



**Oxfordshire  
Clinical Commissioning Group**

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# Oxfordshire CAMHS Transformation Plan

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## 1 Introduction

Oxfordshire has a long and proud history of working together to improve children and young people's mental health. There has been a Joint Commissioning Team for Children and Young People in place since 2006. There has been a pooled budget for mental health of, which CAMHS is a part, since 2012. Over the last 10 years local schools have championed whole school approaches to mental health and emotional resilience through programmes such as Social and Emotional Aspects of Learning (SEAL) and more recently targeted programmes such as Values Versus Violence. Public Health in the local authority has re-commissioned school nursing services to explicitly include their role in mental health promotion and early intervention with joint initiatives around self-harm, eating disorders and more recently sexual exploitation.

In Oxfordshire however, leaders recognised there is no room for complacency. As demand increases and resources become more thinly stretched the Clinical Commissioning Group proposed a strategic review of the CAMHS service in order to inform the commissioning of services for the next five years. Following a detailed review process involving parents' groups, children and young people, more than fifty schools, all six GP Locality Groups, Social Work Teams, Children's Centres and every CAMHS Team, the final review was published in April 2015.

The review concluded that radical change is essential if changing profile of needs were to be met in a way children, young people and families wanted over the next five years. It was clear that 'no change was not an option'. Increased capacity was important, but so too was cultural change to move from a service with thresholds and tiers to a tier less service that addresses needs as they present.

Future in Mind sets out a national blueprint to achieve this. The new funding for CAMHS is a real game changer in terms of the scale and pace of that change. With big ambitions, strong partnership, backed by the new investment we are in a strong position to deliver the transformation that is required.

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

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

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

**Schools, colleges and early years' settings (including those in the independent sector) are enabled to develop 'whole setting' approach to mental wellbeing.**

We all recognise the pivotal role universal services play in promoting mental health, building resilience and spotting problems early, but we acknowledge that they can't do this all on their own. We invest time and resources in supporting our universal communities.

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

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

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

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

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

## 2.1 Oxfordshire priorities for transformation

The review<sup>1</sup> of CAMHS made a series of recommendation for the design of a new CAMHS model. These recommendations very much align themselves with the Future in Mind report.

It was clear from the local review that that a radical redesign was necessary. With that in mind the multi-agency project board set about designing a new model for CAMHS, which is underpinned by our stated ambitions. Our key priorities for the future of CAMHS in Oxfordshire therefore are:

### Approach

- A service model that is focussed on building resilience, capacity, prevention and capabilities.
- A Consultation and liaison model
- Improved communication to families and delivery partners
- Improved information (published pathways, service offer and self-help options)
- Introducing a tier less model where nobody gets turned away
- Prevention – earlier help, on-line info, self help
- Better support to families and young people whilst waiting for first appointment and beyond (support worker)

### Service delivery

- Reducing waiting times and improving access
- Prioritising support to some our most vulnerable children (Looked After Children (LAC), Edge of Care<sup>2</sup>, Learning Disability, Autistic Spectrum Disorder, fostered and adopted children)
- Improve Transitions to adult services
- An Evidenced Based Service; providing evidence-based, NICE-approved and Young People Improved Access To Psychological Therapies (CYP IAPT) standard therapies such as Cognitive Behavioural Therapy, Inter Personal Therapy, Systemic Family Therapy and Family Therapy.
- Self-referral
- Increase capacity
- Better use of data for service improvement and development
- Use technology to improve access and self help
- Collection and monitoring of Outcome Measures/Children and CYP IAPT Collaborative

### Partnership working

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<sup>1</sup> <http://www.oxfordshireccg.nhs.uk/your-health/childrens-health/>

<sup>2</sup> Definition of Edge of Care: *Children/young people who will without concerted intervention become LAC within 3 months. Services use a RAG rating to assess risk.*

- Partnership working with key stakeholders
- Integration with the Council's Children's Services
- Third Sector to work in partnership to deliver new model with NHS provider as main contractor
- Improve information and consultation
- Explore the possibility of developing a one stop shop with partners

## 2.2 New delivery model

The new CAMHS model will be an outcome based tier less service model based on the new emerging Thrive Model as endorsed by the *Future in Mind* report. The service will use an outward facing and collaborative approach, which emphasises consultation, capacity and capability building of partner organisations. This is to ensure that children and young people can get support at an early stage before problems become severe and will need the intervention of more specialist services such as CAMHS. The approach will be to offer help early and build on children and young people's own resilience and encourage self-help techniques where possible and to help give them the skills they need for moving into adulthood. Key emphasis will be on delivering speedy access to support and ensuring our most vulnerable children have access to mental health services. The CAMH Service will need to undertake a cultural shift from being a diagnostic service only to being a service, which can support and offer advice to those who have concerns about children and young people's emotional and mental health.

