Oxfordshire Joint Health and Overview Scrutiny Committee

Date of Meeting: 21 November 2019

Title of Paper: Update report on the Mental Health Support Teams and the Child and Adolescent Mental Health Service four week wait national pilot

Purpose: The following paper aims to provide the Oxfordshire Joint Health and Overview Scrutiny Committee with a progress report on implementing Mental Health Support Teams (MHSTs) in Oxfordshire schools. It will also explain how the new MHSTs fit within the overall Children and Adolescent Mental Health Service (CAMHS) provided by Oxford health NHS Foundation Trust.

The paper also updates on progress with the Oxfordshire four week wait pilot, funded by NHS England.

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Oxfordshire Health Overview and Scrutiny Committee: Report on the Mental Health Support Teams (MHST) pilot and the Child and Adolescent Mental Health Service (CAMHS) four week wait national pilot

1.   Introduction

This paper is presented at the request of the Oxfordshire Education Scrutiny Committee, following its deep dive into secondary school attendance. It will update members of HOSC on progress with implementing Mental Health Support Teams (MHSTs) in Oxfordshire schools. It will explain how the new MHSTs fit within the overall CAMHS provided by Oxford Health NHS Foundation Trust (OHFT). It will look at how the new teams fit with the pastoral care offer that is the responsibility of each school and with wider services that support children's mental health and wellbeing.

The paper also updates members on progress with the Oxfordshire 4 week wait pilot, funded by NHS England, which aims to test the best way to reduce waiting times for CAMHS and support setting of a new national CAMHS waiting standard.

2.   Mental Health Support Teams

Oxfordshire Clinical Commissioning Group (OCCG) secured NHS England funding to pilot four new MHSTs in Oxfordshire schools. Each team will cover 8,000 students. The first phase of the pilot is well underway with two teams established in Oxford City covering all primary and secondary schools. Plans for two additional teams were launched in October with primary and secondary schools in the Banbury and Bicester area. There are thirty-five schools participating in Oxford City and thirty-nine schools invited to take part across the Bicester and Banbury area. The schools were chosen following a needs assessment and agreed by the multi-agency CAMHS Assurance Board. This methodology will be used to recruit new schools if and when OCCG is successful in further bidding to NHS England. The pilots run until March 2021 and are subject to national evaluation.

Mental health support teams will consist of specially trained staff linked to groups of schools. They will offer individual and group help to young people with mild to moderate mental health issues including anxiety, low mood and behavioural difficulties. The new teams will also carry out targeted group sessions and whole school assembly work and where appropriate can offer group parenting classes that aim to help parents with children's social and emotional health issues.

The MHSTs will work with the designated school mental health lead. This is a new role in schools and will provide a link for every school, with the MHSTs and with more specialist mental health services. The teams are part of the Single Point of Access to CAMHS meaning that where a child needs referral to more intensive services they will be referred direct. This will mean that schools will find it much easier to contact and work with mental health services. It will also support schools to

develop their whole school working and pastoral approach to mental health and wellbeing. The new teams will be managed by Response from the Third Sector Partnership but based in the local area.

Mental health support teams will be the link between the NHS and schools. They will work alongside other people who provide mental health support including:

> school nurses
> locality and community support services
> educational psychologists
> school counsellors
> voluntary and community organisations
> social workers

The pilots are subject to quarterly assurance monitoring by NHS England and will be part of a national evaluation.

3.   The 4 week wait pilot and waiting times for CAMHS

Oxfordshire is amongst a group of twelve Clinical Commissioning Groups in England that are working with NHS England to develop a national access standard and test ways to reduce waiting times for CAMHS. The pilot is designed to embed learning from the national implementation of the Cancer Standard that is now in place. The original bid was for 25 additional staff to increase capacity in services and to reduce the waiting times, starting with those children with the longest waits.

Over the past six months the focus of the pilot has been on getting children waiting the longest time seen. An online provider called Healios (www.healios.org.uk) has been commissioned to provide assessments and interventions. The service is used by many other areas of the country and is well evaluated. There has been excellent feedback from families who have accessed the service in Oxfordshire. In September Healios began seeing children waiting for the Neurodevelopmental Pathway (Autism and Attention Deficit Hyperactivity Disorder).

At the same time the Trust and OCCG are working with NHS England Improvement Team to complete demand and capacity modelling in CAMHS. This will identify improvements in patient management and flow through services to ensure that the new resources are used in the most efficient way and increase capacity to offer appointments to children.

Recruitment to new funded posts is also underway and will provide significant extra capacity in the service. Recruitment is an ongoing challenge and the Trust has adopted several strategies to support qualified staff to get jobs and sustain their working lives in Oxfordshire. Oxfordshire CAMHS has also worked with the Third Sector Partnership to develop and recruit a new staffing group from the voluntary

sector. This has allowed the Trust to have access to a work force that is much more successful in recruitment and provides a robust workforce who can offer short term interventions for low-moderate mental health issues. This has greatly improved the ability to sustain a viable workforce as well as increase capacity to see more young people in more intensive CAMHS.

Despite these changes, waiting times for CAMHS remain a challenge. The challenge is national as well as local. Demand for services continues to rise but the service benchmarks well against the national CAMHS access target. Nationally 34% of children who need CAMHS should have their needs met. In Oxfordshire this is currently 64%.

Performance around waiting times is monitored monthly by OCCG through the contractual process and additional steps have been taken to monitor and reassess children who have waited more than 16 weeks. OCCG is assured that all children on the waiting list are <u>clinically</u> reviewed at 16 weeks. The aim of this is to provide proactive contact for the family, to review the clinical needs and to provide support options while waiting for an appointment. Families are now offered the option for self-referral back to the single point of access, where a young person or parent can speak directly to a clinician.

4.   Conclusion

Both pilots are still in the early stages of development. The MHSTs are giving us the opportunity to test how services (schools, school nurses, LCSS) can work together to support children's wellbeing and offer intervention early where issues arise. The four week wait pilot has three stands; to reduce children waiting longest, to make the current services more efficient and to test what capacity is needed to reduce waiting times in a sustainable way. It is not possible or appropriate for children's mental health to be the responsibility of one sector or one service alone. It is only by working together now and in the future that we will be able to build the services we all want to see.