



Emotional Wellbeing of Children & CAMHS:

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Oxfordshire
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Oxford Health
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 **OXFORDSHIRE**
COUNTY COUNCIL



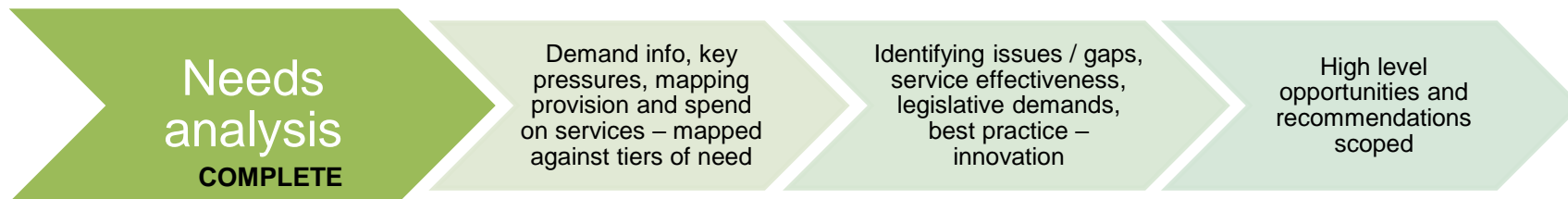
Rationale for the EMH&WB strategy

- We are now working strategically across the whole mental health landscape across Oxfordshire, with **all providers** of services, including our CAMHS service.
- We are now **engaging and working** with the **VCS sector** in a **more co-ordinated approach** with wider system partners across Health, Education and Social Care.
- Statutory services such as CAMHS has seen a significant **increase in demand following the COVID lockdowns** where the pandemic has had a **significant impact on children and young people's mental health** and we need to do more to support demand into this service - *There has been a 77% rise in the number of children needing treatment for severe mental health issues since 2019.*
- We are working with Strategic partners to **address the gaps** in provision and **work better as a system** to capitalise on **innovative** practices including the use of **digital interfaces** to meet children's needs in Oxfordshire across the whole provider landscape.



Plan and progress

October 2021 – January 2022



January 2022 – April 2022

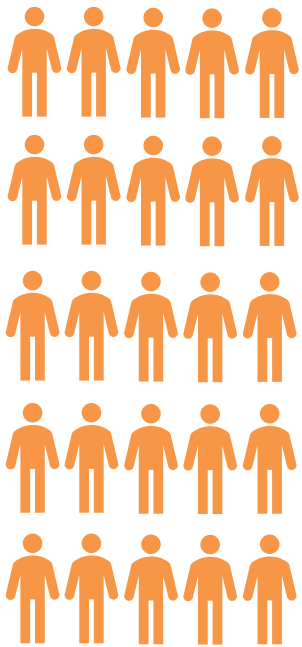


May onwards 2022/23



Estimated prevalence of children who require mental health support in Oxfordshire, 2020²

Child Population 5-16 years old



101,221

Probable mental disorder



16,159

16%

Young person population 17-22 years old



55,346

Probable mental disorder



11,069

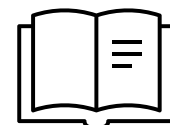
20%

² National data applied to Oxfordshire 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](#)

Children and young people (CYP) emotional wellbeing and mental health – need highlights

Key highlights:

- In 2019/20, Oxfordshire had a **higher proportion of hospital admissions as a result of self-harm** in 10-24 year olds (462.1 per 100,000) compared to the England average (439.2 per 100,000)
- In 2020, Oxfordshire had a **higher proportion of school age pupils with social emotional and mental health needs** (3.11%) compared to the England average (2.7%)
- In the four year period, 2016/17 to 2019/20, the number of referrals of Oxfordshire patients to Oxford Health for mental health services increased by 38% overall and by:
 - i. +83% for people aged 0-9
 - ii. +58% for people aged 10-19
 - iii. +36% for people aged 20-24
 - iv. +22% for people aged 25 and over



Children and young people (CYP) emotional wellbeing and mental health – needs



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OxWell
Student Survey
Young People's Health and Wellbeing

2021 OxWell Survey

Top 10 facts

Mental Health:
Nearly 1 in 5 students are experiencing significant mental health difficulties and many find it difficult to get help.

