

Oxfordshire Child and Adolescent Mental Health Service (CAMHS)

Members' briefing for Oxfordshire HOSC

Feb 2022

Introduction

This paper is providing the background information and data as a member briefing supporting the presentation from Oxford Health Foundation Trust (OHFT).

Strategic and national context

OHFT's vision is 'outstanding care delivered by an outstanding team' delivered through a focus on four strategic objectives (listed below) all of which align to the delivery and transformation of Mental Health described in the NHS 10 year Long Term Plan ([NHS Long Term Plan](#)).

1. Deliver the best possible care and health outcomes
2. Be a great place to work
3. Make the best use of our resources and protect the environment
4. Be a leader in healthcare research and education

The NHS Long Term plan, building on the 5-year forward view for Mental health, prioritized spend and ambition for meeting a growing mental health need in England. Nationally the plans headline commitments included an additional 345,000 children and young people (CYP) will access support by NHS funded Mental Health services, including the new Mental Health Support Teams (MHSTs), 95% of CYP with Eating Disorders (ED) will meet referral to treatment waiting standards and full coverage of 24/7 mental health crisis provision for CYP.

The Coronavirus pandemic has had a significant impact on the mental health of the population as well as the services that care for and support them. Despite this, service delivery has continued throughout the pandemic and the transformation of mental health services as per the NHS Long Term Plan (LTP) is still very much relevant and underway.

What is the offer?

Oxfordshire CAMHS works within the Thrive framework. This is a person centered and needs led approach and focuses on five categories: Thriving, Getting Advice and Signposting, Getting Help, Getting More Help and Getting Risk Support.

The aim of the framework is that no young person gets stuck within a 'tier' and can access the help they require from any part of the system.

Oxfordshire CAMHS teams begin at the Single Point of Access (SPA). All referrals go via the SPA from professionals, schools and Voluntary agencies as well as Self-Referral. The SPA collects the right information to be able to triage the needs of the young person and decides whether they need a service from CAMHS and if so which pathway. That includes a lower level of help from the offer Community In-reach Team (CiR), Mental Health in Schools (MHST) and to the School In-reach teams. The SPA also assesses risk and urgency of need which can result in the CYP being seen quicker.

If the SPA decides that a CAMHS assessment is not required, they will communicate with the family offering alternative options of help outside of Oxford Health and ensure that the solution is communicated back to the professional if they initiated the referral.

Once the young person is assessed by the appropriate clinical team an offer is made of the relevant treatment that would help. The teams offer evidence-based interventions, for example Cognitive Behavioural Therapy (CBT) or family therapy as well as risk support if the CYP has complex needs, for example crisis or key worker support.

Oxfordshire CAMHS offers a Crisis Resolution and Home Treatment Team who support young people to stay well at home instead of becoming a mental health inpatient e.g. at Highfield. The team will also support young people if they did need admission to leave their stay early in favour of home treatment.

We partner with Local voluntary agencies to deliver elements of our offer. Primarily we work with Response, leading a partnership of smaller organization to deliver one to one support that helps with positive engagement and goal setting.

Digital Working

Throughout our response to COVID-19 the Trust rapidly introduced digital consultations via Microsoft teams. This enabled service provision to continue through COVID-19 restrictions.

The CAMHS teams have embraced the digital working and it has had good feedback from young people and especially parents who valued the not having to travel aspect to the offer.

The teams have increased their productivity throughout the pandemic and last year carried out 15,000 more appointments than pre pandemic.

During the pandemic one of the biggest issues for the Neuro Developmental Conditions (NDC) team was that they could not carry out one of the parts of the assessment for Autism whilst the young person was wearing a mask. This became a real issue, so the team decided to develop a digital tool to enable them to use the tool digitally. This tool is called the Observational Virtual Autism Assessment Tool (OVAAT). It is being recognized by NHSE and investment was given to us to evaluate it.