The model will use evidence based interventions supported by NICE, CYPIAPT, SCIE and emerging research, which has been evaluated as effective. For further details of the model please see Appendix 1

## 3 Engagement and partnership approach

### 3.1 Local Stakeholder engagement and partnership

The review of CAMHS and the development of a new model have been achieved through using a partnership approach and it is Oxfordshire Clinical Commissioning Group (CCG) intention to continue to use this approach in the development of the CAMHS Transformation plan (see Appendix 2 for details of Engagement Report).

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

- NHS England Specialist commissioners
- Health Youth Justice Board
- Oxford Health NHS Foundation Trust
- Oxfordshire County Council

- Parents (and parents groups)
- Children and young people
- GPs and primary care
- Community Paediatricians
  
- Schools and colleges
- Oxfordshire Public health Team
- Adult mental health commissioners
- Third sector representatives
- Oxfordshire Healthwatch

On 1<sup>st</sup> October the draft Transformation Plan was shared with Oxfordshire Schools at a special seminar. There was resounding support for the Plan (“*what’s not to like?*” *Deputy Head, Banbury School*). There was also helpful challenge around shared language (such as vulnerable learners), shared outcomes (such as pupil progress) and shared resources (such as Pastoral Teams). This was the first phase of engaging with all schools around the development of our Transformation Plans and CAMHS in- reach into Schools. Further plans will involve having regular workshops with stakeholders including young people and their families to continue to develop our plan. This is in addition to a more formal delivery group (please see point 4.1 for details of delivery group).

During our review phase we have had good engagement with key partners and intend to use our existing routes of engagement.

It was clear in the review that the CAMHS services could not deliver effectively if all the other partners within the system were not delivering their part of the pathway effectively. We are therefore looking at new partnership arrangements across the new model including:

- New opportunities for integration with the Council Children’s Services – this would include co-location and integrated teams
- Schools and colleges – this would include support to whole school approaches, training for school staff and direct work with identified groups of young people.
- Primary Care – especially with GPs where there would be a clear ‘service offer’ between CAMHS and GPs that reduces the need for reprioritisation of referrals and enables speedy re-referral if required.
- Paediatricians – with joint operational protocols for key vulnerable groups such as Looked After Children and those with Special Educational Needs.

### **3.1.1 NHS England Specialist Commissioning partnership**

Appropriate access to inpatient beds for young people and those with a severe learning disability and mental illness continues to be a challenge nationally and locally. For Oxfordshire the challenges are exacerbated for those most complex



young people who present typically with a severe learning disability and comorbid autism/emerging mental illness.

These young people challenge the whole system from education to social care and health from puberty onwards. In Oxfordshire the County Council has supported the setting up of a local Autism School called the Endeavour Academy School, specifically for these young people. It provides 52 and 33 week placements as well as day provision and weekly provision for up to 26 young people with learning disability and autism. The aim is to provide an education setting that is integrated with local services and close to home so that the young person can remain part of their local community in a safe environment. It supports the Transforming Care recommendations.

In addition the CCG commissions an integrated CAMHS/Learning Disability Team (CAMHS/LD) that provides care management, assessment and intervention for all young people with a learning disability and mental health problem. They provide support into special schools, the home and other setting and are part of the wider Endeavour Academy School Team. They support discharge planning for any young person who is an inpatient and provide continuity of care where possible. The CAMHS/LD Team also delivers a crisis service, which is operates 24/7, 365 days a year. The crisis service is part of the overall crisis service within CAMHS. The service works in close partnerships with the Local Authority's Childrens' Disability Service and provide joint care packages to avoid hospital admissions when a child or young person is experiencing a mental health crisis.

