Black and Minority Ethnic backgrounds. There is no data available by this specified age band and ethnicity locally.

Deprivation

For 5 to 16 year olds, 21% of children and young people who live in the most deprived neighbourhoods had a probable mental disorder, compared to 17.6% in the least deprived (see figure 10). Sample sizes from 17 to 22 year olds in the survey were too small to report on accurately.

The Proportion of 5 to 16 year olds with a probable mental disorder by neighbourhood deprivation, England, 2020



Oxfordshire has relatively low levels of deprivation, it is the 10th least deprived of 151 upper-tier local authorities in England – up from 11th in 2015. However, Oxfordshire contains 17 (out of 407) Lower Super Output Areas (LSOAs) within the two most deprived IMD deciles. These are mostly contained within 10 wards, one in Abingdon, three in Banbury and six in Oxford.²⁴

Disability

In 2021 in England more than half of 6 to 16 year old children with a special educational need or disability (SEND) had a probable mental disorder (56.7%), compared with 12.5% of those without SEND; this was an increase from 43.9% and 8.2% in 2017 for these respective groups.

Around 19,000 children and young people in Oxfordshire have identified Special Educational Needs (2015) which means that by applying the England levels above there approximately 11,000 of those have a probable mental disorder.

LGBTQI+

Data on mental health outcomes and LGBTQI+ status is not routinely available at a national or local level. Stonewall completed a survey in 2018 of 5,000 people aged 18 and over that can be used as a proxy estimate what might be the wellbeing and mental health experience for children and young people who identify as LGBTQI+ in the county. Over half of LGBT respondents (52%) to the survey reported that they had experienced depression in the last year. Two-thirds of trans people (67%) reported that they had experienced depression in the last year. Seven in ten non-binary people (70%), more than half of LGBT women (55%) and more than two in five GBT men (46%) had also experienced depression in the previous year.²⁵ For comparison in Oxfordshire in 2019/20 the prevalence of the total adult population diagnosed with depression was 11.86%.²⁶

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

LGBTQ Prevalence - Rate of mental disorder was higher in 14-19 year olds who identified as LGB (34.9%) to those who identified as heterosexual (13.2%) (NHSD, 2017)

Children and young people with a Disability - Increases in anxiety and depression were greatest in those with a pre-existing physical or mental health condition, neuro disability, SEND or disability²⁷

Disability – Autism - There is established evidence that people with ASD are at increased risk of anxiety, OCD – this might be triggered or worsened by fear of infection from COVID-19

Disability – Learning Disability - Children and adolescents with learning disability have a higher prevalence of psychiatric disorder and symptoms and mental health problems. Risk factors are: physical ill health, psychological stress, poor social relationships lack of employment, poverty²⁸

Ethnicity and Mental Health - People from black and minority ethnic (BAME) groups living in the UK are more likely to be:

- o be diagnosed with a mental health problem
- o seek help in a crisis situation and in A&E
- o be admitted to hospital with a mental health problem
- o experience a poor outcome from treatment
- o disengage from mainstream mental health services

SEND and Social and Emotional Support - 47.1% of children with SEN requiring statutory assessment will have a mental health condition (NHSD 2017)

School Exclusion -Permanent - School exclusion (systematic review) (Whear et al, 2013) was higher for children with a mental disorder (6.8%) compared to those without (0.5%) (England national survey) (NHSD, 2018a)

Risk Factors – NEET (Not in education, employment and training and NET (Not in education and training) young people - 35% of NEET will have a major depressive disorder, 29% will have a conduct disorder (Champion J, (2019)

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

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

1.2.3 Oxfordshire Health inequalities and population health management

BOB Integrated Care Board and Oxfordshire County Council (OCC) jointly commission population based mental health services but within that we acknowledge that there are groups of children and young people who experience a greater level of health inequalities and we intend to prioritise those for access to CAMHS:

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

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

Further detail about these key vulnerable groups is provided in the complex children section.

Other key groups of children and young people (but not limited) to in Oxfordshire who experience a greater level of health inequalities are

- Black and Minority Ethnic Groups
- Young LGBT people
- Young carers
- Children on the Edge of Care
- Children who have been adopted
- Children who have suffered sexual abuse or sexual exploitation
- Children and young people who self harm
- Children and young people who have suffered from neglect or trauma
- Children and young people with special education needs who have an Education, Health and Care Plan²⁹

What does this mean for Oxfordshire?

Having considered the national and local data on health inequalities and the outcomes from our own local needs assessment, it has identified that we need a more robust understanding of the health inequality impacts on our vulnerable groups of children and young people. The Children and young people's mental health and Emotional wellbeing project board agreed to make health inequalities a partnership priority. We plan to establish a system-wide health-inequalities working group to better understand this agenda and also use the outputs from our local intelligence to inform service design, commissioning and service transformation going forward.

1.2.4 Governance

Oxfordshire CAMHS Governance

Robust governance is fundamental to the success of our CAMHS transformation programme. Locally, the Children and Young People's Mental Health & Emotional Wellbeing (CYPMH&EWB) Project Board (multi-agency group) which oversees the CAMHS Local Transformation Plan and has regular bi-monthly meetings. The Project Board will continue to fulfil this role and feed into the wider mental health governance framework of the Integrated Care Board and any placed based plans to achieve the delivery of the NHS Long Term Plan objectives and local priorities. A key priority for the project board during 2022 has been to lead the development of an emotional wellbeing and mental health strategy.

1.3 Financial Investment profile

The budget for CAMHS in Oxfordshire is managed through a Section 75 pooled mental health budget with the ICB Oxfordshire Place

	Total CAMHS funding from all funding sources			
	2015/16	2016/17	2017/18	2018/19
Oxfordshire CAMHS funding (CCG & OCC)	6,660,322	£6,716,054	£8,575,000	£8,693,000
CAMHS additional funding	3,216,495	£3,562,150	£2,361,300	£3,117,380
CAMHS Green Paper funding				
Total	£9,876,817	£10,278,204	£10,936,300	£11,810,380

	Total CAMHS funding from all funding sources			
	2019/20	2020/21	2021/22	2022/23
Oxfordshire CAMHS funding (CCG & OCC)	£8,981,000	6,660,322	£6,716,054	£8,575,000
CAMHS additional funding	£3,167,230	3,216,495	£3,562,150	£2,361,300
CAMHS Green Paper funding	£3,634,394			
Total	£15,782,624	£9,876,817	£10,278,204	£10,936,300

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

** &*** Still awaiting confirmation of final budget allocations

New investments Proposals 2022/23

To Be Confirmed

During 2021/22 the then OCCG and OHFT worked together to jointly agree a programme of activity to utilise slippage funding. The slippage programme of activity covered:

- The provision of training for eating disorder patients provided by BEAT, a national charity
- Family support for children and young people with co-morbid Autism and Anxiety in the GH service. Access was provided to 100 packages of group/ 1:1 support for parent/ carers of young people either with or waiting for a diagnosis that are also waiting for anxiety) treatment support through local 3rd sector organisation
- Increased the numbers of digital assessments to reduce waiting lists in CAMHS GMH and those waiting for support for Complex Psychology
- Oxfordshire Perinatal Team
- The provision of 1:1 interventions based on Cognitive Behaviour Therapy, Dialectical behaviour Therapy

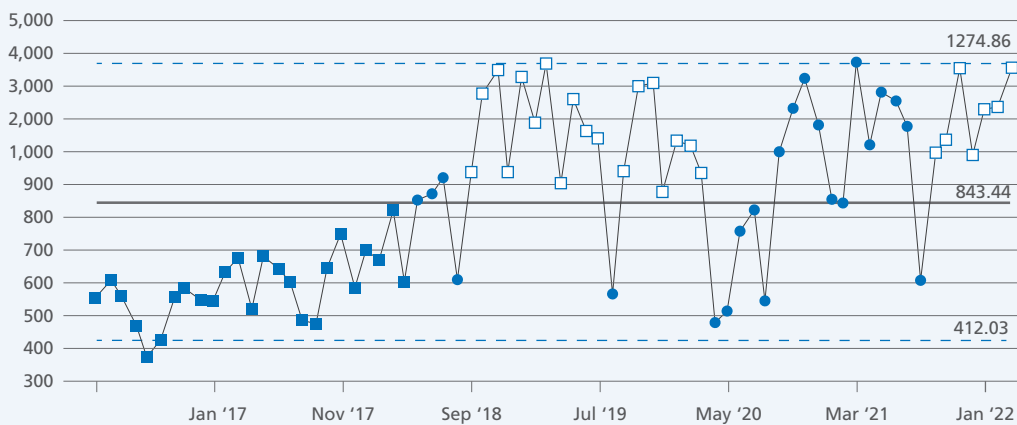
and Solution Focused therapies delivered by the Mental Wealth Academy to work with 16 -25 year olds with mild to moderate mental health challenges

- Social Prescribers were integrated into GMH services in CAMHS to support families with wider offers to build skills, network and improve resilience, e.g. providing activities in the community, as well targeted non-clinical support for issue affecting CYP MH, e.g. housing.

1.4 Activity & Performance

Referrals

Demand for access to community CAMHS continues to increase year on year. The referral data from 2017 to 2022 below shows a pattern of substantial increases and decreases related to the impact of the pandemic lockdowns in 2020 and 2021. In 2021 there continued to be a sharp increase with this trajectory continuing into 2022. This pattern of increase and decrease follows the national pattern in referrals to CAMHS



1.4.1 Eating Disorders

There was a surge in eating disorder referrals evidenced by a 72% increase from 2019/20 to 2020/21. The majority of those referrals being more complex and acute with urgent presentations during 2020/21. This led to difficulties meeting the Access and Waiting Times Standard (AWTS) for routine work. However, the Service maintained the standard for urgent referrals which are seen within 1 week. In 2021/22 whilst referrals into the service were less than in 2020/21, the complexity and acuity of presentations were more acute.

Eating disorder referrals

Totals			
18/19	19/20	20/21	21/22
138	172	295	218

Access and Waiting Time standard

Indicator	2020/21 March outturn	2021/22 March outturn
CYP Eating Disorder Waits - Urgent	100%	56%
CYP Eating Disorder Waits - Routine	57.7%	27%

Appointments are now offered within national timeframes due to the increase in assessment clinic capacity and physical health monitoring clinics.

Across the South East region there continues to be a rise in CAMHS Tier 4 demand. This has been coupled with increasing acuity and complexity of presentations particularly in relation to eating disorder presentations, challenging behaviours, self-harm, and suicidality.

There continues to be a steady flow of referrals from Oxfordshire to paediatric units. Data for September 2021 to August 2022 from the Provider Collaborative shows that Oxfordshire referrals to paediatric units have taken an average of 15 days for 10 patients to be admitted to the ward. This is below the average wait of 22 days for the region. It should be noted that there has been reduced CAMHS tier 4 capacity due to unit closures since 2020.