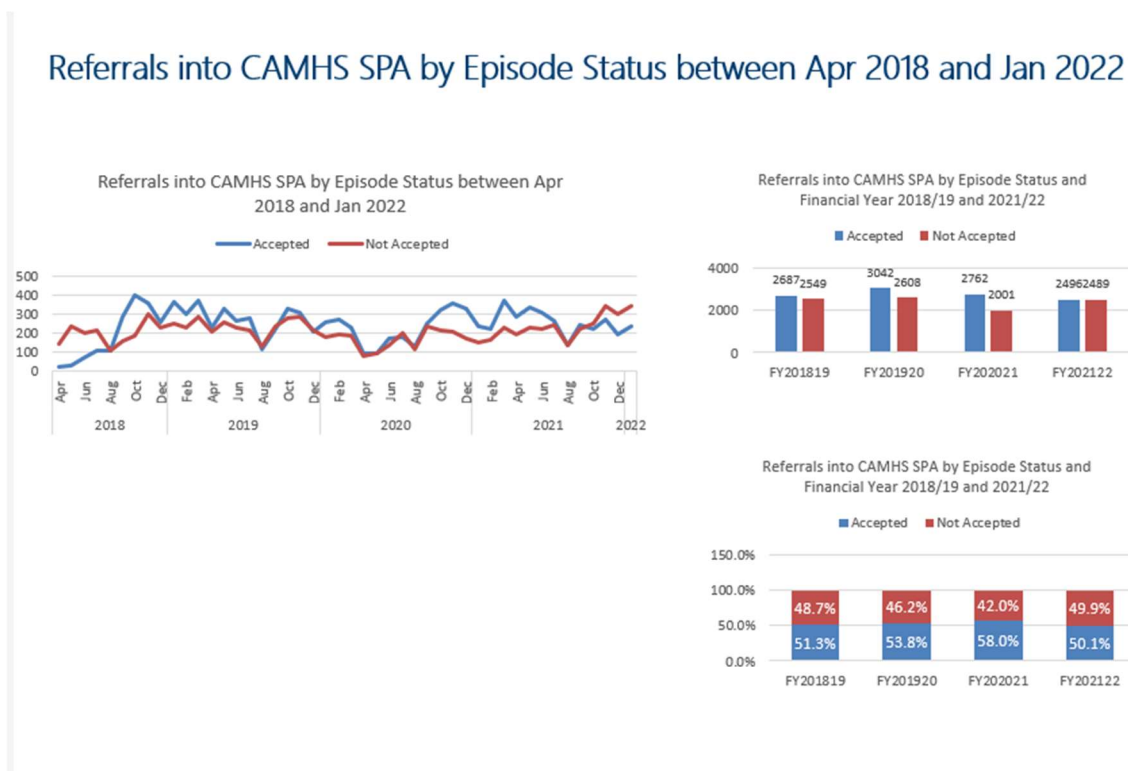
Despite the pandemic and impact on staff absence, CAMHS has sustained increased rates of access for the young people of Oxfordshire supported by adoption of digital working across the organisation.

	Number appointments offered	of % increase of appointments offered compared with 2018/19	of % face-to-face	% of digital
2018/19	44,027		66.5%	<4%
2019/20	47,642	8.2%	60%	<4%
2020/21	62,309	41.5%	7.5%	46%
2021/22	56,992 (Conservatively Predicting 62,184)	41.2%	20%	43%

Referrals and waiting times/ Key Metrics

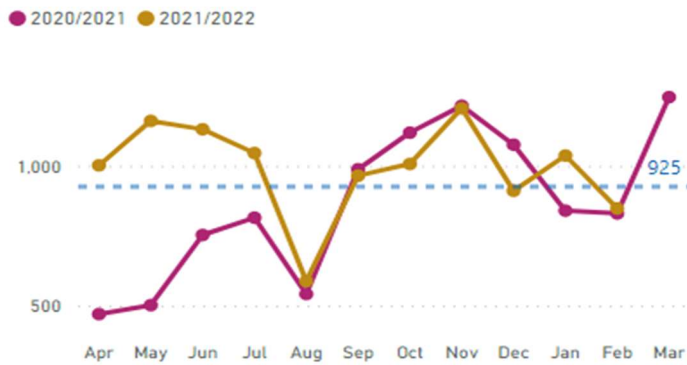
The below table shows the growth in referrals to Oxfordshire CAMHS over the last 4 years, there are seasonal dips each year which is common in CYP MH services. During 2020 the decrease in referrals is an impact of Covid and children not being in schools and less seen. Regular escalation meetings were setup with the Local Authority to ensure that concerns about young people were shared amongst partner-agencies. For the later part of 2020 the referrals started to increase again to pre Covid 19/20 monthly referral rates.