Appearance:
Most students are worried about how they look.



Gaming:
Nearly half of all students spend 4 or more hours playing games on their computers or gaming devices.



Concentration:
Half of six formers find it more difficult to concentrate now than before lockdown.

Children and young people (CYP) emotional wellbeing and mental health – needs

Loneliness:

Around 1 in 5 students often feel lonely.

Bullying:

1 in 12 year 9 students said that they have been bullied in the past year.



Social Media:

A third of students are spending over 4 hours on social networking sites.



Money:

Around 1 in 5 of all secondary students are worried about having enough money to pay for food or living costs

Sleep:

Over a third of year 12 students often feel too worried to sleep.

Exercise:

More than half of respondents are exercising more now than before the first lockdown.



The data provided on this poster was compiled from the 2021 OxWell survey that 180 schools and over 30,000 students participated in.



Children and young people (CYP) emotional wellbeing and mental health – **local organisations and services mapping**

Key **themes** from mapping exercise:

- There is a **rich array of services and projects** to support children and young people's emotional wellbeing and mental health in the county, provided by a **strong voluntary and community sector and statutory health service provider**.
- Despite this, the overall offer is **not coordinated** meaning there is an **inequity** of services and projects **geographically** and accessing support can be hindered by what is available in the local area.
- Referral routes to the VCS sector are **confusing and inconsistent** and CYP, their families and professionals are not always aware of services or how to access them, which has resulted in a high rate of referrals that do not meet CAMHS thresholds being referred (**38%**).
- Waiting lists for some non-clinical and non-statutory services **increased** as demand has increased for all mental health interventions across the county, mirroring what is happening in statutory services since the pandemic.
- There is a gap in a coordinated **early primary prevention offer** of mental ill health that would promote good mental wellbeing and **support those at risk of developing poor mental health in the future**.



Children and young people (CYP) emotional wellbeing and mental health – local organisations and services mapping

- 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
- The spend and number of projects in ‘**getting advice**’ is one of the lowest areas of spend –demonstrating a **low level early intervention and prevention** interventions across Oxfordshire which is requiring further investment
- CAMHS provide services across all 4 levels of the iThrive model including the Single Point of Access



	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*

*N.B. not all organisations were able to provide annual capacity, or budget information for each service or project.



Gaps, challenges and opportunities across the Mental Health sector

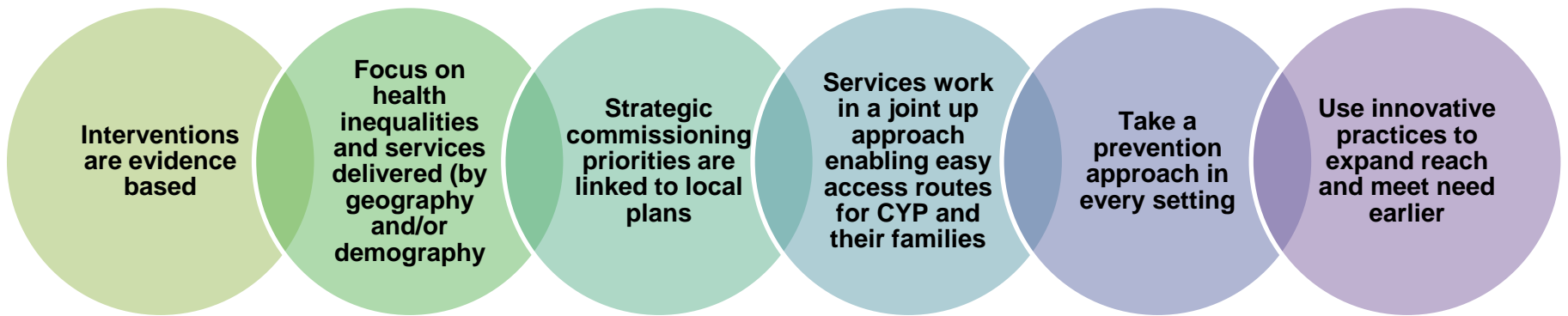
- Creating **Single point of access** that includes **emotional wellbeing and mild-moderate support** – potential to link non-clinical and clinical pathways
- Establishing Universal **digital** offer that all Oxon CYP can access
- **Increasing information** about what services and support are available
- Increased support to improve **CYP and family resilience**
- Additional **training for universal staff** – including schools, foster carers, early years workers to better support CYP with their mental health
- Eating disorder **prevention required**
- **Pre NDC-diagnoses support** for those waiting for a diagnosis