Referrals received from paediatric unit by CCG across the PC Sep-21 to Aug-22

CCG	Sep 21	Oct 21	Nov 21	Dec 21	Jan 22	Feb 22	Mar 22	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Total
BSW	1	1	2	1	2	3	2	2	2	5	2		23
Bekshire West			1	2	1				3				7
Buckinghamshire	3	1	1	2	2	1	2		2	3	1	2	20
East Berkshire					1						2		3
Gloucestershire					2		1	1	2	3		2	11
Oxfordshire	1	2		2	2	3	1	2		1	2		16
Total	5	4	4	7	10	7	6	5	9	12	7	4	80

1.4.2 Waiting list initiative and demand and capacity modelling

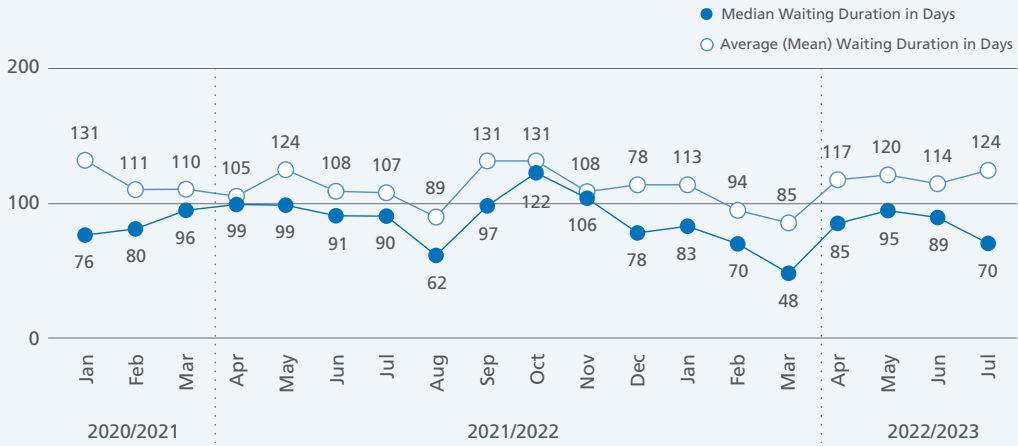
Waiting times remain the biggest challenge for the Community CAMHS. The key issues are demand versus capacity and recruitment of staff within the budgeted WTE while referral numbers continue to rise.

Data in relation to waiting times is set out below:

CAMHS Waiting Times

CAMHS Pathway	Waiting Time (Median Weeks)												
	Jul 21	Aug 21	Sep 21	Oct 21	Nov 21	Dec 21	Jan 22	Feb 22	Mar 22	Apr 22	May 22	Jun 22	Jul 22
Getting Help	17.7	12.9	23.1	24.1	22.3	25.6	25.7	28	21	27	26.9	29.3	31.3
Getting More Help	4.3	5.1	12	11.9	5.4	5.7	9.6	7.1	4.9	5.4	5.4	5.7	7.7
Core CAMHS (GH+GMH)	12.6	8.9	14.1	17.4	15.1	11	12.3	9.6	6.9	11.4	12.6	12.7	10
NDC	28	37.9	57.6	38.3	42	44.4	44.6	46.9	54.6	49.3	42.3	39	44.1
ED	8	9	5.4	5.6	6	7.1	13.7	9.6	7	8	6	5.1	11.1
LD	6	2	12.3	2	7.3	12.1	9	16.6	23.1	13.3	13.3	19.9	17.6
MHST	3.6	5.1	7.3	3.4	4.1	4.3	6.1	3.4	4.1	5.7	4.9	4.6	4.4
Total Average	13.4	13.5	22	17.1	17	18.4	20.2	20.2	20.3	20	18.5	16.6	18.0

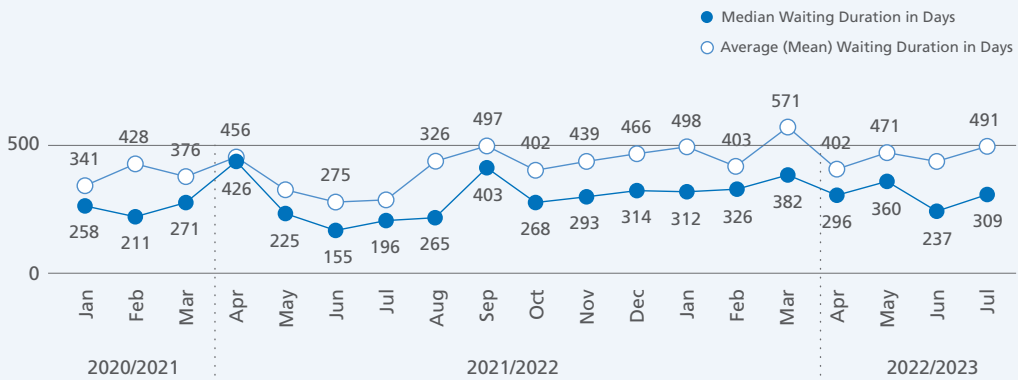
CORE CAMHS (GH, GMH) Waiting Times



Neuro development Conditions pathway

As can be seen from the graph below, waiting times for accessing NDC assessments has historically experienced high demand and continues to remain an area of challenge for Oxfordshire. This situation is further compounded in the NDC service by workforce challenges in relation to the recruitment and retention of staff.

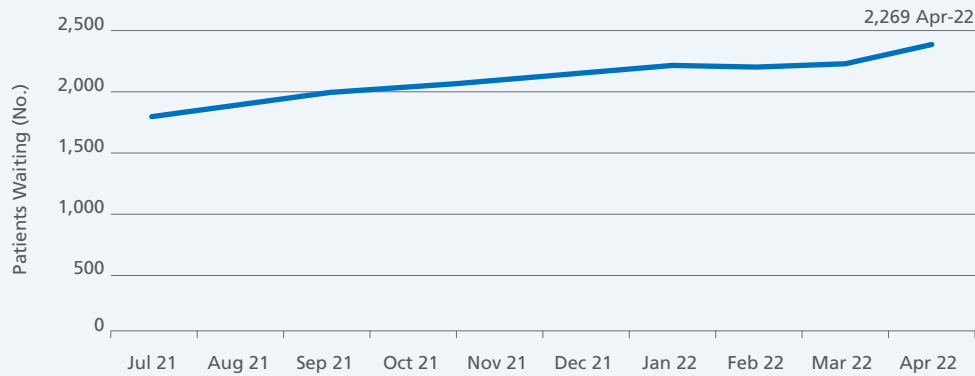
NDC Diagnostic Pathway Wating Times



During 2021/22, the Oxon NDC service received an average of 70 referrals a month, of which it had the capacity to action on average only 36 a month i.e. around 50%..³⁰

As a result of the capacity gap, an increasing number of young people are waiting to access the Oxon NDC pathway:

Patients Waiting – Oxon NEURO



Source: May 2022 Monthly Report to the (BOB ICS) Mental Health Oversight Group and Senior Leadership Group.

Of the 2,269 young people waiting as at April 2022:

- 94 (4%) are waiting 0-12 weeks;
- 657 (29%) are waiting 12-52 weeks and
- 1,518 (67%) are waiting >52 weeks.

Therefore, two-thirds of young people are waiting more than 12 months to have a diagnostic assessment or treatment. The average wait time for an assessment of Autism and/or ADHD is currently around 18 months.

1.4.3 Flowing Data for the National Minimum Data Set

Commissioners and Oxford Health continue to work collaboratively to ensure accurate reporting is in place, to capture data which monitors the performance of the service and report on nationally mandated measures in support of the NHS Long Term Plan such as CYP Access and Eating Disorder wait times.

The extent and completeness of this data is monitored via the Data Quality Maturity Index (DQMI). May 2022 MHSDS DQMI (latest published report) is 81.8%. NHSE/I have DQ KPIs for FY22/23. Performance for Oxford Health for these in June 22 (latest available) is: 100% Coverage; 100% Consistency, 28.4% Outcomes, 94.2% SNOMED CT. The Trust is reviewing the Outcome score to identify an action plan to improve performance.

The performance and information team at Oxford Health routinely monitor compliance in relation to MHSDS, using the latest Data Quality Maturity Index (DQMI) published by NHS Digital to identify areas of priority for improvement.

A recent example of this has been the development of new functionality to capture CYP outcome information. A number of CYP Outcome measures are available in experimental data, which included the following as of April 22 for Oxford Health:

CYP referrals with two contacts and a paired score	12% (England 16%)
CYP & Perinatal referrals with two contacts and a paired score	13% (England 17%)

The Trust is engaged in regional and national programmes to improve the recording and reporting of all aspects of data linked to the LTP. Oxford Health routinely monitors CYP access times and validates local information against the nationally published information. Oxford Health has developed a range of dashboards/performance reports locally, which are used to improve performance/ delivery of care.

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

1.4.4 Activity & Performance

Below is a summary of the benchmarking performance table 1, shows the performance from 2017/18 to 2021/22

Oxon CAMHS (All Services)	2017/18 Number	2018/19 Number	2019/20 Number	2020/21 Number	2021/22 Number
Referrals Received	6881	8561	11338	9796	12766
Referrals Accepted	5986	7947	5771	5408	6485
Direct Contacts – F2F (Attended)	40739	33339	29171	4575	12546
Indirect Contacts - non-F2F (Attended)	18249	15438	21657	56689	51520
Waits % seen within 12 weeks	YTD	YTD	YTD	YTD	
Getting Help	45%	26%	15%	33%	26%
Getting More Help	67%	70%	59%	66%	64%

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

Progress since 20/22 Local Transformation Plan

1.5 Transparency and Co-Production

1.5.1 Engagement, Consultation and Involvement

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

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

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

Examples of strategic co-production, engagement and consultation events/activities since the last refresh of this plan include:

1.5.2 CAMHS

A range on engagement and consultation activity continue to be undertaken by Oxfordshire CAMHS. A key mental health and wellbeing survey was undertaken by Unloc, a Social Enterprise set up to raise the Youth Voice in organisation particularly education. Oxford Health are working with Unloc to set up Youth Board in Oxfordshire, Buckinghamshire and BSW. A Youth Board has been established in Oxfordshire.

Oxford Health Young People's Mental Health and Well Being Survey 2021.

A survey was sent out to young people aged 12 - 25 across the county focusing on experiences of mental health and wellbeing including questions around the pandemic. 1453 responses were received and key findings were:

- Just 30% of young people report that they 'have fun most days'.
- Over half of young people do not feel good about themselves.
- ¾ of young people do not know or are unclear of ways they can help themselves feel better.
- Over 40% of young people reported that they talked to someone about how they are feeling 'less than once a month' or 'never', of which 18.7% of young people reported 'never' talking to someone about how they are feeling.
- The majority of young people (¾) lack confidence in asking for help when they need it.
- Only ¼ of young people know what services can help them with their mental health
- Just 20% of young people report being able to get help with their mental health when they've needed it.
- When first contacting a mental health service for help, text message, online form & face-to-face drop in were the most preferred options.
- The top three things respondents identified as having the biggest impact on their mental health are:
 - Negative thoughts & feelings (71.4%)
 - Studying & exams (55.6%)
 - Relationship problems (43.2%)

In July Unloc led an Oxfordshire Mental Health Youth Summit at a North Oxfordshire School, involving 45 students, Themes from the survey were explored at this workshop. Plans for further workshops across the county are being developed.

The Oxfordshire Youth Board have also given their feedback to the Academic Health Sciences Network as part of their work on digital innovations.

1.5.3 Oxfordshire Parent Carer Forum (OxPCF) and CAMHS Survey

The OxPCF undertook a follow-up survey on CAMH services. The survey and its content were developed by the Oxfordshire Parent Carers Forum in partnership with professionals from the Oxfordshire CAMHS. The survey was run through online platform Survey Monkey from 7th February through 10th March 2022. The results from this survey add to findings from an earlier survey of CAMHS services conducted by OxPCF in 2020. A total of 748 responses to the survey were received.

Key findings from the survey are that:

- The majority of survey respondents report poor recent experiences of Oxfordshire CAMHS, mainly due to a lack of access to the service and uncertainty of if / when families will get appropriate help.
- The impact of long wait times is lost hope and a sense of abandonment by services, which is compounded by infrequent and/or impersonal communications about CAMHS referrals.
- Once support from CAMHS is accessed, positive impacts can be profound (e.g. better understanding of a young person's needs and support to stop self-harm).
- While there may be scope for local-level improvements, there is a strong sense from both parents/carers and professionals that the root causes of the difficulties are lack of appropriate funding and not enough staff to meet high demand.
- In the context of increased demand since the Covid-19 pandemic, resources needed for Oxfordshire CAMHS should receive close attention from commissioners and policy makers.