Referrals into CAMHS SPA by Episode Status between Apr 2018 and Jan 2022

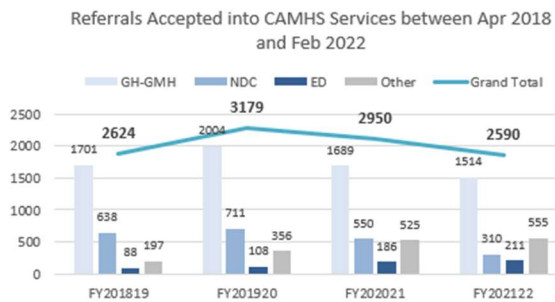


In the next diagram, focusing on 2020/21 and 2021/22, you can see that there has been a return to high levels of referrals.

How do referrals compare to previous years?



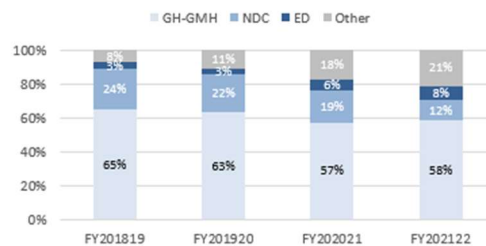
Referrals Accepted into CAMHS Services between Apr 2018 and Feb 2022



Since 2017 all referrals come in via the Single Point of Access and are triaged for appropriateness, the table here is of those referrals accepted into Oxfordshire CAMH services.

This shows which clinical pathways the referrals were allocated to, including GH/GMH, NDC and ED.

% Referrals Accepted into CAMHS Services between Apr 2018 and Feb 2022



ED: Increase in Demand and Acuity

Referral Rates

- 63% rise in referrals during 20-21
- This equates to an additional 80 referrals over the past 11 months
- Team caseload overall has increased by 55%

Intensity/Complexity Impact

- 41% increase in CYP ED referrals to CRHTT
- 94% increase in CYP ED presentations to [paediatrics](#) (marker of +++ acuity)
- 77% increase in [paediatric](#) admissions for CYP with ED
- 112% increase in [paediatric](#) bed days, partly due to lack of specialist beds

Our Staff

Our teams are highly skilled and experienced people that provide excellent services. We have multi-disciplinary teams, that include a wide range of clinical expertise. We pride ourselves on being a good place to work but both locally and nationally CAMHS Services often struggle to recruit – this is clearly represented in our vacancy rates.

The table below outlines the whole-time equivalence % rates per service area in Oxfordshire CAMHS. The overall rate for the service is currently at 24%, the data pulled together on 24.2.22. There is significant variance between teams and what this table does not show but there is a significant variance between the roles in each of these teams. For example, currently we only have 3 medical psychiatrists permanently in role, others are filled with locums.

Service	Number of Vacancies (WTE)	Number of posts in team (WTE)	Vacancy Rate (WTE %)
Crisis Home Treatment Team	6	15	40.0%
Eating Disorder Team	6.4	24.5	26.1%
Neuro-Development Condition	5.87	31	18.9%
North Getting Help/ Getting more Help	13.42	37.3	36.0%
South Getting Help/ Getting more Help	12.1	44.1	27.4%
Learning Disability service	0.4	7.2	5.6%
Specialist service	1.3	18.23	7.1%
Single Point of Access	10	27	37.0%
Mental Health Support Team	0	19.2	0.0%
Outreach Service for Children and Adolescence	2	13.29	15.0%
Totals	57.49	236.82	24.3%

The Trust is working hard to increase the recruit activity including improving its use of social media, seeking to recruit people from overseas as well as reviewing the incentive packages to attract more people to work with Oxford Health. Within CAMHS we are being creative with our roles, testing new ways of building a team offer with the range of people that are available from our local job market, e.g., social prescribers into the single point of access team. We are creating development posts that employ people at a lower band but with the budget headroom to invest in their training and support to enable them to reach that higher banded role that we are struggling to recruit. For example, recruiting people on Band 5 starting grade as a mental health practitioner and working with them to get to the band 6 practitioner that we want.

