REPORT OF: THE JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE (HOSC): CAMHS Update Item

REPORT BY: SCRUTINY OFFICER (HEALTH), OXFORDSHIRE COUNTY COUNCIL, DR OMID NOURI

INTRODUCTION AND OVERVIEW

1. At its meeting on 23 November 2023, the Oxfordshire Joint Health and Overview Scrutiny Committee (HOSC) received a report containing data and development updates from Oxfordshire Child and Adolescent Mental Health Services (CAMHS).

2. The Committee felt it crucial to receive an understanding of key developments and data trends within the Service. It found it highly crucial to receive a separate update specifically from CAMHS, as it understands the importance of CAMHS' work and its contributions to mental health for children and young people in the county.

3. This item was scrutinised by HOSC given that it has a constitutional remit over all aspects of health as a whole; and this includes initiatives by the NHS and its partners to ensure that adequate measures, preparations, and services are in place to cope with potential increases in demand for children's emotional wellbeing and mental health services. When commissioning this report on the CAMHS update, some of the insights that the Committee sought to receive were as follows:

   - Whether the Covid-19 pandemic as well as the cost-of-living crisis have had an impact on children's mental health within the county, and if so, if there is a recovery from this trend.

   - The existence of any potential KPIs relating to CAMHS, and how the service is meeting set targets.

   - Information on waiting times for CAMHS services (including a rough outline of waiting periods, whether these are optimal/being reduced, and whether patients continue to receive some form of support whilst remaining on waiting lists).

   - Whether there is an increased demand for CAMHS services, and if so, how this demand is being managed.

   - The degree to which there is a single point of access.

   - Information on referrals processes and how efficient and effective these are.

- The degree to which staff receive adequate training, and if there are any training-related targets or improvements that still need to be met.

- Details of any work undertaken with schools for the purposes of addressing children and young people's mental health.

- How children and young people are having an opportunity to provide input into the designing and commissioning of services.

- How CAMHS services will complement wider work and efforts within the system to improve health and wellbeing overall.

- Whether there is an adequate level of resources and workforce within CAMHS.

SUMMARY

4. The Committee would like to express thanks to Vicky Norman (Head of Service Oxfordshire CAMHS & Eating Disorders); Katrina Anderson (Service Director, Oxfordshire, BaNES, Swindon & Wiltshire Mental Health Directorate); Doreen Redwood (Health Commissioning Manager, Start Well) for submitting the CAMHS report and for attending on 23 November 2023 to answer questions from the Committee. The Committee would also like to thank other officers who also attended and contributed towards this item including Stephen Chandler (Director of People, Transformation and Performance); Ansaf Azhar (Director of Public Health); Anne Coyle (Interim Director of Children's Services); and Daniel Leveson (BOB ICB Place Director, Oxfordshire).

5. A key aspect of the discussion revolved around the impacts of the cost-of-living crisis. The Committee was keen to understand the degree to which this crisis had resulted in a decline in the mental health of children and young people, and whether CAMHS was playing any role in helping to support children and families whose mental health had significantly declined as a result of the crisis. It was explained to the Committee that it was difficult to always identify cause and effect patterns, and therefore it was not straightforward to suggest that the cost-of-living crisis had resulted in a significant decline in children's mental health. However, what could be said was that there had been a significant rise in the rate of referrals to CAMHS Services, as well as in the acuity of those children who are presenting.

6. The Committee emphasised that the service should keep a close eye on the impacts of the covid-19 pandemic as well as the cost-of-living crisis on children's mental health and wellbeing. The BOB ICB Place Director added that during the work undertaken as part of the Health and Wellbeing Strategy, the themes of the cost-of-living crisis as well as the covid-19 pandemic resonated in all these contexts.

7. The Executive Director of Healthwatch Oxfordshire also explained that as part of Healthwatch's work undertaken for the public engagement around the Health and Wellbeing Strategy, the cost-of-living was a significant theme. Healthwatch reported that the crisis had generated further stresses on working families, which resulted in an increase in parental stress which would have a knock-on effect on Children's emotional wellbeing and mental health.

8. Moreover, the Committee emphasised that there were indeed national challenges around workforce, and queried the steps that had been taken to secure adequate recruitment of staff. It was outlined to the Committee that recruitment fairs were held in Belfast, Dublin, and Glasgow; with two nurses from Glasgow expressing a keen interest in relocating. It was also explained that the service was being more creative in how it looked for employees and created job roles, and was looking to become as needs-led as possible.