1.5.4 Third sector collaborations

Youth in Mind Annual Conference

- Listening to the feedback from our annual Youth In Mind Conferences led by Oxfordshire Youth. The last YIM conference was held in 2022 and between 400 - 500 people attended the event: which provided a broad range of high quality speakers and workshop providers. The feedback each year is extremely positive with a further event planned for May 2023. YIM promotes the following key messages:
 - Mental health is everyone's business – everyone has a contribution to make
 - Collaboration and partnership working is essential in supporting children and young people's mental health
 - Prevention and early intervention is key to instilling positive wellbeing practices in our everyday lives and reduces the need for more complex support. Highlights from the YIM 2022 conference can be found [here](#)

"The workshops were very insightful, thought-provoking and impactful"

Feedback from the conference also included finding out about the topics that should be prioritised for the 2023 annual Youth in Mind conference. The top three issues highlighted by respondents were:

- Family/parental mental health – 52%
- Teen mental health – 51%
- Staff wellbeing – 42%

Oxfordshire Youth and Oxfordshire Mind create a Youth in Mind Guide that is updated every 2 years. This guide offers an overview of all organisations working to improve children and young people's mental health and wellbeing in Oxfordshire. The latest edition launched in April 2022 can be accessed [here](#).

Oxfordshire Mind

Oxfordshire Mind also reached young adults through public events, aiming at raising mental health awareness and literacy, challenging stigma, and facilitating access to additional support as appropriate. Engagement with 43, 18-25 year olds was recorded through such events from April to July this year

Surveys led by youth forums VOXY

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

2021 'Be Supported' questionnaire

2021 'Be Supported' questionnaire engagement report

The 'Be Supported' questionnaire was first launched in 2019 and for this third year, the Oxfordshire Children's Trust Board asked for feedback from children and young people in Oxfordshire, aged 8 to 18 and up to 25 with additional needs, about how supported they feel by the services they use. This included social care and health services, and schools.

There were five key questions in the survey:

- Do you know who to speak to when in need of support?
- Do you feel listened to and believed?
- Are you able to access information in a way which suits you best?
- Do you see any staff who work with you as inspiring role models?
- When you talk to staff, do you feel they are experienced and caring?

Overall, the responses were positive with the first statement – relating to knowledge of where to get support – being the most positive. The statement that had least positive response was 'I am able to access information in a way that suits me best'.

Comments made about schools were mostly positive (117 responses relating to schools overall, 41%), and those related to CAMHS were mostly less positive, with many referring to waiting times as being unacceptable (60 responses relating to CAMHS overall, 21%).

For the question "overall, do you feel supported by the services you use" there were 126 responses and CAMHS was mentioned positively in 10% of responses, and 7% in negative responses.

OxWell School Survey 2021

The OxWell School survey 2021 collected data from over 30,000 children and young people aged between 8 and 18 years across Oxfordshire, Berkshire, Liverpool and Buckinghamshire. The survey asks questions on general wellbeing, highlights risk groups and populations of concern.

OxWell School survey 2021 key highlights:

- Self-reported wellbeing (Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS) score) gets worse with age with 49% and 44% of those in years 12 and 13 (16 to 18 year olds) reporting low wellbeing compared to 20% in year 5 (9 to 10 year olds)
- Revised Children's Anxiety and Depression Scale (RCADS) – a clinical measure for depressions and anxiety – is closer across age groups (years 8 to 13), with a range of those with a more serious outcome from 18% in year 8 to 26% in year 13.
- As with WEMWBS, loneliness scores generally get worse with age. From year 5, where 13% often feel lonely, to year 12 and 13, where 24% and 20% often feel lonely, respectively. Over half feel lonely sometimes or often across all age groups.
- ~75% of females across all ages were worried/extremely worried about appearance and ~50%+ of males across all ages were worried/extremely worried about appearance.

- Of the respondents from year 8 to 13 (ages 12 to 18) 6.7% reported as having self-harmed within a month of the survey, further analysis of the data needs to be completed to before conclusions can be made on intention and ongoing risk.
- Students across most age ranges are doing more exercise compared to before the first lockdown
- 48% are playing computer games for four hours a day / 37% on social media for four hours a day
- Range across ages between 22% and 37% that are too worried to sleep often and for year 12s (16 to 17 year olds) 37% are too worried to sleep often
- Bullying decreases with age from 9% in year 5 to less than ~5% in year 12³¹

Oxfordshire Youth 'Assessment of Youth Services Study' April 2021

Some key findings relating to emotional wellbeing/mental health:

- There are some skills gaps in the areas of mental health, business/enterprise, and leadership
- One of the main areas identified by young people as lacking support is transition into adulthood.
- The pandemic has had significant effects on both young people and organisations delivering youth opportunities. It is essential that more centralised support is put in place to enable positive transition and reintegration with communities
- One of the most significant effects of the COVID -19 pandemic for young people has been its impact on their mental health.
- There is a strong belief that more resources should be committed to early intervention activities
- 30.8% of young people who responded to a survey said that there was a gap in and would like to see more opportunities for mental health and wellbeing support
- 90.2% of the adults and 79.1% of children surveyed identified the top issues facing young people is Mental health difficulties respectively
- Pressure at school/college/university (60%)

When asked to identify the one most important issue facing young people 54.4% of young people and 35% of adults answered 'mental health difficulties'.

Of the young people survey, 7.1% said that they accessed mental health and wellbeing support through their educational setting.

Mental health help – some young people use local youth provision as a space where they can access low-level mental health support or preventative coping mechanisms to support them.

Emotional Wellbeing and Mental Health Strategy Engagement

Extensive engagement and co-production was undertaken with key stakeholders as part of developing the Oxfordshire Emotional Wellbeing and mental health strategy

Five focus groups took place throughout April and May 2022 with the following groups:

- 22 April – a focus group with 15 young people from the Sweatbox Youth Group at the Buzz Café in Wantage.
- 5 May – an online focus group with 5 members of the Oxford Young People Advisory Group (YPAG) co-facilitated by the University of Oxford
- 11 May – two online focus groups with 10 members of the Oxfordshire Parent Carers Forum (OxPCF) co-facilitated by OxPCF
- 13 May – an in-person focus group with 3 Mental Health Ambassadors, part of the Mental Wealth Academy service, co-facilitated by Oxfordshire Youth
- Another focus group with has been organised for June 2022 with CYP who identify as LGBTQI+

All groups were asked for feedback on each opportunity area discussing both positives, negatives and any areas for improvement, and if they had any other suggestions.

Key feedback from the children and young people focus groups:

General feedback

- CYP did not feel that there was anything missing from the long list but emphasised that the services would need to have enough capacity to meet need, they did not want to be transferred from the CAMHS waiting list to another waiting list elsewhere.

Access

Young people wanted:

- easy access to all services
- to see physical and/or digital signposting resources in schools and other places they go
- support for their wellbeing and mental health from their trusted relationships e.g. teachers
- shorter waiting times

Schools

Young people wanted:

- Saw support for mental health at school as essential.
- Resilience programmes to be delivered by well-trained people, valued e.g., hearing from others who have learned to manage their mental health.
- Confidential spaces separate from school to discuss their mental health including online spaces.

Family and learning support

Young people wanted:

- Support be offered to parents for their own wellbeing and mental health,

Digital support

Young people

- Saw digital support as essential and wanted access to help when needed without the need for an assessment or wait.
- Wanted access to an online platform that is anonymous, moderated, and safe, available 24 hours that provides both ad-hoc and scheduled counselling.

16-25 transitions

Young people

- wanted a 16 to 25 year old transition service. Concerned that those exiting CAMHS are offered support to manage any on-going mental health requirements.

Key feedback from the parent/carer engagement focus groups:

General

- Services and support should be evidence-based, welcoming and appropriate to support a wide range of needs, including children and young people who are neuro divergent.
- Wanted to reduce stigma and increase engagement by using language and terminology such as mental ill health prevention or mental health protection, wellbeing promotion and resilience.

Access

Parents and carers

- wanted to find relevant support and services quickly, ideally from a single point of access for wellbeing and mental health support services.
- highlighted that children and young people would seek support from their trusted adult relationships.

Schools

Parents and carers

- suggested that emotional wellbeing literacy should be taught in schools, and that schools should be a supportive environment for wellbeing and mental health,
- felt that school staff and youth workers should be trained to spot signs of poor wellbeing and mental health and given the confidence to help

Digital support

Parent/carers

- were largely supportive of the provision of an online platform, peer support, a range of media content (including peer articles and podcasts), that were anonymous, available 24 hours, and with counselling sessions available via video or a chat function.
- digital platforms should be embedded within the current health, care and safeguarding pathways to ensure safety and that appropriate onward referrals could be made.

Family and learning support

Parents/carers said

- they would like to access a strengths-based programme of support that was expert-led either in a peer group or as a one-to-one, either online or in-person.
- Specific support should be made available to parent/carers of children/young people who are neuro-divergent or who are awaiting diagnosis.
- Reduce stigma by e.g. renaming parenting programmes such as Family and Learning Support Programmes'

A focus group was conducted in August 2021 with young people from the Sweatbox Youth Group in Wantage. This group felt that exam stress, lack of sleep, social media, the COVID-19 lockdowns, and social relations could be the causes of poor wellbeing, mental health, stress and anxiety for young people. They felt that schools should make adaptations such as for exams, provide access to online therapy and forums, positive social media profiles, peer support and face-to-face counselling, helped their wellbeing and mental health. They raised concern about long waiting lists, the lack of available county-wide services, and generic 'wellbeing advice', were not helpful to their wellbeing and mental health.

1.6 Impact of Covid and Recovery

The effects of the COVID-19 pandemic continues to impact service delivery across the Oxfordshire health and care system.

CAMHS

- Within Oxford Health and CAMHS the response to the pandemic was immediate in relation to:
 - Assessing service demand and delivery
 - Implementing emergency planning protocols
 - Putting procedures in place to ensure safe levels of staffing in teams
 - Focusing on staff wellbeing given home working
 - Providing digital access to CAMHS

Whilst some services had reduced demand (e.g. MHSTs) others services such as (Eating disorders/ Getting More Help (GMH) / Neuro) remained consistent. The Digital access offered by CAMHS throughout the pandemic has been not only sustained but continues to be increased. Services were reviewed in the light of digital access and some changes were made including redesigning the CAMHS website to increase self-help and adaptations to clinical processes continued to be made.

Since the pandemic there has been a continued rise in both the number and acuity of referrals into local services, including CAMHS. The impact of increased demand and acuity has been sharply experienced in the Eating Disorder and NDC pathways. However, current demand is being addressed by increasing the number of offered appointments and the continuing embracement of digital working by clinicians and families. However, this does need to be set in the context of staff morale and continued sickness absence.