The crisis team in the core CAMHS also operates 24/7 365 days a year and supports young people in mental health crisis in the community. The service has since its inception in 2007 been highly effective in reducing the need for in-patient care. The core CAMHS works closely with in-patient services to support discharge back to the community.

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

### **3.1.2 Health and Justice Commissioning partnership**

It is now well established that young people in the youth justice system are far more likely to have specific vulnerabilities around learning disabilities and mental health problems. The existing provider, Oxford Health NHS Foundation Trust Foundation

Trust therefore offers three closely-coordinated services for young people who have high-risk behaviours, or who come into contact with the youth justice system.

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

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

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

**Criminal justice and liaison service for Oxfordshire (NHS England commissioned):** for children and young people in Oxfordshire about whom there are concerns in relation to mental health or neuro-developmental difficulty at the first point of contact with the youth justice system.

These services are integrated with the core CAMHS and have a close working relationship to assist comprehensive risk management and a safe discharge back to the community.

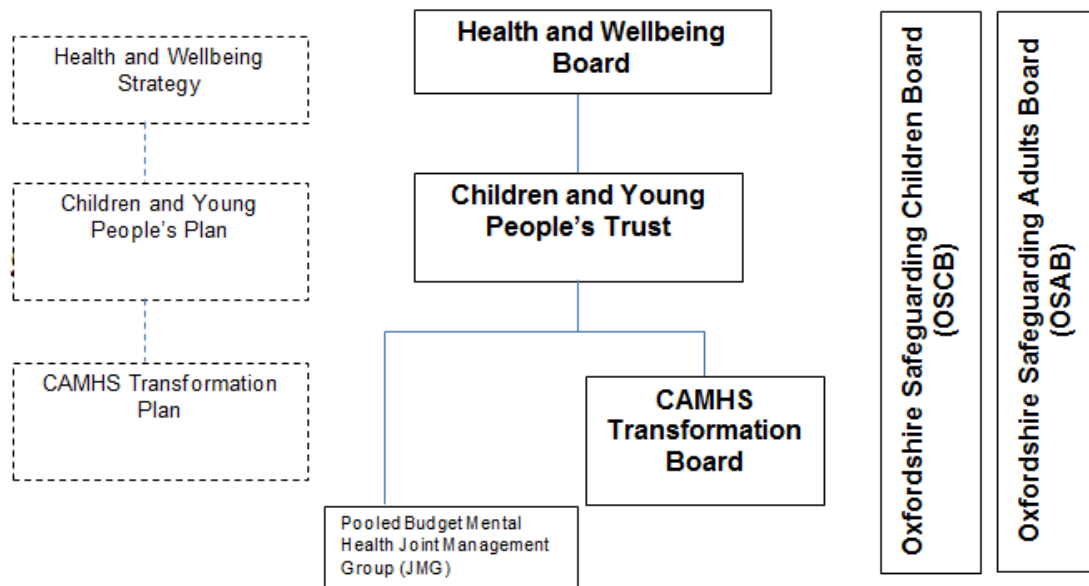
From January 2016 they will also provide single point of access, assessment and intervention for children and young people who have been sexually abused commissioned by the CCG. This is a multi-disciplinary team that will be co-located with children's social care teams. It will have close links with the SARC, general paediatric services and CAHBS. It will also link to the Oxfordshire Kingfisher Team in order to provide a single therapeutic pathway for victims of child sexual exploitation. This acknowledges the complex link between victims and perpetrators (as victims) evident in much sexual abuse and sexual offending. It is also integrated with the Police and Crime Commissioner plans for new services for victims of crimes (counselling hubs) and with the Sexual Abuse Referral Centre commissioned by NHS England.

## 4 Governance

Oxfordshire Clinical Commissioning Group is the lead commissioning organisation for CAMHS in Oxfordshire and as lead commissioner, the CCG will be responsible for final sign off of the Plan before submission in October. The Director of Deliveries and Localities will be responsible for ensuring sign-off. Development of the Plan requires a partnership approach and therefore the developmental phase has been driven through the Health and Wellbeing Board infrastructure, reporting to the Children's Trust and with sign off delegated to the Chair of the Children's Trust by the Chair of the Health and Wellbeing Board. This will ensure coherence with the Oxfordshire Children and Young People's Plan and the Oxfordshire Health and Wellbeing Strategy.