Target groups who require more support:

- autism/ADHD,
- CYP with disabilities,
- CYP LGBTQI+,
- low income families,
- CYP with ACES,
- CYP and families from ethnic minority backgrounds,
- young carers



Strategic themes that have emerged so far are:





Next steps

Long list of
opportunity
areas

- Consult with children and young people and their families on the long list of opportunities created to address gaps, inequalities and meet needs in the future – by mid March

Short list
opportunities

- Short list the opportunities against key objectives of the strategy and a range of metrics with a panel of key stakeholders – by end of March

Business cases

- Create business cases for short list opportunities to secure funding and agree steps to implement by end of April

Implement &
Review progress

- Implement agreed outputs of the strategy from May
- Review effectiveness of the outputs of the new strategy via the CAMHS Local Transformation Plan and Oxfordshire Mental Health and Well-being Board



What we offer across Oxfordshire CAMHS

CAMHS uses the National Thrive model

This includes:

- A **Single Point of Access** team where the majority of all referrals are triaged by qualified mental health clinicians.
- **Advice and sign-posting** to community resources
- Direct access to **Community & School In-read** as well as new **MHSTs** in schools
- Specialist assessments & Treatment in the **Getting Help, Getting More Help** and other pathways, including;
- **Neuro Developmental Conditions (NDC)** service that is NICE compliant
- Specialist CAMHS teams. Such as **FASS, IPPS, Horizon, L&D, CAHBS, FCAMHS, Outreach & DBT**
- Services for Young people with a **LD** as well as the **Autism & LD Liaison (Keyworker)** service for young people at risk of admission or placement breakdown
- **Child & Adolescent Eating Disorder Team**
- New **Clinical Interface & Transitions Manager**
- **CAMHS Crisis service and Home Treatment** and **24/7 Mental Health Helpline** accessed via
- All offered as a blended approach of digital, face to face & in schools.



Figure 2: THRIVE framework

Digital investments in CAMHS. Two areas of significant innovation:

Capacity to offer digital appointments for assessment and therapy (by teams) has increased overall appointments offered by 15,000 and 45% of work now delivered in this way.

Using and creating new digital tools. For example the development of OVAAT tool in the neuro-development tools is enabling local digital NDC assessments or the trialling of SLEEPIO as a new self help digital app.



Headline Metrics – whole service

Demand into the Single Point of Access

- Number of referrals. Mainly a stable average of 5382 referrals a year, over a 4-year trend. Above average per 100,000 from the NHS Trust benchmarking data.
- The 4-year average of cases that are accepted to assessment and intervention in one of the service offers is at 53%. From Trust to Trust NHS benchmarking Oxfordshire are above the per 100,000 rate for accepting referrals, but below the national % acceptance rate.
- *These two metrics identifies a key issue that we need to solve as a system – either to decrease CAMHs referrals by better communication of provision around CAMHs (and likely increase the pre CAMHs offer) OR*
- *Embrace SPA being the system wide front door and set up a partnership broader response once they present at SPA*

Accepted Referrals from SPA to Core offer in CAMHs Majority referrals go into our Getting Help (GH)/ Getting more Help service offer – remained stable at a 4- year average of

- However, over the same 4 years very clear increase in Eating Disorder referrals by 139% with first of 4 years at 88 referrals
- Neuro-development Condition (NDC) team has a disguised demand pressure within it. In addition to the referrals from SPA to the team there is a significant number of CYP that are referred internally from the other CAMHs teams for a Autism & ADHD assessment and treatment. (for example, in our current year, referrals from SPA are 310 and internally there is another 484 to manage).