Oxfordshire County Council

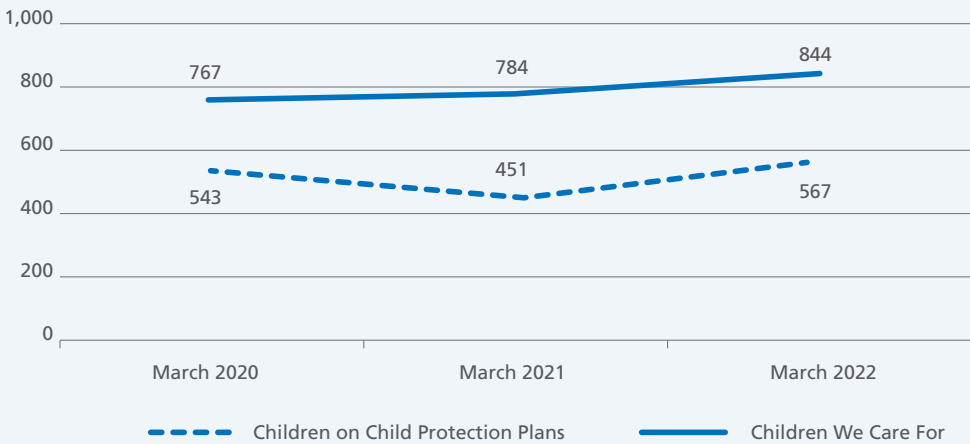
The Early Help strategy reports that the impact of COVID-19 created specific challenges on Partners ability to deliver Early Help services including:

- Diversion of key staff to deliver frontline services in direct response to the pandemic, for example supporting people that were shielding and delivery of covid vaccinations
- Inability to deliver face-to-face support (including some in-reach support in schools and other settings) due to lockdowns, temporary closures and covid outbreaks
- Reduced ability for close working between partner organisations
- Workforce challenges including
 - difficulty to recruit during pandemic
 - induction and training challenges
 - increased sickness
 - increased stress and reduced resilience of staff due to intensive workload

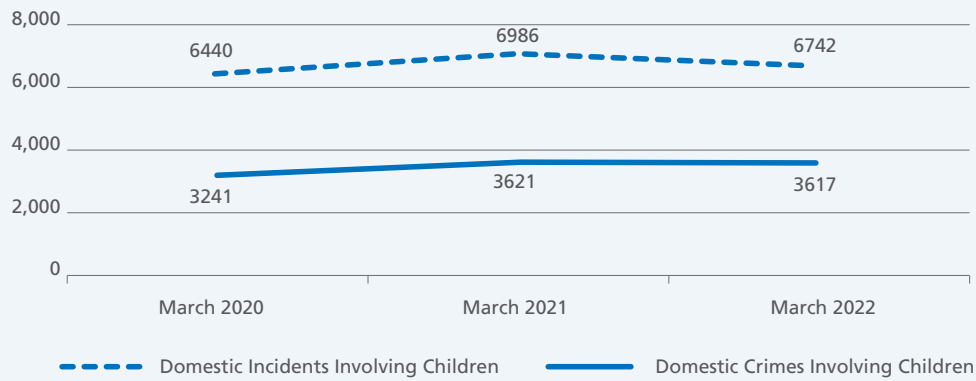
1.6.1 Impact on Children, Young People & Families

The impact on children, young people and families is wide-ranging, some key insights from the pandemic are highlighted below:

- More families are being identified as ‘universal plus’ through the Health Visiting Service – families who would have ordinarily managed self-help or had help from extended family, have not had this support due to the pandemic
- The number of children on child protection plans and children we care for have increased since the start of the pandemic



- Domestic crimes and incidents involving children have also increased during this period



- Ongoing increase in number of contacts received by the Multi-Agency Safeguarding Hub (MASH)
 - 2019/20: 18,192
 - 2020/21: 23,930
 - 2021/22: 28,262

1.7 Wider Transformation

Early Intervention and Prevention

We did

- Continued delivering preventative work and increased the numbers of Early help assessments.
- We offered the Protective Behaviours programme to all state-funded secondary schools, special schools, pupil referral units and relevant further education colleges
- Increased the number of children supported at an early help preventative level
- Developed a Wellbeing and mental ill health prevention strategy for Oxfordshire’s in collaboration with all stakeholders and partners

Key Progress

Early Help

Our Early Help strategy was updated to outline of what the current provision of Early Help looks like in Oxfordshire, a commentary on how the global pandemic impacted provision over the last two years and describes the workplan and reporting arrangements for improving early help provision in the county.

The data below shows that there has been year-on-year increases in the completion of Early Help Assessments and increased Team Around the Family processes

	2017/18	2018/19	2019/20	2020/21	2021/22
Total EHAs	1233	1480	1935	1825	2938

Early Help as been identified as a key focus area within the Children and Young People’s Plan priorities for 2022-23 and key actions have been identified for all agencies to deliver. The numbers of children receiving preventative help at June 2022 was:

- 1082 supported by Locality Community Support Service
- 709 support through Community TAFs
- 1791 total children supported at Early Help Preventative level

Public Health Prevention

Protective Behaviours is a service offered to all state-funded secondary schools, special schools, pupil referral units and relevant further education colleges in Oxfordshire provided by The Training Effect (TTE). The programme they deliver is called Risk-Avert which helps young people develop the skills which allow them to identify, understand and manage negative risk-taking. It is aimed at Key Stage 3 pupils, however, schools are also given the resources necessary to develop a whole school approach to Protective Behaviours. TTE will also support schools with lesson plans or more targeted sessions where they have specific concerns around risky behaviours, mental wellbeing or delivery of RSE and Health Education.

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The development of the strategy is underpinned by :

a) Needs Mapping survey exercise

From October 2021 to February 2022 a survey was open to statutory and non-statutory providers of children and young people's emotional wellbeing and mental health services. The Youth in Mind Guide was used to identify services and projects from the voluntary and community sector.

Table 2: Survey return results from provider engagement, Oxfordshire, 2021/22

Total returns	20
Total organisations contacted	55
% returned	36
Projects/services	47

In total, 55 services were identified and included. Of these, 20 responded to a survey and accounted for 47 different services or projects with an estimated annual cost of £16.4m from a combination of funding streams.

Table 3: Survey returns – number of organisations and services and projects that support children and young people's emotional wellbeing and mental health in Oxfordshire, 2021/22, aggregated budget by i-THRIVE framework, 'Getting Advice' to 'Getting Risk' support category

	Number of organisations	Number of projects or services	Annual aggregated budget (£)*
Getting Advice	8	8	1,267,252
Getting Help	15	15	3,031,976
Getting More Help	1	6	10,264,492
Getting Risk Support	1	1	846,213
TOTAL	13**	30	15,409,933

Source: OCC Public Health

*N.B. not all organisations were able to provide budget information for each service or project. **total number of organisations exceeds number in each i-THRIVE category as organisations provide services across different categories.

Extensive consultation, engagement and co-production activity has been undertaken to develop the strategy and details are provided.

This new strategic approach will seek to address local gaps and issues relating to increased prevalence and acuity of poor wellbeing and mental ill health in Oxfordshire over the last few years alongside the added impact of COVID-19.

The aims of the strategy are as follows:

Aim 1: Provide early help and create supportive environments

Aim 2: Develop a confident workforce

Aim 3: Ensure Positive transitions

Aim 4: Improve Access

The feedback from the engagement and consultation activity was used to inform a prioritisation exercise involving a wide-ranging stakeholder group who met online on 19th May 2022. The aim being to shortlist from a longer list of opportunities to be taken forward as part of the action plan for the strategy. The finalised short list of opportunities is identified below:

- A digital mental health platform for children and young people
- Whole-school wellbeing and resilience programme
- 16-25 transition service(s) to support young people with their mental health who are being discharged from CAMHS and are not eligible for Adult Mental Health Services
- Family learning and support programme(s)
- Training programme(s) for children and young people workforce in how to better support CYP mental health and wellbeing
- Young person's preventative mental health and wellbeing support – community Youth Offer

A funding and systems metrics workshop was held on 14 September 2022 involving system stakeholders to identify potential sources of funding for the above priorities.

On 22 September a survey was undertaken on the strategy with the majority of the respondents agreeing with the vision, aims, objectives and scope of the strategy.

What will we do next - Future Plans

Early Help

- Increase the number of Early Help Assessments across all agencies to achieve a target of 10,000 by 2024/25
- Offer training for front-line staff/ designated staff across all services in the early identification and support that can be offered in relation to mental health and well-being, attachment, trauma informed and whole family working including parental conflict

Public Health Prevention

- Commission training for schools and colleges to confront unrealistic appearance ideals and develop healthy body image and self-esteem
- Commission Mental Health Awareness and suicide prevention training for the children and young people workforce

Emotional Wellbeing strategy

- Work with partners via the CYP Emotional Wellbeing and Mental Health Project Board to develop a joint action plan to be published alongside the strategy
- Finalise funding sources and develop business cases to secure financial resources to implement the identified service priorities
- Commission services to support the delivery of the identified service priorities

1.8 Workforce

1.8.1 The Local CAMHS workforce

There continues to be recruitment challenges for the local community CAMHS which is not dissimilar to the other CAMH services across the BOB ICS footprint. Oxford Health are implementing the following strategies to address this issue:

- Improving the social media,
- Overseas recruitment recruit from overseas
- Reviewing incentive packages
- Testing of new ways of building a team offer with the range of people that are available from the local job market,
- Creating new roles and development posts e.g., social prescribers into the single point of access team, creating band 5 mental health practitioner posts so that postholders can develop their skills to become band 6 practitioners
- Advertised some roles e.g. Consultant Psychiatrists with joint research responsibilities to make the posts more attractive.

1.8.2 Workforce – staffing

The Oxfordshire CAMHS overall workforce is currently listed below

Workforce Analysis	TOTAL 19/20	TOTAL 20/21	TOTAL 21/22
Qualified Nursing - Band 5	11	13.89	18.97
Qualified Nursing - Band 6	10.1	13.95	17.9
Qualified Nursing - Band 7	14.9	13.68	11.6
Qualified Nursing - Band 8	0.95	5	4.4
Nursing Associates - Band 4	1.2	0	3.69
CAMHS Consultant Psychiatrist	13.75	18.1	16.15
Other Medical	2.88	2	8.8
CYP Education MH Practitioner (incl.Advanced and Community Practitioners)	18.49	0	13.1
Support Worker / Unqualified Nursing Staff	0	15.09	15.67
Clinical Psychology	32.06	30.59	26.01
Psychotherapy	6.1	4.58	4.36
Therapists (includes AHPs)	25.54	16	14.2
Social Worker	18.42	25.16	26.85
Other	13.76	29.59	12.33
Admin	39.39	40.74	34.81
TOTAL	208.54	228.37	228.84

1.8.3 ALL-Age Intensive Support Service Workforce:

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

Learning Disability All Age Intensive Support Service

		2020/21	2021/22
	Band	WTE	WTE
Family Therapist	8a	1	0
Nurse	6	1	1
Nurse	7	1	0.80
OT	6	0.5	0

1.8.4 Specialist Perinatal Mental Health Workforce:

Specialist Perinatal Mental Health Team

		2020/21	2021/22
	Band	WTE	WTE
Consultant Perinatal Psychiatrist	N/A	1	
Community Team Manager	8a	0.8	
Pharmacist	8a	0.2	
Specialist Community Services Practitioners	7	1	
Specialist CBT	8a	0.8	
Specialist Community Services Practitioners	6	3	
Project & Performance Manager (for 18/19 only and whole service)	8a	1	
Link Midwife	6	0.6	
Training & Development (for 18/19 only and whole service)	6	1	
Community Nursery Nurses	4	2	
Team Administration	4	0.8	
Medical Secretary	4	0.5	
Peer Support Worker	4	1	

1.9 Improving Access to Services and Outcomes

You said

- We don't want to be transferred from the CAMHS waiting list to another waiting list elsewhere
- Another barrier is long waiting lists

We did

- Oxford Health managed waiting times through using nationally provided tools to consider surge information and their own prediction tools to consider the impact of increased demand.
- Implemented responses such as redeploying staff to services where demand is higher (e.g. Eating Disorder services, SPA), supporting staff to do extra hours, increased the crisis and duty response.
- Oxford Health used transformation monies to increase recruitment to support the duty and therapy offer. There is now a new duty lead post within the GMH teams who will coordinate the prioritisation of the incoming calls.
- The SPA is supporting people to access self-help or support from the wider system if appropriate and introduced to role of an Assistant Psychologist to aid the guidance around the self help support
- A new Psychologist post has been located within the SPA to support and review the self-help offer and tailor resources to ensure a smooth transition through to the assessing team.
- The impact assessment work around the 4 Week Wait (4WW) has been completed and these staff have been absorbed into our GH and GMH services
- Increased staffing capacity in the Crisis Response and Home Treatment Team (CRHTT)

Key Progress

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

Our front door for taking referrals is the Single Point of Access (SPA) and is open 9-5pm Monday to Friday.

The SPA takes self- referrals, family/carer and professional referrals and is open for information, advice about services, where there are concerns about emerging mental health problems. The SPA will also offer consultation to families and other stakeholders.

Oxfordshire CAMHS achieved 60.3% access rate for 2020/21 which equated to 5,570 CYP resulting in exceeding the national target of 35%. The outturn performance in 2021/22 is listed below and shows that Oxfordshire CAMHS is continuing to support and treat high numbers of CYP.