A multi-agency CAMHS Project Board has been responsible for the initial review of CAMHS and the subsequent development of this Plan. That Project Board has reported to the Children's Trust throughout the review and development phase. The Chair of that Project Board is the Strategic Commissioner for Children, working across the CCG and the Local Authority.

In the next phase of the programme the Project Board will be chaired by the Clinical Director with responsibility for CAMHS at the CCG.



#### 4.1 Oversight of the delivery of the Oxfordshire Transformation Plan

The CCG currently has a multi-agency project board for the CAMHS development and it is intended that this board will take over the function of overseeing the implementation of our plan. The CCG will organise and chair the meetings. This board will meet four times a year to oversee the implementation of the plan. Board members will include initially (this may expand or change over time as plans develop):

- CCG
- Oxford Health NHS Foundation Trust Foundation Trust
- Parent rep
- Article 12 rep (young people engagement group in CAMHS)
- Children's Services (including Education and Youth Offending Service)
- Primary Care
- Paediatric services
- Public Health
- Schools and colleges
- Third sector
- Adult Mental Health Commissioners

In addition Oxford Health NHS Foundation Trust will build additional management capacity in the short-term to provide programme management to the delivery of the plans in 15/16 and 16/17.

## 5 Publishing our Transformation Plan

The Oxfordshire CAMHS Transformation Plan is by necessity a long and complex document, but the CCG is committed to making it easy to read for professionals and young people alike. The commitment is to publish the Plan in an easy to read version on the CCG website by 1<sup>st</sup> December. The CCG will then use the Oxfordshire Talking Health webpages to seek views on the Plan over the next year. The reviewed and refreshed Plan will be published in an easy to read version each December. This will be accompanied by a “You said; We did.” report that will detail the outcomes of that consultation.

## 6 Investment and spend

### 6.1 CAMHS Investment

The budget for CAMHS in Oxfordshire is managed through a S.75 pooled mental health budget with the CCG as the lead commissioners and the investment for 2014/15 financial year is as follows:

<b>CAMHS Budget 2014-15</b>	
<b><i>Oxfordshire Clinical Group Investment in CAMHS</i></b>	
CAMHS including PCAMHS	£5,293,014
<b><i>Oxfordshire County Council Investment</i></b>	£754,000
<b>Total Investment</b>	<b>£6,047,014</b>

During the financial year 2015/16 Oxfordshire CCG took the decision to allocated over 25% of the new Parity of Esteem funding to CAMHS. In addition the new national money for a Young People’s Eating Disorder Service was added to the pooled budget September 2015. Therefore the funding for 15/16 show an increase in budgets as well as the Specialist Commissioning investment for Tier4 in-patient services:

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

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

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

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

## 6.2 CAMHS Staffing (benchmark)

The current Oxford Health NHS Foundation Trust staffing establishment for the CAMHS service is attached as Appendix 3. This provides a baseline of current staff in post (excluding vacancies). It demonstrates a staffing structure that has evolved over time, increasing or changing as new services are commissioned.

The CAMHS Transformation Plan gives the opportunity to build a staffing structure that will meet the service needs as they change. This will include more use of staff from the third sector and more focus on clinical leadership at different levels. The aim will be to develop a local Workforce Tracker, alongside the Finance Tracker so that we can clearly identify the significant increase in capacity required by the new model. Further work on this will be discussed.

## 6.3 Performance data

The referral and waiting time's baseline data for 2014/15 are the following:

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

There is further baseline data including comparison with neighbouring counties outlined in the CAMHS Review. It should be noted that data about CAMHS services

<sup>3</sup> \*Those not accepted would have been signposted elsewhere, or advice would have been given

is difficult to benchmark and analyse ,but this will be addressed by the introduction of the new CAMHS Minimum Dataset in January 2016.

## **7 Needs assessment**

### **7.1 Overview**

Oxfordshire's Joint Strategic Needs Assessment and the Children and Young People's Needs Assessment can be found on the Insight webpages at:

[www.oxfordshire.gov.uk/insight](http://www.oxfordshire.gov.uk/insight)

A CAMHS specific needs assessment can be found in the CAMHS Review and evidence of consultation in the Engagement report (Appendix 2).