Headline Metrics – whole service

Waiting times (data here is a Jan 22 snapshot in time)

- We measure waiting time from referral to starting the service assessment as either an Urgent or Routine response (based on the risk presentation of the case)
- In Getting Help and Getting More help service offers the median waiting time for urgent cases is 8 days and for routine cases is 14.4 weeks. As an example there are 375 'routine' CYP waiting in Getting More Help and 740 'routine' CYP waiting in the Getting Help service.
- In Eating Disorder service, the median waiting time for urgent cases is 10 days and for routine cases is 13.7 weeks. For example 50 CYP routine cases are waiting but an appointment date booked.
- In the NDC team, they only offer routine response, and the median time is 45.3 weeks. There are 1844 CYP waiting to start with the NDC team.
- To note there is no waiting time for our Mental Health Support Teams or the specialist support teams e.g. FASS, Liaison and Diversion.
- **From NHS Trust to Trust benchmarking Oxfordshire has around 1900 CYP per 100,000 (0-17) waiting for the 1st routine appointment as compared to the national median of 400.**



Tackling waiting times - 2 strategies/ approaches

a) Providing help whilst CYP are waiting

- ED – offer a 6 week parent support group and worker calls to support. Exploring option of package of support whilst waiting from a local voluntary sector organisation. Families can always access a physical health clinic if needed.
- GMH – duty system offered to all families (average calls 210 a month) and parent support group offered immediately to join. Implementing a regular text support system for CYP.
- Crisis support in place for any CYP, including access and use of NHS 111
- NDC – duty system offered to all families (average calls 200 a month) website and support resource information offered at point of referral. Exploring option of package of support whilst waiting from a local voluntary sector organisation.

b) Reduce waiting times

- Partnering with online assessment and intervention offer that provides the same as our GH GMH services but at distance and via Teams
- Using innovative self help tools e.g. SLEEPIO, that can meet needs whilst waiting.
- Continue to push on recruitment to be fully staffed (see next slide for more)
- Ongoing review of waits to move into other service offers. Trialling approach of social prescribers inside GH and GMH service



Staffing position headlines

Overall Vacancy rate for the service is **24%** or 57.4 full time equivalent (fte) roles not filled within the 236.8 fte budgeted.

Certain roles are harder to fill than others. For example, currently we only have 3 medical psychiatrists permanently in role, others are filled with locums

Certain teams are higher vacancy rate than the overall service – for example, our Crisis response team rate is 40% and our MHSTs have 0% rate.

Activity that is seeking to address the vacancy rate(s) in CAMHs

- Being Creative with post to match the market availability.
- Offering development posts e.g. start as a Band 5 for a Band 6 role.
- Greater skill mix within teams
- Using digital providers to boost our workforce

- Using Social Media campaigns to recruit.
- Seeking to recruit from overseas
- Reviewing the Trust package
- At our the ICS level, initiating how to 'train' within our area to retain within our Mental Health Trust.



Children and Young People's Experience & Feedback

Mainly when CYP access and receive treatment and support they tell us they have a positive experience.

Evidence:

Between Jan 21 - Feb 22, **109** reviews gave us an average of **4.67** from the star rating feedback and **91.74%** people saying they had a positive experience.

Improvements needed in the wider system

- More understanding of mental health needs / ASD within education
- More options for young people whose needs cannot be met within mainstream education
- Better communication between health and social care services for young people with complex needs

Key service specific areas for improvement from CYP and families experience:

- Waiting Times for assessment, treatment and diagnosis are too long and the cause of distress.
- More help, support & guidance in managing day to day challenges
- More Crisis support
- More information about what CAMHS can / cannot do
- More time for building relationships and trust making it easier to engage with treatment





Change & Transformation Potential

As we drive towards an improved system side responses to mental health needs our transformation must be partnership based and focused on the best possible care and outcomes for Oxfordshire's Children & Young People. Our focus be to tie areas of change to opportunities for transformation

<u>Area of change</u>	<u>Opportunities for transformation</u>
<ul style="list-style-type: none">• More MHSTs	Integration with Community/ in-reach and the single point of access
<ul style="list-style-type: none">• Digital opportunities	Self help offer, using a common tool Consolidation of alternative interventions from a digital provider Digital support Whilst waiting offer
<ul style="list-style-type: none">• Working with complex presentations	TV bid implementation Integration opportunities with social care Key worker and PEACE pathway models
<ul style="list-style-type: none">• Meeting the ED challenge	Service offer widening Working with Acute and Inpatient
<ul style="list-style-type: none">• Strengthening our CAMHs offer	Recruitment and retention Routine Outcome measures
<ul style="list-style-type: none">• Creating a seamless system offer	Working on the EWB offer to align with our system approach to accessing help