Number of CYP receiving at least one contact in 2021/22 - Oxfordshire CAMHS	
Actual number of CYP receiving support or treatment	85,175

Number of CYP receiving two or more contacts in 2021/22 - Oxfordshire CAMHS	
Actual number of CYP receiving support or treatment	76,650

What will we do next - Future Plans

- Establish a team within SPA to fully focus on any potential NDC referrals to ensure that referrals through SPA are dealt with in a timely manner, blockages are prevented and there is consistency and equity of service delivery
- SPA will work closely with GH/GMH team to streamline the screening process to ensure referrals are triaged to the right team so that waits are minimised and repeated assessments are reduced
- Implement the National 4 week Wait guidance for measuring waiting time standards

1.9.1 Young Adults Understanding system progress in 2022/23

You said

- There is a lack of support for transition into adulthood
- There is a need for a 16 to 25 year old transition service
- “The Oxfordshire Mind young persons peer support group is really great and supportive”

We did

- CAMHS have been undertaking a review of their 16-25 pathway throughout the year. This has included an evaluation of the OSCA service criteria and model as well as the DBT pathway that sits within the service and a formal consultation with staff. The aim being to re-position the service offer within our current adult complex needs service. This will enable better transitions for young people requiring Adult Mental Health Team (AMHT) and more straightforward access to crisis care if necessary.
- The review of the 0-18 CAMHS DBT pathway identified some challenges, in terms of how we support young adults in this pathway in a more holistic way and manage the transition into adult services. Oxford Health also explored ideas and models of care to expand the offer. The review and the consultation that took place has informed the future planning and aims for the coming year
- Oxfordshire County Council (OCC) established a Post 16 Transition to Adulthood Group to improve the experience of young people transitioning to adulthood across the Health, Education and Social Care System
- Third sector organisations such as Oxfordshire MIND enabled young people to access a number of Oxfordshire Mind’s adult services from below the age of 18. The Mental Wealth Academy had significant success with young people from the LGBTQIA+ community where they made up 51.1% of the demographic breakdown for the 984 young people who have been supported through the MWA to date.

Key Progress

It is acknowledged that strategic working on the young adults agenda requires system-wide transformation and improvement. Therefore, the CYP MH and WB Project Board included this as a priority area for development within the LTP.

In Oxfordshire we have some examples of where services supporting young adults (including both CYP and AMH services) have eliminated rigid age-based thresholds to improve transitions such as Oxfordshire and the Mental Wealth Academy.

Young people under age of 18 can access Oxfordshire MIND Peer Support Groups at our hubs, online Peer Support Groups, and short courses. Data showed that most young adults accessed the following services in the first four months of this financial year was our Primary Care Wellbeing Service (269), followed by Safe Haven (75) and then Benefits for Better Mental Health (46). Service access for 18-25 year olds demonstrates good joint working between the local statutory health service and Oxfordshire Mind, with most referrals for young adults to Oxfordshire Mind (234) coming from GPs, hospital or other NHS. Service impact is measured where appropriate using the SWEWBWS tool, with meaningful improvement being demonstrated for 72% of young adults felt supported.

The Mental Wealth Academy is an innovative partnership project that has been specifically designed for young people aged 16-25 years, experiencing mild to moderate mental health challenges through early intervention and preventative support in the hope that challenges would be de-escalated before statutory intervention is needed. During 2021/22 there have been higher levels of engagement than other services young people may have previously been referred to. The gender breakdown, 55% are female and 30% are male. The age breakdown comprised 16-17yrs: 37%; 18-21yrs: 47% and 22-25yrs: 16%. 33.56% have an Identified Disability or Mental Health Condition with the majority of its users being White British/Other: 84.6% and 15.4% are BAME.

The MWA has had significant success with supporting young people into or to sustain employment, education or training with 31.5% not in employment, education or training (NEET) when they enter the MWA, with only 9.2% NEET upon exiting the service.

In addition to 1 to 1 support for young people, the MWA has delivered:

- 24 Mental Health Awareness workshop sessions for parents/carers
- 21 Mental Health Ambassadors 18 -25 years olds recruited
- 342 young people accessing group work

The percentage of positive change/ distance travelled reported by young people accessing the MWA using the Warwick-Edinburgh Mental Well-being Scale³²:

- I've been feeling optimistic about the future – 72.3%
- I've been dealing with problems well – 69.6%
- I've been feeling good about myself – 68.2%

Oxford Health

Within our CAMHS service, a monthly transitions meeting is held with adult colleagues where all young children who are believed to need transition and are 17.5 are discussed with adult colleagues for suitability and then a CPA review is planned if appropriate.

Oxford City Pilot

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

The pilot enabled students to access peer support groups which proved to be a valuable service for those who attended them,

The regular attendees to the peer support group had an improvement on their WEMWBS, score, 3 student's wellbeing scores had increased by 7+ and the fourth student wellbeing score raised by 1 point.

Impact /Outcomes

- Third sector organisations demonstrated that young people accessing their services experienced increased independence, confidence, empowerment, improved resilience and skills to support self-advocacy
- Improved family and peer relationships
- Peer support groups were seen as valuable and improved wellbeing

What will we do next - Future Plans

- Establish a system wide 18-25 Strategic Partnership group to lead the transformation of services for this cohort of young people.
- CAMHS intend to develop a fit for purpose 16-25 pathway that can offer expanded services, including but not exclusively a DBT pathway. The priority is to enable seamless transitions and to support young adults in a way that is appropriate to their needs through:
 - Redesign of service model
 - Offering more skills group that includes a mix of treatments as well as access to the current treatments available within the complex needs service.
 - Using evaluation and feedback from work already done
- The Mental Wealth Academy aims to reduce the age range of the service to 11+ (with a particular focus on young people with NDC),
- Post 16 Transition to Adulthood Group to deliver review of current support and accommodation available to young people
- Complete the Health transition handbook

1.9.2 Urgent and Emergency (Crisis) MH Care CYP

We did

- We increased staffing capacity in the to the Crisis Response and Home Treatment so now there is an all-age senior management structure in place
- Oxford Health established a suicide prevention steering group with the aim of overseeing the development and implementation of Oxford Health’s Suicide Prevention Strategy 2022-2025
- Continue to fund SeeSaw, an organisation that provides support for children, young people and their families in Oxfordshire when they have been bereaved or when somebody close to them is terminally ill.

Key Progress

The all age senior management structure is not yet working clinically and is unlikely to occur as the Adult team is not yet equitable to CAMHS. Adult & CAMHS HTT are now co-located in one building which will improve operational working relationships. CAMHS Crisis have established a Home treatment service and will continue to take HT referrals county wide. The service has successfully worked with 40 young people since the service became operational in April 2021.

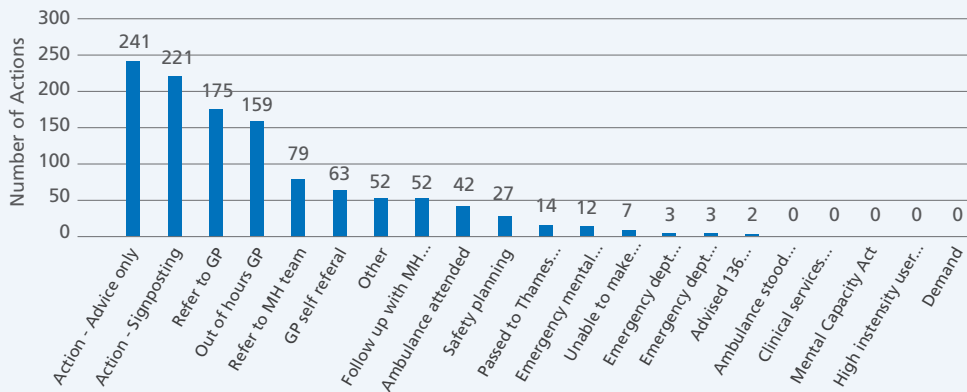
The SCAS 111 triage data split by age shows:

Year	0-18 years	19-65 years	66 years and over
12/04/2021 to 04/07/2021	235	1039	101
2021/22	680	3626	388

Age is based on age at date of call

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

Actions



The suicide prevention steering group has been established with the aim of overseeing the development and implementation of Oxford Health’s Suicide Prevention Strategy 2022-2025. The membership of the Suicide Prevention Strategy Steering Group aims to reflect a range of perspectives and expertise with representation from people with a lived experience, professional leads, directors from the trust and its partners. Membership may evolve over the course and delivery of the strategy and other key partners with specialized expertise will be invited to meet with the steering group as and when required.

The suicide prevention strategy is supported by four all-age workstreams covering:

- Research & communications
- Access & inclusion –
- Gender
- Substance misuse

Terms of reference have been agreed for three workstreams except Substance misuse where this is still in development.

Impact/Outcomes

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

What will we do next – Future Plans

Crisis Response and Home Treatment Team

- Commence Parent/carer trusted person support groups in October/November 2022
- Continue the recruitment drive to attract more staff to work in our Crisis services.
- Develop our processes to ensure better gate-keeping for admissions to psychiatric beds (CAMHS & Adults) working jointly with provider collaborative to achieve this aim.

Suicide Prevention strategy

- Focus workstream activity on the impact of the cost of living crisis
- Deliver key priorities identified by each workstream

1.9.3 Eating Disorders

You said

- The ED parent workshops were, “a valuable source of information, but also a source of strength and hope.”
- The service provided by the ED CAMHS team is, “a compelling example of how coordinated, professional support early on can prevent potentially bigger problems later that burden the health service”
- We are still on a journey, but my daughter is much healthier and the support from CAMHS was crucial

We did

- Supported families and parents whilst waiting to access the Eating Disorder service through the provision of a rolling programme of workshops. Parents have also been recruited to co-facilitate the workshops
- A young adult who has been an in-patient and accessed community eating disorder services has been recruited as an expert by experience and is providing support to staff, designing and delivering training to improve the service experience for those CYP with ASD/Eating disorders
- Developed our shared care arrangements with GPs which will mean that CYP will be able to access some of their care in a primary care setting
- Oxfordshire is currently receiving 2 days a week support through the PEACE pathway (www.peacepathway.org). A training needs analysis has been completed and consultation support is currently being provided to Emergency departments
- Developed an Enhanced Community Pathway which will provide additional support to the most acute and complex patients, supporting patients for early discharge and preventing admission if appropriate.

Key Progress

The Eating Disorder service has recruited most of the vacant posts in the service. However, operational recruitment remains ongoing. Currently the national urgent and routine Access and Waiting Time Standards are being achieved. Appointments are now offered within timeframes due to the increase in assessment clinic capacity and physical health monitoring clinics.

Meal support, dietetic input, and therapeutic support to patients and families is being provided through the enhanced community pathway

The addition of a Lead Carer role has provided a good engagement model for patients and families. The role is also responsible for facilitating a rolling programme of family/carer/parent groups for those who are waiting for treatment to start and providing support/resources/information.

It has not been possible to expand the local current offer to include ARFID. However, work has commenced within BOB and other ICS' to create a plan to:

- Design a model and approach for adoption inside place and ICS systems.
- Audit and map current arrangements within each ICS and
- Test service offers and ideas

Impact/Outcomes

- Empowered parents to better support their children with eating disorders
- Improved access to care in the community through the shared care arrangements with GPs

What will we do next - Future Plans

- Operationalise the Enhanced Care Pathway (ECP) and support patients as alternative to admission,
- Recruit to the paediatric liaison post and begin more intensive work to support acute patients/training/primary care training
- Work alongside the PEACE pathway to develop a joint approach to those patients presenting with ASD/ED or eating difficulties
- Improve transitions to create a seamless pathway for all patients in the ED services
- Secure the right resource to deliver the ARFID plan that will provide the ICS with clear recommendations on the nature and scale of the response required to meet this need.