9. Additionally, the importance of staff retention was also raised by and discussed with the Committee. it was explained that the service was not performing too badly in this regard, and that there were staff that remained in their post for multiple years. There were also simple steps taken to support staff in terms of providing very clear job plans to avoid staff becoming overwhelmed, and for staff to comprehend what the Service's expectations were from individual staff members. The BOB ICB Place Director added that as the system further developed, including with the development of the BOB mental health collaborative, one of the increased benefits of such growing partnership working would include single recruitments and job shares.

10. Furthermore, the topic of CAMHS waiting lists was also discussed with the Committee. The Committee was informed that every effort was made to reduce waiting lists. It was also agreed that patients should continue to receive support whilst on waiting lists.

11. Related to the above, another theme of discussion revolved around whether parents who paid privately for an assessment would gain priority on the list, and whether there were any plans in place to reduce waiting times and prevent inequalities. The Committee emphasised and was also assured that this would not be the case, and that patients receiving private treatment would not gain any priority at all.

12. Moreover, staff training was a key point of discussion during the meeting, and the Committee raised that all Mental Health Workers should receive adequate training on how to interact not only with patients, but also with their wider families. It was agreed that it was crucial for family members to understand as well as to feel involved in the services that children and young people were receiving from CAMHS.

13. The Committee also raised crucial points relating to discharging. It was queried as to whether there had been an increasing resort to swifter discharging, and urged that if this was the case, that the imperative for swifter hospital flow was carefully balanced with the actual needs of patients already in hospital. The Committee were informed that patients received effective

aftercare upon being discharged from hospital. However, it was raised by the Committee that close coordination with other partners/services within the system was pivotal so as to enable discharged patients to receive adequate support in the long run upon leaving hospital.

KEY POINTS OF OBSERVATION & RECOMMENDATIONS

14. Below are some key points of observation that the Committee has in relation to CAMHS services. These key points of observation relate to some of the themes of discussion during the meeting on 23 November, and have also been used to shape the recommendations made by the Committee. Beneath each observation point is a specific recommendation being made by the Committee.

Discharges and effective aftercare: The Committee understands that swifter discharging may constitute a positive step for two reasons. Firstly, swifter discharging may be ideal for the purposes of helping to ensure swifter and more efficient hospital flow. Avoiding lengthy and inefficient discharging would allow for patients that desperately require admittance to be given the opportunity to receive hospital treatment. Secondly, some patients may genuinely prefer to not remain in hospital for prolonged periods, and may prefer to receive support and treatment at home where possible. However, despite the appropriateness and importance of swifter discharging in certain contexts, it is vital that discharges are undertaken in a manner that ensures that patients have the necessary support upon leaving hospital, with a view to avoiding future cycles of the worsening of their conditions and readmission. Often, patients would continue to require support even upon leaving hospital, particularly in the weeks and (potentially) months subsequent to discharge depending on the severity of their ill mental health. Therefore, clear processes must be in place, and there is a key point about having clear infrastructures of support for patients who are discharged. This would require close coordination and communication with the families of discharged patients, so as to provide them with the tools of support also.

The Committee understands that poor emotional wellbeing or mental health can, in some instances, take prolonged periods to recover from. It is important that this is recognised, and as such, that decisions over discharging and aftercare are based on this logic and understanding.

Recommendation 1: *For patients to receive effective and good quality aftercare upon being discharged from hospital; and for there to be close coordination with families as well as with other partners/services within the system for ensuring discharged patients receive adequate and sustainable support upon leaving hospital. It is also recommended that discharged patients and their families receive clear signposting to appropriate help.*

Waiting Lists: The Committee understands that being on a waiting list is an inevitable part of the process of receiving CAMHS support. However, there is a crucial point about waiting lists not needing to be unnecessarily lengthy, particularly for vulnerable children or even children from disadvantaged backgrounds. Whilst poor mental health can manifest in any child from any background or social status, careful consideration should be given to the wider context of a child's position. Certain children (including those with SEND as well as others) can be more susceptible to not only developing ill mental health in the very first instance, but could also be more prone to experiencing rapid deterioration in their mental health, particularly if support is not provided early to them.

Furthermore, it is also the case that whilst remaining on waiting lists, children and their families should be regularly communicated with. Having regular and adequate communication with those on waiting lists can help in two ways:

1. It can help provide clarity to children and families that their symptoms and experiences are being taken seriously, and as such can constitute a good form of reassurance; which can also help reduce the tendency for further mental health deterioration.

2. Having regular communication with those on waiting lists can help the service to understand what ongoing or new mental health challenges have been experienced by children whilst being on the waiting list.

It is equally vital that those on waiting lists should receive support so as to avert the worsening of their condition. This should particularly be the case for those with SEND or those from vulnerable population groups. Hence, the Committee urges that the use of Early intervention should also extend to those on waiting lists.