### **7.2 Targeting of vulnerable groups to improve access**

A number of projects have been run concurrently as sub projects of the CAMHS review to specifically improve access to our most vulnerable children. The projects include:

- Developing the Autistic Spectrum Disorder (ASD) diagnostic Pathway to improve diagnosis of non- comorbid children with suspected ASD (0-18) and improved support to families post diagnosis.
- Sexual Abuse Pathway – Improving support for those children and young people who have experienced sexual abuse including Child Sexual Exploitation.
- Working with Oxfordshire County Council on their Placement Strategy<sup>4</sup> for children in and on the edge of care. This is to ensure that CAMHS is able to deliver accessible mental health service in a timely manner to Looked After Children and those on the Edge of Care. The strategy is primarily about keeping our riskiest and most vulnerable children in Oxfordshire.
- In-reach into schools pilot –The pilot has over the past year built links with initially nine secondary schools. CAMHS have started to deliver services in schools including expanding the use of group work to increase access. This has proven successful and efficient use of resources and this autumn this will be rolled out to more secondary and primary schools. The CCG submitted a bid the national schools pilot<sup>5</sup>, but were unfortunately not successful.

These new development will form part of the new CAMHS overall model and are already in the initial implementation phase.

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[http://mycouncil.oxfordshire.gov.uk/documents/s21493/CA\\_JUL1613R20%20Placement%20Strategy.pdf](http://mycouncil.oxfordshire.gov.uk/documents/s21493/CA_JUL1613R20%20Placement%20Strategy.pdf)

<sup>5</sup> <http://www.england.nhs.uk/wp-content/uploads/2015/06/joint-mh-train-plts-eoi.pdf>



## **8 Phased Approach**

It is clear from the sheer amount of change that is required that a phased approach is necessary. We are therefore intending to phase changes over the next five years and this is reflected in our plan. We intend to front load the change programme so that we address the key issues of improving access and an improved front door through engagement with voluntary sector provider(s). We are also committed to reducing waiting times through sustained waiting list initiatives until capacity is increased to meet waiting list pressures in a sustainable way. We are clear that this cannot be sustained until the service is remodelled and there is a cultural shift in staff and services. This will take much longer.

## **9 Implementation**

### **9.1 Most Capable Provider process**

At the end of October the CCG will issue an outline proposal (including service specification), inviting Oxford Health NHS Foundation Trust to respond in the form of a service bid. This is the procurement route chosen by the CCG to ensure that the provider is clear about what is required and can demonstrate the capacity to deliver the change required. It gives the CCG the option to look at a different contracting approach and a more incentivised management of the change. As a negotiated approach it also gives Oxford Health NHS Foundation Trust the mandate to look at how they can deliver the change by engaging with a wide range of partner organisations including one or more voluntary sector partners. By April 2016 a new contract will have been awarded. A draft timetable is attached as Appendix 4.

### **9.2 Crisis Concordat**

Work on the crisis concordat has been underway for some time and our response to under 18's is very much part of the delivery of the new CAMHS model and indeed of our existing model. In Oxfordshire there is an action plan for under 18's incorporated into the overall plan and commissioners and providers including the Local Authority are working together to deliver the outcomes. For more details of Oxfordshire Crisis Concordat please follow this link:

<http://www.crisiscareconcordat.org.uk/areas/oxfordshire/#action-plans-content>

### **9.3 Special Educational Needs and Disability**

The Children and Families Act 2014 requires health providers to work with a new framework of assessment based on the single plan (Education, Health and Care Plan). Work has been underway for the past 18 months to re-align processes in Oxfordshire to deliver against the new statutory duties and these will be reflected in the remodelling of the CAMHS service. Oxford Health NHS Foundation Trust will be required to update and maintain the CAMHS offer to the Local Offer through the online webpages found at: <https://www.oxfordshire.gov.uk/cms/public-site/special-educational-needs-and-disability-local-offer>

### **9.4 CYP IAPT/Routine Outcome Measures**

Our current CAMHS service was one of the first providers to start to undertake training in children's IAPT and over the past three years a substantial number of staff

have received training in evidence based practices, measuring outcomes, participation and leadership. This work will continue with the new model and there is a commitment to continue to release staff to undertake training and deliver a CAMHS using the IAPT approach.