1.9.4 CYP Mental Health Services working in Educational Settings (Incl. Mental Health Support Teams)

You said

- Support for mental health at school is essential
- "It's been hard getting mental health support from schools as I had to wait a while and there were many people I had to talk to before I got a counsellor however the counselling I got was really good and my low mood improved throughout the sessions"

We did

- Wave 7 implementation of the MHST has been started
- The two new equality and diversity lead posts have been recruited
- Routine Outcome Measures (ROMS) are now embedded in the work that MHSTs deliver covering pre and post intervention
- MHSTs continued to offer evidence based targeted low intensity mental health interventions including 1-1 work with pupils, assemblies, workshops and groups to promote wellbeing, alongside consultation and training to school staff

Key Progress

The Mental Health in School Team has been designed to support the need in schools for intervention for children and young people with mild to moderate mental health needs. It is integrated into the CAMHS single point of access and is designed to be part of the overall CAMHS offer to children and young people. MHSTs work in partnership with:

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

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

Oxfordshire MHSTs have now been operational for just over three years. The Trailblazer team in Oxford supports 35 schools with a range of interventions and whole school offer. The Wave 1 team in Banbury and Bicester was set up 9 months later and supports 44 schools. We are in the process of implementing a further two teams in schools located in the South of the County as part of Wave 7 with another wave to follow by September 2023. This means that our MHST reach which will increase to 55% coverage by 2024.

MHSTs in collaboration with the charity One-Eighty, provided access to "Make me Smile," a primary school-based project delivered by to Year 6 students who then facilitate a peer-to-peer session to Year 3 students. "Make Me Smile" offers a space for all children to learn to build an understanding and resilience to matters relating to mental health through storytelling and creative play.

In addition to the programme of interventions listed above, MHSTs will continue to offer a blended approach that includes holding drop in consultations for staff and CYP with a view to reaching out to those CYP at the next level down and possibly under the radar in terms of obvious concerns.

MHSTs also have a range of resources that can be accessed online, such as videos and podcasts, and our monthly newsletter to schools: <https://www.response.org.uk/mental-health-support-team-podcasts-videos/>

A local MHST Board has been re-established to support and aid the implementation of Wave 7 and 9 new MHSTs in Oxfordshire. Membership of the board includes representation from: Oxford Health, OCC, Response, BOB ICB, schools and parents/carers.

Recruitment to Education Mental Health Practitioners (EMHPs) and Supervisor posts have been completed for the south MHST expansion. Budget confirmation is awaited to confirm that recruitment for the deputy posts can be commenced. Response, our third sector provider will be providing 6 youth workers across the county to focus on implementing the Whole school approach which will include a focus on equality and diversity.

Impact/outcomes

- CYP have receive appropriate support without the need for a referral into SPA for help
- Enables CYP to develop coping strategies and to build resilience

What will we do next – Future plans

- Develop an MHST performance dashboard
- EMHPS will commence casework from January 2023 whilst undertaking their year one training course
- Organise engagement events with new schools in October 2022
- Develop closer links systemwide with School Health Nurses, LCSS and the Oxfordshire Council youth workers including organising further away days
- Begin planning in March/April 2023 for the expansion of the additional two teams that have been allocated to Oxfordshire under Wave 9

1.9.5 Complex Children

Oxfordshire continues to have a focus on the following key vulnerable groups of children and young people many of whom will have complex mental health and emotional wellbeing needs.

- Looked after children known as Children We Care For (CWCF)
- With SEND
- In the criminal justice system
- Who have learning disabilities and/or autistic spectrum disorders, conduct disorders and or ADHD

We did

Children with Complex Needs

- Completed a BOB ICS Expression of Interest (EOI) for becoming a vanguard site for delivering a Thames Valley Complex Children and Young People Programme for submission to NHSE which was successful
- Completed a multi-agency complex case audit of children with complex mental health, emotional and behavioural challenges to understand the characteristics and challenges associated with ensuring a swift and appropriate hospital discharge

Children We Care For

- A booklet was produced by CAMHS to help staff social care staff understand the key terms used by the service in relation to describing the mental health and the behaviour of children including providing information on a trauma informed framework
- OCC updated the Children We Care Placement sufficiency strategy to drive a more consistent and focused approach to sufficiency, cost-effectiveness, market development and achieve good outcomes for children
- Children Social Care continued the implementation of their restorative practice programme
- Completed several DfE bids for matched capital funding to purchase and convert properties to create small children's homes, one of which is to meet the needs of children with ASD and those with Emotional and Behavioural Difficulties

Children with SEND

- We improved the quality of EHC plans including ensuring that Health contributions to the EHC needs assessment process are consistent
- Completed the development of a Local Area 0 – 25 SEND Strategy

Youth Justice

- Maintained a continuing reduction of First-time entrants into the criminal justice system
- Maintained a low rate of young people sentenced to a custodial sentence which is better than that of our comparative groups

CYP with Learning disabilities and/or autistic spectrum disorders/ADHD

- Oxford Health developed the Challenging Behaviours Pathway based on NICE guidance
- Autism Oxford completed a successful one-year pilot Mentoring and Peer Support Service for 14-25s with high functioning Autism and emerging or ongoing mental health difficulties
- For children with Neuro Developmental conditions (NDC) we jointly developed a number of workshops, in partnership with Autism Oxford, that are available for pre or post-assessment
- Continued the development of a digital autism assessment tool

- Continued the implementation of a pilot for undertaking joint assessments between Oxford Health and Oxford University hospital to improve transition between the 0-5 and 6 -18 NDC pathways
- The Key Worker Pilot now known as the CYP Autism and Learning Disability Liaison Team recruited social prescribers that work alongside case managers to match young people's interests and needs to providers in the community.
- Successfully rolled out personal health budgets for CYP with autism and LD

Key Progress

Children with Complex Needs

Oxfordshire is the first Place to go live with recruitment 80% complete for the Oxfordshire spoke with staff planned to be in post by mid/end November 2022. Operational Leads are now in post. Interim cover is being provided for the Clinical Lead post which is due to go out to advert. Operational and Clinical staff are already in post and are attending national learning events and forums to share learning with other vanguard sites.

Governance of the programme is in place and steering groups will commence from October supported by multi-agency membership and approaches. Evaluation of the service is being planned in collaboration with NHSE for the new year. Engagement events have taken place with all stakeholders that included e.g. police, social care, education etc. Engagement events have taken place with voluntary sector organisations who are involved in the programme and lead the delivery of youth worker provision. The go-live date of December 2022 for the programme has been agreed with NHSE. NHSE has also agreed that the Operational Lead will be included on regional and national Evaluation panel.

Children We Care For

In Oxfordshire many of the CWCF will have had adverse childhood experiences and display elevated levels of dysregulated behaviours due to trauma, abuse, neglect and attachment difficulties. Many will also present with eating disorders, engage in self-harming behaviours, have unmet mental health needs and be awaiting a mental health assessment for e.g. for ASD/ADHD diagnosis. Many of the placement or family breakdowns will have been due to their complex mental health needs and challenging behaviours. Therefore, finding appropriate residential placements in and out of County continues to be challenging for Oxfordshire as we wish to avoid these young people turning up to A & E experiencing a mental health crisis and inappropriately being admitted as inpatients with difficulty of then being discharged back into the community.

Oxfordshire Safeguarding Children Board commissioned a serious case review in 2021 following the death of Child R, a thirteen year old who died whilst in an out of county residential placement. The key findings from the review found that

- Working to keep children safe within their families continues to be a challenge and there is a need to ensure that improvements made since child R was a child are embedded into practice particularly in relation to identifying neglect and the provision of early help
- Placement Planning and managing the complex needs of children we care for needs sufficient placement availability, clarity of role across the professional network and systems that scrutinise and challenge how well the child's needs can be met
- Where there is a risk of suicide, children we care for should have a clearly articulated suicide prevention plan which takes account of emotional, behavioural and situational risk

The serious case review also highlighted key themes in common with other Oxfordshire serious case reviews which are:

- Early identification of neglect and abuse
- Challenges of working with children who have experienced significant trauma
- The lack of suitable accommodation to meet child R's needs, including the provision of therapeutic support
- Effective partnership working and risk management

One of the recommendations from the Child R serious case review identified that work should be undertaken across health and social care to develop a common language to describe the therapeutic (mental health) needs of children in care and the different types of interventions that should be used to meet their needs. This should be disseminated to all relevant staff to ensure that children's needs are understood, and the appropriate interventions are commissioned and/or put in place .

In response to the Child R serious case review recommendations, CAMHS developed a booklet that summarises the:

- The key terms used to in relation to mental health and consideration of how the presentation of behaviour of children and
- Considers a trauma informed framework that could be recommended or can be offered by services

There is system concern about the severe difficulties in discharging from the acute setting several children with complex presentations back into a community setting during 2021. It was agreed that a multi-agency complex case audit be undertaken to understand the characteristics and challenges associated with ensuring a swift and appropriate hospital discharge. The multi-agency audit involving Oxford Health NHS Foundation Trust (OH), Oxford University Hospitals Foundation Trust (OUH) and Oxford County Council (OCC) Children Social Care was undertaken between February and April 2022 and a final report of the outcomes from the audit is awaited.

CAMHS

The CAMHS offer for CWCF includes access to an assessment within 2 weeks of referral. CWCF are also prioritised for an assessment when they are referred to the NDC team and are usually seen within 6 months. The CWCF data from 1st January 2021 to August 2022 shows that the open cases averaged 100 per month with the majority of the caseload sitting in the Getting More Help and NDC diagnostic and treatment pathways

Children Social Care

Children Social Care (CSC) are continuing implementing their programme of restorative practice. Discussions about plans to train an additional 7 Practitioners using the Lighthouse and to run their programme three times per year have been taking place between the Lighthouse and CSC.

The key data for children social care shows that referrals remain within a normal range, that there was a growth in children the subject of child protection plans, though the figure remains historically low over a five -year period. The most recent data on children we care for continues to show an increasing trend in numbers. This increase has also been impacted by the number of asylum-seeking children that the County has been required to absorb as part of the governments.

Rate per 10,000 children aged 0-17	2017/18	2018/19	2019/20	2020/21	2021/22	20/21 to 21/22 change	% change
Yearly rate of referrals to Children's Social Care	475	468	513	445	453	7.7	2%
Rate of children who were the subject of a child protection plan (as of March 31st)	47.9	40.9	37.2	31	38	6.7	22%
Rate of cared for children (as of March 31st)	48	54	52	53	57	1.0	-2%
Number of cared for children (as of March 31st)	685	779	767	784	854	17.0	2%
Number of care leavers aged 19-21 (as of March 31st)	242	275	291	301	332	31	3%

There has however, been an increasing trend in the numbers of children we care for coupled with data showing that 36% of that cohort of children are placed out of area and more than 20 miles from their home address. This is well above the England average which was 16%, the South East was 20% and statistical neighbours at 24.8%. This evidences the impact that our placement insufficiencies within the County is having on keeping CWCF close to home.

Children with SEND

Monitoring by the DfE and NHSE through an Accelerated Progress Plan was been stepped down in June 2022. The DfE and NHSE concluded that sufficient progress has been made in relation to the two outstanding SEND Inspection recommendations:

- Improve the quality and rigour of self-evaluation and monitoring and the limited effect it has had on driving and securing improvement
- Improve the quality of EHC plans including ensuring that Health contributions to the EHC needs assessment process are consistent

Oxfordshire has developed a Local Area SEND Strategy for children and young people aged 0 – 25 years who have Special Educational Needs or/and Disability (SEND). It sits alongside our Health and Wellbeing Strategy, which in turn is informed by our Joint Strategic Needs Assessment (JSNA). [Oxfordshire_Local_Area_SEND_Strategy_May_2022 \(1\).pdf](#)

Key priorities:

1. Improving outcomes for children with SEND
2. Developing a continuum of local provision to meet the requirements of children and young people with SEND
3. Good physical and mental health and wellbeing
4. Improving post-16 education, learning, employment and training
5. Positive move into adulthood for young people with SEND

Implementation plans will take into account parental feedback, will be developed in coproduction, and remain consistent with the strategic objectives. In addition, impact measures for the Local Area SEND Strategy are in development in order to help us to monitor our progress.