Children and Young People's feedback.

Gathering the views and feedback from young people and carers is important to us. Our lead for Patient Experience and Involvement, works with Oxfordshire CAMHS to implement the wider trust strategy for patient involvement and involves clinical staff in meaningful opportunities to not just gather this feedback but to also respond to it.

This is gathered through several ways including informal feedback directly to staff as well as the "I Want Great Care" service and Patient Participation Groups. We have also been working with the UnLoc Team to develop a Youth Board for Oxfordshire and have co-created the 2022 Oxfordshire Parent Carer Forum's annual survey.

The Trust has a Patient Advice and liaison Service and process in place for investigating and responding to complaints, which includes development of action plans should improvements be required which are widely shared across the teams for learning.

Challenges for CYP and CAMHS including the impact of the pandemic

In addition to the known impact of COVID on the mental health of our communities there continues to be impact on NHS staff morale and sickness rates. Our Challenge is to ensure that we remain a compassionate and excellent place to work by continuing to provide a supportive team environment, good supervision, and strong leadership to our staff.

In addition to the acknowledged rise in general mental health concerns in CYP there has been an increase in a range and nature of complex presentations, particularly CYP with Autism and Eating Disorders due to COVID measures. This is represented in the numbers needing inpatient beds, the CYP on acute hospital wards and the numbers our Crisis teams are working with. CYP and their families are under significant stress and our teams working to provide a more intensive offer to help. The challenge is in the volume applying pressure on our operational capacity, as we are not as able to maximise patient flow through our services, they are open longer and require more appropriate intensity of support.

The demand versus capacity problem that is seen at its sharpest in Single Point of Access, Neurodevelopment and ED pathways as evidenced in the service metric section of this

report. It is clear this is resulting in significant waiting times that Oxford health is prioritising to resolve. However, the challenge is the combination of two underpinning elements, the challenge of staff recruitment for example eating disorder or crisis service, as well the funding available for specific pathways limiting our capacity to meet demand, the NDC pathways being our clearest example.

The need for greater system collaboration working remains a key challenge. The importance of strengthening our joint governance, commissioning and decision making must improve our information sharing, joint planning and funding, coordination of offers, & professional and organisational relationships. The opportunity is for leaders to sponsor accelerating both our Oxfordshire and the wider ICS maturity

CAMHs Developments to date

Mental Health Support Team:

We are in the process of expanding with the latest phase of the Mental Health Support Teams, which is being allocated in September 2022 to cover South Oxfordshire.

Eating Disorder (ED) Service

The team are creating an addition element to their offer providing more intensive support at home, focusing on meal support and support for the whole family.

PEACE pathway

Oxfordshire is part of this exciting work across the Thames Valley that is piloting a new approach to working with CYP who have both eating disorders and Autism. They are trialing new treatments as well as providing training to existing ED and Neuro-Development Condition teams on both topics

Single Point of Access (SPA):

A review of processes is being undertaken to support the increase in demand as we have needed to reallocate resources at several points over the past year to ensure timely response to SPA requests. Staff have been working incredibly hard to keep the service performing well and were highly commended with a Trust Exceptional People Award.

We are allocating transformation funding to implement Sleepio, a digital Cognitive Behavioural Therapy (CBT) programme into our SPA. This is a guided self-help programme for young people improve sleep as well as low mood.

Specialist CAMHS:

Success in being awarded the Vanguard 'Thames Valley Children with Complex Needs' funding. It has been agreed that Oxfordshire will be the first year pilot site for year one.

Keyworker (Learning Disability & Autism Community Liaison Service):

NHS England have given Oxfordshire an accolade as an Exemplar Site and have been invited to contribute to the development of the National training of Keyworker Services. We have

also embedded the first CAMHS Social Prescribers in this service and have been able to support Young People to not require Tier 4 inpatient services unnecessarily.