The service will continue to collect, monitor and submit routine outcome measures to support continual service delivery and development and to evidence positive outcomes of the service users. The service will use outcome measures to monitor clinical progression and their experiences of service and interventions received pre, during and post episodes of care. The service will use Goal Based Outcomes, allowing individuals to set personalised goals in partnership with the CAMHS worker; use session-by-session satisfaction ratings and feedback regarding intervention relationship and care plan involvement; use Specific Symptom trackers to follow changes in presentation and complexities; use measures to monitor users' views and the effectiveness of each intervention and event. Using the outcome measures allows continual assessment of the individual and their needs and views, facilitating change where required.

## **10 Plans for 15-16**

### **10.1 Develop Local Model for Eating Disorder Service**

A costed model has been developed with our current provider. The modelling has included:

- Needs analysis and projection of future need
- Base line data of who is using the services and demand
- Current Service model and gap analysis
- Current staffing structure, skill mix and competencies
- Identified Training needs
- How additional funding will be deployed to meet the Access and Waiting time Standard
- Is compliant with National Collaborating Centre for Mental Health/NHS England (NCCMH/NHSE) Guidelines

#### **10.1.1 Overview of Model**

There is currently a 'mini team' within CAMHS that delivers an Eating Disorder Service. It is the intention to build on this and make it compliant with NCCM/NHSE Guidelines. Additional staff will need to be recruited to meet the Access and Waiting Times Standard. The service will be commissioned for Oxfordshire alone as there is a sufficiently large population to make it financially viable. For details of the model please see Appendix 5.

#### **10.1.2 Staffing Structure Currently and for the New Service and Costing**

Please see Appendix 6 for details.



### **10.1.3 Recruitment and Retention**

The Trust will develop a workforce development plan that will build on the Trust wide recruitment and retention policy. It will identify future staffing requirements as well as strategies to retain current staff.

## **10.2 Implement ASD Diagnostic Pathway**

A project team consisting of OHFT, CCG, Paediatricians, and Council Children's Services has been involved in developing a diagnostic and pathway for 0-18 year olds. The pathway will not only describe the process for diagnosis, but will also have post diagnostic support embedded in the pathway. The post diagnostic support was developed as a response to what families told us they wanted. The model has recently been agreed and will be operational by 1st November 2015.

## **10.3 Implement new Sexual Abuse Pathway**

A project team consisting of OHFT, CCG, Paediatricians, Council's Children's Services and the third sector have been involved in developing the Sexual Abuse Pathway. This redesign was done in response to concerns from professionals that children and families were falling through service gaps and the pathway was not sufficiently robust. Subsequently Serious Case Reviews<sup>6</sup> added weight to the need for a revised model.

The project is now entering the implementation phase and the new service will be part of the CAMHS service. Recruitment is currently underway and the service will be operational for all new referrals from 1<sup>st</sup> November 2015.

## **10.4 Schools In-Reach Project**

As mentioned a pilot has taken place over the past year for nine secondary schools. The emphases in on building links with schools and have a named link worker protocol in place and to use evidenced based school based interventions. This is aimed at improving access, early intervention and preventing the onset of crisis and severity of presentations. This pilot has been very successful and has improved access to treatment, communication and consultation. It has reduced stigma and normalised getting support for mental health concerns. The schools involved in the pilot have been supported to build capabilities to support pupils within the school environment stopping unnecessary referrals coming to CAMHS. Group work is one of the new interventions and this has proven successful and meant that capacity has been expanded and waiting times are improving.

Learning from the pilots and feedback from the Schools Seminar will be incorporated into the roll out of the schools offer starting in autumn term 2015.

## **8.5 Adult Mental Health IAPT**

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<sup>6</sup> <http://www.oscb.org.uk/case-reviews/>

Adult Mental Health Commissioners have been part of the project group to review and develop the new CAMHS model. We have through discussions agreed with Adult Mental Health Commissioners that they will commission an extended IAPT service to include 16-18 year olds utilising the portion of the Parity of Esteem Funding<sup>7</sup> that was allocated to CCGs this financial year. This will be commissioned and commence December 2015.

## **10.6 Early Intervention in Psychosis Service**

Additional Parity of Esteem Funding has been made available to develop the service and to meet new Waiting Times Standards. Adult Mental Health Commissioners are currently working with the existing provider, OHFT, to develop the service to meet the new standards.