Youth Justice and Exploitation service

The Youth Justice and Exploitation service has well-established working arrangements with CAMHS who offer comprehensive support for the service including a designated practitioner who provides clinical supervision, support with psychologically-informed practice including case formulations, support and oversight of specialist clinical assessments and direct work with young people identified as having emotional and/or mental health needs.

The Liaison and Diversion service in Oxfordshire (Berkshire Health NHS trust) provides assessment to young people at the point of contact in Police custody diverting young people, where appropriate, into health or other services.

Oxford Health NHS provision of nurses in our Phoenix Team offer for all children in the cohort is a health assessment and care plan, and where appropriate timely access to other key health professionals and health services ie. GPs, school health nurses, sexual health services, opticians, dentists and mental health services.

The service is evidencing strengthened collaborative working with Thames Valley Police and Community Safety colleagues in the delivery of the Police and Crime Commissioners.

First Time Entrants (NI 111)

First-time entrants have continued to reduce over the last 3 years. There were 88 FTE's in the period January to December 2021 (most recently published data) which is a rate of 133 per 100,000. This shows a 39% drop from 2018

Reduce Reoffending Rates (NI 19)

The binary offending rate for the 3-month cohort has risen slightly to 23.1% compared with 19.5% at the same point last year. Oxfordshire's re-offending rates fluctuate due to relatively small numbers of children in the cohorts.

Reduce Use of Custody (NI 43)

The rate of young people sentenced to a custodial sentence remains low and better than that of comparative groups. 1 young person was sentenced to custody in the year 2021/22 for offences of supply of Class A drugs

Disproportionality

The YJB Disproportionality toolkit highlights the trends and pattern over recent years of disproportionality in Oxfordshire YJS. Young people from a Black, Asian and minority ethnic background are over-represented (12% of the general population but 19% of the offending population), presenting a significant overrepresentation in comparison with other Thames Valley areas

CYP with Learning disabilities and/or autistic spectrum disorders/ADHD

The LD CAMHS team have developed the Challenging Behaviours Pathway (CBP) and at each review, the Challenging Behaviour Pathway is considered and plans reviewed. This is in line with NICE guidelines which outlines the need for psychological and/or positive behaviour support based input alongside medication.

In addition, the team works in close collaboration with the Intensive support team, which also looks at providing in-depth input to cases in which behaviour could lead to placement breakdown and/or consideration of inpatient admission.

Oxfordshire has also created a Learning Disability Autism Improvement Board that brings together commissioners and partners across health, social care and housing services to oversee the development and delivery of services for people with learning disabilities and / or autism. Whilst the LDA board is Adult focused, there is a recognition that there needs to be Children representation on the Board to ensure appropriate links and interfaces are made, for example transitions and learning disability annual health checks for young people aged 14-17.

Mentoring and Peer Support

The one-year pilot Mentoring and Peer Support Service for 14-25s with high functioning Autism and emerging or ongoing mental health difficulties delivered by Autism Oxford. The outcomes from the pilot found that:

- 100% of young people reported that their mental health and wellbeing improved; Felt heard and understood and wanted to continue to meet as a peer support group
- Of the young people who attended a peer support group for suicidal thoughts and self-harm 100% of participants reported feeling More hopeful and optimistic about their future; Increased understanding of their emotions; experienced less self-harm / suicidal thoughts

During the pilot, 74 young people were mentored and all stated that wished to continue to receive mentoring or wished to have access to mentoring when needed.

Think Autism

Think Autism is a project that is being delivered by Oxford University Hospitals our commissioned provider for the 0-5 autism diagnostic pathway but also have responsibility for delivering healthcare in an acute setting for those CYP with suspected or assessed neurodiversity needs. The project aims to:

- Develop and deliver a training programme aimed at all healthcare staff working with children in Oxford University Hospital to improve staff autism literacy and confidence in managing ASD-associated needs.
- Improve patient care by developing resources to support patients and families who have either confirmed ASD or suspected but undiagnosed ASD.
- Gather data on unmet need (number and characteristics of children with undiagnosed ASD affecting care) to enable planning of future improvement projects

NHSE have expressed an interest in wanting to disseminate the learning and resources from this project.

Neurodevelopmental Conditions Pathway (NDC)

The service continues to be impacted by the effects of Covid-19 in the autistic and/or ADHD population, seeing an increase of the acuity of young people presenting to the service. To address this issue, and in response to the collaboration with the Oxfordshire Parent Carer Forum (OxPCF), the service has developed a number of workshops, in partnership with Autism Oxford, that are available pre or post-assessment. These include peer support for parents and young people, living well with neurodiversity, and specific workshops a variety of topics such as PDA and Emotional Regulation. The offer is both online and in person.

The digital tool has been considerably improved following the award of additional funding from NHSE and is now at the initial stages of testing, with a view to roll out the trials in the Winter of 2022/23.

The joint assessment pilot has enabled children to complete diagnosis without transfer between agencies (OH and OUH), as well as access post-diagnostic support which otherwise they would not be entitled to. Over the course of the year, the pilot has provided approximately 50 assessments. The services are also providing mutual training and supervision, to ease transitions, and enable clinicians on both themes to develop better understanding and expertise in particular areas of practice.

1.9.6 What will we do next – Future Plans

Children with Complex Needs

- Organise further engagement events involving all agencies at Place
- Commence procurement process for the voluntary sector partnership
- Develop local KPIs in collaboration with NHSE regional leads Local team including developing policies and processes
- Develop a pathway for the management of children with mental /social health care needs who present to the OUH Emergency Department

Children We Care For

- Continue to deliver a strengths-based social work practice model
- minimise the duration of statutory social care intervention to reduce the need for repeated social care involvements over time
- Rollout the Lighthouse training for 7 Children Social Care Practitioners
- Implement the recommendations once agreed of the complex case audit
- Complete several DfE bids for matched capital funding to purchase and convert properties to create small children's homes to include meeting the needs of children with ASD and those with Emotional and Behavioural Difficulties

Children with SEND

- Focus on the development of effective Early Intervention and Prevention services to support children and young people at the earliest opportunity,
- Map services across the local area so that we do not duplicate and ensure that we offer the breadth of support that children and young people need and publish this on the Local Offer

Youth Justice

- Tackle child criminal exploitation and serious youth violence
- Improve education experiences in reducing school exclusions and to improve outcomes for children with SEND in the criminal justice service.
- Reduce First time Entrants and contact with the criminal justice system through early intervention and diversion
- Reduce disproportionality as this remains a cross-cutting priority

CYP with Learning disabilities and/or autistic spectrum disorders/ADHD

- Review the IST as part of the wider review of the Adult Learning Disability contract
- Work with Buckinghamshire NDC service, to plan for a different and more extensive service model that should address some of the current challenges
- Deliver agreed service improvements from the BOB ICS rapid improvement workshops
- Secure additional funding from the ICB to expand the service to improve the waiting times for an NDC assessment
- During 2023/24 the CYP Autism and Learning Disability Liaison Team will develop a service model and pathways for 18-25s including finalising a standard operating procedure on how the service will be delivered
- Evaluate the impact of both the PHB and Think Autism pilots during 2023/24

1.9.7 Early Intervention into Psychosis

We did

- Introduced a new 'Hearing voices screening tool' within our SPA to improve the triage of referrals where information is provided about hearing voices/psychotic symptoms
- Three Primary Care Mental Health Hubs are about to be opened
- A clear pathway for 14-17 year olds is operational within the EIP model

Key Progress

Our SPA undertook joint working with EIS colleagues to develop a 'Hearing voices screening tool' that will be undertaken within the SPA, when referrals include information that hearing voices/psychotic symptoms are noted by the SPA clinician.. Once the screening has been completed it is shared and discussed with the EIS duty worker. EIS will then either accept the referral for assessment and/or provide advice around suitable interventions.

Within the CMHF we are refining the pathways, which will include First Episode of Psychosis to ensure this is clear and patients, carers and clinicians are aware of the interventions expected – this will include a training offer for staff. Another three PCMHs are planned to be opened by up by the end of financial year 2022/23. The final two PCMH will be opened in financial year 2023/24.

A competency and training framework is in the process of completion for the PCMHs and ARRS workers. The approach will include a competency framework and a rolling programme of training to facilitate the gradual employment to the teams. FEP and ARMS will be included in this training although as it stands, this will only cover people aged 18+

What will we do next – Future Plans

- Continue the focus on ARMs and finalise the approach for service delivery for the under 18year olds

1.9.8 CYP Digitally enabled pathways

You said

- We want to access an online platform that was anonymous, moderated, and safe, available 24 hours
- Digital support is essential as that is a popular way that CYP like to communicate

We did

- Oxford Health finalised the Trust Digital Strategy (2021-26)
- Redesigned the CAMHS website to make it more attractive to young people and to ensure services could be accessed more promptly
- Continued the implementation of digital consultations for assessment and treatment in the Getting Help” early intervention and neuro-developmental conditions (NDC) assessment pathways through Healios our digital provider
- Successfully trialled and rolled out Sleepio an online CBT-based intervention for young people with insomnia and Blue ice app to help young people manage their emotions and reduce urges to self-harm
- Distributed 30 tablet computers to clinicians across the service to support online consultations with patients.

Key Progress

Oxfordshire’s Children and Young People Mental Health service (CAMHS) was fully operational throughout 2021/22 and continued with the online support it set up at the start of the pandemic – with face-to-face appointments for those young people who are unable to access online help.

The data below demonstrates the increase in access using digital technology such as video consultations.

Financial Year	Face 2 Face	Phone	Digital	Total appointments
2019/20	28,696	13,928	2574	45,198
2020/21	4,714	22,714	28,094	55,522
2021/22	12,631	17,708	27,088	57,427

This way of working received positive feedback from young people and parents who valued not having to travel to face-to-face appointments.

This approach is part of a wider plan at Oxford Health NHS Foundation Trust to embed digital transformation across the service so more young people and their families can benefit.

The redesign of the CAMHS website includes self-help resources for parents, carers and young people, and up-to-date information and support around common mental health issues for young people.

Other digital initiatives over the year included the roll out of Healios, an online provider which continues to allow better access to assessments and treatment for young people. There was funding to evaluate an online tool (OVAAT) which assesses the strengths and weaknesses of a patient's autism to pinpoint more effective treatment. During the early part of the pandemic this tool received positive feedback from clinicians, young people and families.

CAMHS also made better use of digital apps over the past year such as Sleepio, used to treat insomnia in young people, and Blueice to help manage emotions and reduce self-harm in patients. The improved Graphic tablet pilot resulted in the distribution of 30 tablets between clinicians in all of the CAMHS to support online consultations with patients.

Impact/outcomes

- CYP are able to access to support and interventions in a more timely way
- CYP experienced improved access to assessments and treatment

What will we do next – Future Plans

- Continue to embed the digital transformation across CAMHS

2 Gaps and Opportunities

Addressing and understanding the gaps in CAMHS continues to be a priority since completing the last refresh of the Local Transformation Plan in September 2021.

Engagement, consultation and co-production activity with stakeholders continues to be a priority in order to shape the transformation of our local CAMHS. further information is located in the Engagement, consultation and involvement section of the Plan.