Recommendation 2: *To ensure that children and their families who are on waiting lists for treatment receive appropriate communication as well as support so as to avert the prospects of their mental health declining further.*

Staff Training: It is imperative that staff receive the training that is appropriate to their role, be this training that is clinical or non-clinical in nature. The Committee feels that training is important not only for the purposes of being able to interact with and treat individual patients, but that it must also revolve around how to interact with as well as support the families or carers of Children. The families of patients can be heavily impacted by the poor mental health experiences of their child, and this could even result in poor emotional wellbeing and mental health on the part of an affected child's relatives. Additionally, the Committee feels that it is also pivotal that staff are trained in a manner that would enable them to help equip families with the appropriate tools

and skills to also be able to support the emotional wellbeing and mental health of their child. Whilst the Committee recognises that children may require specialist support from trained professionals, it is also felt that families can constitute a good support network for affected children in a manner that could supplement the professional support that such children might receive from professionals. Such an approach may also further empower families and/or carers to "cope" with the mental health challenges of a child under their care.

Moreover, parenting training encouraging peer group support is used effectively by the local authority for parents of formerly looked after children to support families. Such an approach may potentially be helpful in empowering all families living with mental health challenges.

Furthermore, it is imperative that any such training that staff receive is as co-produced as possible. This is important for three reasons:

1. Families may develop further confidence in CAMHS services and would feel that their views and experiences are also being taken seriously and into account.

2. The designing, commissioning, and delivery of CAMHS services would significantly benefit from receiving insights from those children and families who have experienced mental health challenges first hand.

3. Staff may be more likely to (as well as be equipped to) further take the interests and personal experiences of patients and their families into account when providing support to a child. This may also help to increase staff empathy toward patients and close relatives.

Therefore, the Committee calls for a timely review of existing training programmes, and for children as well as family stakeholders to be consulted in the spirit of ensuring that staff training is as co-produced as possible.

Recommendation 3: *For staff to receive adequate training that involves not merely guidance on how to interact with and treat individual patients, but that also involves guidance on how to support the families/carers of children. It is recommended that a review of existing training programmes is conducted with children and family stakeholders, with a view to all training being co-produced to support staff working with children and families.*

Improving CAMHS Communication Campaigns: The Committee recognises the existing communications work undertaken by CAMHS as well as other relevant NHS and system partners to improve awareness and understanding of Children's mental health and emotional wellbeing. However, the Committee feels that there may be a point about further expanding and enhancing CAMHS communication campaigns so as to reach residents Oxfordshire-wide. It is also crucial

that system partners work collaboratively to help improve residents' understanding of the services that are available. It can often be the case that some residents and families do not have sufficient knowledge and understanding of what constitutes mental ill health, or how the signs of mental health or emotional decline may exhibit in a child. Therefore, a CAMHS communications campaign to help improve awareness and understanding of children's mental health would be highly valuable for the County. Additionally, there is a point about residents being able to understand the CAMHS related services that may be available (or Early Intervention services more broadly), as well as which specific services a child may be eligible for. The Committee also urges the CAMHS service to consider adopting a communications campaign that would also keep children and families on waiting lists regularly informed of how they can take measures to support their own emotional wellbeing and mental health whilst awaiting further professional help and intervention. It is also crucial, however, that residents are also aware of how the CAMHS service relates to any other early intervention services that may exist in the system.

Recommendation 4: *To work on improving communications campaigns to create a better understanding of the CAMHS service and how it also relates to any other early intervention services.*

Legal Implications

15. Health Scrutiny powers set out in the Health and Social Care Act 2012 and the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 provide:
 Power to scrutinise health bodies and authorities in the local area
 Power to require members or officers of local health bodies to provide information and to attend health scrutiny meetings to answer questions
 Duty of NHS to consult scrutiny on major service changes and provide feedback on consultations.

16. Under s. 22 (1) Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 'A local authority may make reports and recommendations to a responsible person on any matter it has reviewed or scrutinised'.

17. The Health and Social Care Act 2012 and the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 provide that the committee may require a response from the responsible person to whom it has made the report or recommendation and that person must respond in writing within 28 days of the request.

Members Present during the meeting who **AGREED** to the aforementioned recommendations:

Councillor Jane Hanna
Councillor Elizabeth Poskitt
Councillor Nigel Champken-Woods
Councillor Jenny Hannaby
Councillor Nigel Simpson
Councillor Mark Lygo
Councillor Michael O'Connor
Councillor Freddie van Mierlo
District Councillor Paul Barrow
City Councillor Sandy Douglas
District Councillor Katharine Keats-Rohan
Councillor Lesley McLean
Barbara Shaw

Annex 1 – Scrutiny Response Pro Forma

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January 2024