During this year pathways will be developed between the Early Intervention in Psychosis Service and CAMHS. This is to ensure that appropriate links are made and that young people have access to a service that is most appropriate to their needs and under 18's with psychosis have access to the specialist service to improve their outcomes. Currently there are fewer young people accessing the Early Intervention in Psychosis Service than we would expect compared with our neighbouring comparative CCGs in Bucks.

CAMHS and the Early Intervention in Psychosis Service will work together during this year to improve access to treatment for psychosis through the new role CAMHS will have in schools. There will be joint agreement between the services regarding raising awareness of psychosis and how to identify the early signs in young people.

## **10.7 Psychiatric Liaison**

Commissioners will work with Adult Mental Health Commissioners to develop an all age 24/7 psychiatric liaison service in Oxfordshire.

## **11 Plans for 16-17**

### **11.6 Implement new CAMHS Model during 16-17**

During 16-17 will be the first year of implementing the new model and it is anticipated that for all elements to be implemented this will take approximately 18 months as the service model is such a radical departure from our existing CAMHS.

### **11.7 Publishing Pathways**

During 16-17 the most common pathways will be defined and published. Communication about the pathways to all stakeholders will be developed and published. The pathways will be developed with young people and parents and will be written so they are accessible to the public.

## **11.8 Implement Phase One of the Eating Disorder Service**

The new Eating Disorder Model will commence from April 2016. Recruitment to all new posts will take place at the beginning of 2016. Protocols between the Eating Disorder Service and in-patient and paediatric service will be developed. Awareness raising to primary care and schools/colleges will take place to ensure early detection and referrals to the service.

From January 2017 work will commence to start the evaluation of the first months of the new service.

## **11.9 Developing the Workforce**

Training plan for staff will be implemented to deliver the new service as set out in the Most Capable Provider Bid including the Eating disorder Service. Specific training plan to support the roll out of IAPT to all relevant staff will be developed as a subset of the overall plan.

Analysis will be undertaken to identify further training needs to deliver plans for 2018-20.

## **11.10 Working with Schools**

This work strand will build in the aforementioned schools pilot and of course the development of the School Health Nurse Service (commissioned by Public Health).

## **11.11 Working with Council Children's Services**

Integration with the Council's Children's Services was a key recommendation from the CAMHS Review and will be a key part of the Transformation agenda.

## **11.12 Working with Primary Care and Paediatricians**

A specific offer to primary care and Paediatricians has been developed with GPs and paediatricians. This will be implemented by March 2017

## **11.13 IAPT for 16-18 year olds**

A new Service will be implemented from April 16 onwards. Pathways will be developed this year between the IAPT service (Talking Space) and CAMHS to ensure that young people have access to the right service.

## **11.14 Early Intervention in Psychosis Service**

CAMHS and the Early Intervention in Psychosis Service will work together during this year to improve access to treatment for psychosis through the new role CAMHS

will have in schools. There will be joint agreement between the services regarding raising awareness of psychosis and how to identify the early signs in young people.

### **11.15 Implementing New National Dataset**

The new National dataset for CAMHS will come into force in January 2016. This comprehensive data set will for the first time start to support commissioner to get evidence of service effectiveness and improved outcomes for children and young people. It is also our intention to get a much improved dataset to analyse access to CAMHS and areas we need to improve in terms of equality and health inequality.

### **12 Plans for 17-18, 18-19 and 19-20**

Given the intention to front load the transformation process in the first 18 months, there will be a need for consolidation across the partnership and reviewing the effectiveness of the changes. There will need to be evaluation as well as consolidation and then the plans for 2017/8 onwards can be agreed.

## 13 Appendices

### Appendix 1

#### New Oxfordshire CAMHS Model

### Appendix 2

#### CAMHS Review Engagement Report



Engagement report  
for Children and Adol

### Appendix 3 CAMHS Staffing



Oxfordshire CAMHS  
staffing 2015 Final.xls

### Appendix 4

#### Draft Timetable for the Most Capable Provider Process



Copy of Procurement  
Timetable\_CAMHS\_V2

### Appendix 5

#### Oxfordshire's Eating Disorder Service Model



ED model across  
Oxon and Bucks FINA

Appendix 6  
Eating Disorder Service Staffing current and for the new service and costing



Eating disorder  
staffing\_costs Final.>