Oxfordshire also recognises that there are risks associated with the delivery of our transformation agenda as outlined below:

Risk	Mitigation
Waiting times will increase due to financial pressures within the local system and the potential surge in demand creating serious service risks for CYP	<ul style="list-style-type: none"> • Undertake demand and capacity modelling to increase efficiency of specialist CAMHS • Utilise additional investment made available as part of the Long Term Plan and the response to COVID -19 to increase capacity • Continue to provide mitigation calls and regular check-ins for all patients on the waiting list

Risk	Mitigation
<p>Recruitment and retention difficulties in the local workforce in key service areas such as Eating Disorders may result in service transformation being negatively impacted</p>	<ul style="list-style-type: none"> • Workforce strategy has been developed for Oxford Health NHS Foundation Trust • Continue to utilise third sector providers who are often able to expand their services • Use of online remote providers to complement existing service • ICS partners are developing workforce initiatives
<p>The lack of local placements is leading to high numbers of young people placed out of county who may not have access to timely and comprehensive mental health support</p>	<ul style="list-style-type: none"> • Commissioners to consider developing bespoke wrap around packages of care to maintain young people in the community • Oxfordshire CC to establish a team/service that will maintain contact with those YP placed out of county to ensure that their mental health needs are fully met • Commissioners to consider developing a bed-based service across the ICS to support complex CYP funded between • Health and Social Care
<p>The lack of system focus on meeting the emotional health and wellbeing needs of children and young people will continue to drive high numbers of referrals into specialist CAMHS</p>	<ul style="list-style-type: none"> • Develop an emotional wellbeing strategy • Address the gap in targeted mental health support service through a variety of delivery mechanisms including digital solutions
<p>Continued pressure through crisis presentations at A & E will lead to ward closures and lack of access to in-patient beds</p>	<ul style="list-style-type: none"> • Increase the capacity of the crisis team to provide community and home intensive support • Develop local specialist placements to include wrap around care across the BOB footprint • Develop pathway for the management of children with mental /social health care needs who present to the OUH Emergency Department
<p>Impact of Covid-19 on children's mental health and wellbeing still ongoing</p>	<ul style="list-style-type: none"> • Implement rollout of new MHST • Develop early intervention and targeted support services • Implement the updated Early Intervention strategy

The challenges and barriers for our community CAMHS

- Impact of COVID – The range and nature of complex presentations e.g in, Autism and Eating Disorder presentations, Staff morale and sickness
- The demand verses capacity problem that is seen at its sharpest in Single Point of Access, Neurodevelopment Conditions and Eating Disorder pathways. The capacity story is underpinned by two elements:
 - Inability to recruitment of staff – for example in the Eating Disorder service
 - Funding available for specific pathways (NDC clearest example) and the demand v capacity is creating significant waiting times
- System working meaning improving our information sharing, joint planning and funding, coordination of offers, & professional and organisational relationships remains a key challenge but should be seen as an opportunity. The maturity of Oxfordshire and the wider ICS needs accelerating.

2.1 Refreshed Priorities, commissioning intention for 22/23-23/24

Our refreshed priorities and commissioning intentions will be informed by information on our risk and key service gaps/challenges listed below

Service Gaps	Opportunities
Long waits in GH & GMH and NDC	<ul style="list-style-type: none"> • Commission current digital provider to increase number of assessments • Learn from other NDC services in the BOB ICB
Lack of 100% coverage by MHSTs	<ul style="list-style-type: none"> • Improve integration with Community/ in-reach service and the single point of access • Better utilisation of 3rd sector services
Digital access to support	<ul style="list-style-type: none"> • Self-help offer and using a common consolidation of alternative interventions from a digital provider • Digital support whilst waiting offer • Widen digital support (commission digital service that provides access to advice, signposting and provide access to a wider range of self-help apps
Working with children and young people with complex presentations	<ul style="list-style-type: none"> • Thames Valley Complex Children's bid implementation • Integration opportunities with social care • Key worker and PEACE pathway models
Meeting the Eating Disorder challenge	<ul style="list-style-type: none"> • Increase preventative work in schools and colleges • Widen service offer • Whole pathway transformation and improved joint working between primary, community, acute and inpatient settings

Service Gaps	Opportunities
Reduced CAMHS tier 4 capacity due to unit closures since 2020 and a surge in demand for tier 4 beds across the South East region	<ul style="list-style-type: none"> Improve working with Early Help services, Whole system adoption of trauma informed approach Develop market to increase local supply of residential accommodation
Improve transition and system offer for young adults	<ul style="list-style-type: none"> Build on existing 3rd sector provision such as Mental Wealth Academy, Mind, Autism Oxford
Lack of residential care and support accommodation for those CYP who are Neurodivergent particularly with ASD and presenting with complex behavioural and emotional needs	<ul style="list-style-type: none"> A number of capital bid submissions have been made to DfE to purchase properties to create children's residential homes

However, our priorities as set out in the refresh of the 2020 -22 LTP remain live and are continued for 2022- 23. Therefore our priorities will continue to be:

1. Continue the transformation of the Eating Disorder Service to meet national priorities, standards, targets and local priorities
2. Continue the development of the 18-25 young adults offer
3. Continue to respond to the COVID 19 surge including a focus on managing/reducing waiting times and developing crisis services
4. Develop a strategy to address health inequalities to improve service access for key vulnerable groups
5. Develop integrated service responses for children with complex needs
6. Develop an Oxfordshire Emotional Mental Health and Wellbeing strategy to ensure that children and young people can access early help and support from a range of service including from the Voluntary Sector.
7. Support recruitment and workforce development in Child and Adolescent Mental Health services across the Partnership

2.2 CAMHS Action Plan 2021 – 2024

Priority	Actions	Timescales	Responsible Lead
CAMHS Partnership			
Mental Health Support Teams into Schools	1. Continue to roll out and embed new teams, working in collaboration with schools, other partners and NHSE	Spring 2021 - 24	CAMHS Partnership/ OCCG/Education/OCC

Priority	Actions	Timescales	Responsible Lead
CAMHS Partnership			
Manage waiting times	<ol style="list-style-type: none"> Continue to work on demand and capacity modelling to increase productivity and improve efficiencies Above action to include the NDC pathway and access to autism diagnosis. Work with NHSE to inform the future National Access Standard for CAMHS 	<ol style="list-style-type: none"> Ongoing 2022-23 Ongoing 	<p>CAMHS Partnership/ OCCG/NHSE IST</p> <p>OHFT</p> <p>OHFT</p>
Partnership Development	<ol style="list-style-type: none"> Undertake follow-up assessment of the CYP System Maturity Tool Assessment 	<ol style="list-style-type: none"> March 2023 October 2022 	CAMHS Partnership
Workforce Development	<ol style="list-style-type: none"> Continue to roll out CYPIAPT Work with HEE/ BOB ICS and SCN to support recruitment and workforce development Deliver training to Third Sector on how to identify and support mental health in CYP Continue roll out Restorative Practice to CAMHS, third sector and Education Deliver Youth in Mind conference 	<ol style="list-style-type: none"> Ongoing Ongoing Ongoing Ongoing Spring 2022 	<p>CAMHS Partnership</p> <p>OCC and CAMHS Partnership</p> <p>Oxfordshire Youth and partners</p>
Engagement and Young People's feedback	<ol style="list-style-type: none"> Continue to develop programme of engagement to include MHSTs 	<ol style="list-style-type: none"> Ongoing 	CAMHS Partnership

Priority	Actions	Timescales	Responsible Lead
CAMHS Partnership			
Health Inequalities	1. Develop a strategy to address health inequalities to improve service access for key vulnerable groups	1. April 2023	CAMHS Partnership
Collaborative working	1. Continue to develop partnerships with schools	1. Ongoing	CAMHS Partnership/ OCCG/OCC/Education
	2. Contribute to School Health Improvement Plans	2. Ongoing	
	3. Continue to work with Children's Services, School Health Nurse Service on integration and support to schools	3. Ongoing	
	4. Continue the transformation of the Eating Disorder Service to meet national priorities, standards, targets and local priorities	4. Ongoing	CAMHS Partnership
	5. Contribute to the development of an emotional mental health and wellbeing strategy to ensure that CYP can access early help and support Deliver the emotional wellbeing and mental health action Plan Develop performance dashboard to measure the impact of the emotional wellbeing strategy	5. 2021 onwards	CAMHS Partnership

Priority	Actions	Timescales	Responsible Lead
Special Education Needs and Disabilities Reform			
SEND Action Plan	<ol style="list-style-type: none"> 1. Implement findings of the review of the Integrated Therapies Contract to respond to strategic changes for SEND and 0-25 services 2. Oversee Health actions for the SEND Reforms 	<ol style="list-style-type: none"> 1. From Autumn 2022/23 2. Ongoing 	<p>OHFT/CCG/OCC</p> <p>OCC/OHFT Designated Clinical Officer (DCO)</p>
Five Year Forward View and Implementation of NHS Long term Plan			
Covid Surge	<ol style="list-style-type: none"> 1. Continue to develop the crisis services in line with LTP requirements 	<ol style="list-style-type: none"> 1. ongoing 	OHFT/ OUH/OCC/OCCG and Stakeholders
Improving Access to mental health support	<ol style="list-style-type: none"> 1. Work with NHSE to meet new data requirements for measuring access as they develop 	<ol style="list-style-type: none"> 1. As required 	OHFT/OCCG/NHSE
National Mental Health Minimum Dataset	<ol style="list-style-type: none"> 1. Continue to work with NHSE to flow data via the National Mental Health Minimum Dataset 2. Continue to work with NHSE to report on outcomes 	<ol style="list-style-type: none"> 1. Ongoing 2. Ongoing 	OHFT/OCCG/NHSE
0-25 services	<ol style="list-style-type: none"> 1. Continue the development of the 18-25 young adults offer 	<ol style="list-style-type: none"> 1. Ongoing 	OHFT Adult MH/ OCCG adult MH commissioners/third sector
Complex Children	<ol style="list-style-type: none"> 1. Develop integrated service responses for children with complex needs 	<ol style="list-style-type: none"> 1. January 2022 	CAMHS Partnership

14: Future in mind - Promoting, protecting and improving our children and young people's mental health and wellbeing NHS England Publication Gateway Ref. No 02939. 15: <https://www.england.nhs.uk/wp-content/uploads/2016/02/Mental-Health-Taskforce-FYFV-final.pdf>. 16: <https://www.gov.uk/government/consultations/transforming-children-and-young-peoples-mental-health-provision-a-green-paper>. 17: <https://www.gov.uk/government/consultations/transforming-children-and-young-peoples-mental-health-provision-a-green-paper>. 18: <http://insight.oxfordshire.gov.uk/cms/joint-strategic-needs-assessment>. 19: Children and Young People's Mental Health and Wellbeing – OHID Fingertips. 20: National data applied to Oxfordshire mid 2020 population. 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 Mental Health of Children and Young People in England, 2020: Wave 1 follow up to the 2017 survey - NHS Digital. 21: National data 2017 survey applied to Oxfordshire mid 2020 population, Mental health of children and young people 2017 - key facts. Given that overall probable prevalence has increased in 2020 it is likely that all disorders have increased. 2020 data was not broken down by type of disorder. 22: Category of 'sex' and 'male/female' fields were determined by NHS Digital survey, a separate category of 'gender' or 'gender identity' was not available in the survey. 23: Ethnic groups were combined due to small sample sizes. 'White' refers to individuals who identified as 'White British' or 'White Other'. 'Black and Minority Ethnic' refers to individuals who identified as 'Black/Black British', 'Asian/Asian British', 'Mixed' and 'Other'. 24: Oxfordshire's 10 most deprived wards 2020 - Oxfordshire insight bitesize JSNA. 25: LGBT in Britain Health Report, Stonewall, 2018. 26: Oxfordshire Joint Strategic Needs Assessment 2021 27: Young Minds 2020, NHS 2020, Family Fund, 2020, Waite, 2020; Waite & Creswell, 2020. 28: Buckles, Luckasson & Keefe 2013, Glasson et al 2020, Cooper et al 2007. 29: An education, health and care (EHC) plan is for children and young people aged up to 25 who need more support than is available through special educational needs support. Children and Families Act (2014). 30: Preliminary analysis. Further Demand & Capacity assessment is underway. 31: OxWell School Survey 2021 – preliminary summary report – University of Oxfordshire. 32: The Warwick-Edinburgh Mental Well-being Scale (WEMWBS) is a scale of 14 positively worded items for assessing mental wellbeing. It is used at the start, midway and end of the programme with young people to measure change in their sense of wellbeing.

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