Autism Champions and Response Partnership working:

Recognising the pressures in our GH and GMH services, we have been creative with non-reoccurring underspend from vacancies and have agreed to commission two services to support CAMHS. Response is providing two Social Prescribers for the North and South Core CAMHS services and Autism Champions will be providing some specialist Autism interventions which will help the recovery of young people with ASD that also present to mainstream CAMHS services.

Long Term Plan – transformation potential ahead

Our Trust wide transformation is about focusing our resource on delivering our key vision and Trust wide strategy ([Oxford Health NHS Trust Strategy Summary 2021-2026](#)), which in turn supports the delivery of the both the NHS Long Term plan as well as the Oxfordshire Local Transformation Plan ([CAMHS LTP Refresh 2020-22.pdf \(oxfordshireccg.nhs.uk\)](#)).

As we seek to deliver the best possible care and outcomes for Oxfordshire’s Children & Young People the transformation potential that the Trust is leading on include a range of opportunities.

Delivery of new Mental Health Support Teams across the county, adding to the existing 4 teams already operational. These teams are fast becoming a key vehicle for identifying with schools and key community partners the need early to respond either with school led or OH led intervention to help that pupil recover and thrive at school and at home. As well as bringing newly trained staff to the service offer, the

MHSTs as they grow (within 2 more years covering 50%+ of the county) provides us the opportunity to seek to integrate our existing In Reach services and the work of our Single Point of Access into a joined-up response. The transformation potential is to collaborate with council and voluntary sector services to provide a high-quality consultation, training and decision-making offer to families and schools about meeting the widest of needs of CYP as early as possible.

Consolidating and strengthening the digital offer within CAMHs is a rich transformational opportunity. Within our Integrated Care System (ICS) a recent piece of audit work has been completed with the Academic Health Science Network as a partner. The audit has reviewed 20+ digital provider offers, and the results have already supported strategic thinking and likely commissioning opportunities to meet some of our challenges. Three specific approaches that present themselves are;

- Firstly, invest in or build a clear self-help platform offer that provides a range of tools such as peer to peer support, educational information about mental health conditions with advice about coping and managing, webinars and electronic only clinical apps to support recovery.

- Secondly, adding to the self-help platform a further set of 'support whilst waiting' interventions, adding to tools already being used, e.g. SLEEPIO or Kooth.com. These tools are often self-directed by the young person and the family but supported by a clinician or team in the background and seek to speed up recovery or prevent escalation of need.
- Thirdly, consolidate alternative assessment and therapeutic intervention offer from a national digital provider that can regularly take a proportion of cases from getting help and getting more help teams.

With an 139% increase in eating disorder (ED) referrals over the last 4 years, the increase in urgent and inpatient presentations of ED cases has presented Oxford Health along with majority of other Southeast regional providers is a significant challenge. To meet this challenge Oxford Health will continue to trial new ways to meet this challenge, such as.

- Rolling out a hospital at home offer that seeks to support families manage complex eating disorder needs in the community
- Increase intensive meal support at home from community ED teams.
- Increase liaison and training into Acute hospitals to support young people on wards to help whilst an inpatient and accelerate discharge.

A key system wide opportunity is to transformation the multi-agency collaboration when working with complex young people's presentations, within the youth justice system, in the child protection & care system or in mental health crisis. Transformation is required to coordinate professionals and services underpinned by a shared trauma informed approach between professionals; engagement with the young people and their families; families empowered to navigate the system. Oxford Health will lead a Southeast vanguard programme that will pilot new and innovative ways of working, based on our already successful forensics offer across the Thames Valley. This exciting transformation opportunity will provide a focus for high appetite across the sectors to enhance collaborative working to improve outcomes for this vulnerable group of young people and their families.

Our Transformation programme will continue to evolve not least with the specific work of the Emotional Wellbeing and Mental Health strategy for Oxfordshire. There will be opportunity to meet the ambition of a seamless system wide offer together with the Local Authority, Schools and Colleges, other NHS trusts and the voluntary and community sector.