



**Buckinghamshire
LTP Refresh**

BOB

Buckinghamshire, Oxfordshire
and Berkshire West
Integrated Care System

Buckinghamshire LTP Refresh

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1.1 Introduction

The mental health needs of children and young people in Buckinghamshire are met through a number of services and organisations. Some of these are formally commissioned as mental health services by the Local Authority and the former Buckinghamshire Clinical Commissioning Group (now BOB Integrated Care Board), for example the Child and Adolescent Mental Health Service (CAMHS). Support is also offered through a range of statutory and non-statutory agencies such as youth services, schools, voluntary and community sector organisations. Effective support requires strong joint working across all these partners to help children and their families access the right advice and support when they need it.

The Child and Adolescent Mental Health Service in Buckinghamshire was recommissioned in 2014/15 with a new service model which started on 1st October 2015 and runs until March 2023. The service is provided by Oxford Health NHS Foundation Trust in partnership with Barnardo's. It is jointly commissioned by Buckinghamshire Oxford and Berkshire West Integrated Care Board (formerly NHS Buckinghamshire Clinical Commissioning Group (CCG)) and Buckinghamshire Council (BC) (formerly Buckinghamshire County Council (BCC)) under a pooled budget Section 75 arrangement.

The CAMHS service model represents a significant transformation from the provision prior to 2015, and was developed based on assessment of local need, stakeholder feedback including children and young people, parents and carers and existing CAMHS staff. The provision is county-wide, outcomes based, needs led and evidence-based, to support children and young people who have difficulties with their emotional or behavioural wellbeing. It embraces a whole system approach, working closely with partners, promoting early intervention and prevention with the aim of reducing escalation of need and improving outcomes for children and young people.

This refreshed Buckinghamshire Place Based Plan reflects changes and developments delivered across the system since October 2021. The impact of the coronavirus pandemic continues to have a significant impact on the mental health and emotional wellbeing of children and young people. This can be seen through the continued increase demand for access to services since late 2020/early 2021, particularly in relation to crisis and eating disorder services, as well as through feedback from children and young people about their experiences.

We are proud to be able to share our achievements over the last year, despite the continued challenges of the pandemic, and we are excited to articulate our future plans to support more children to access services and achieve positive mental health outcomes.

This plan has been developed based on feedback from stakeholders including children and young people, parent and carers, and professionals from across the whole system. The plan also considers the changing needs of the local population within Buckinghamshire, outlines the priority areas for transformation in the next 24 months in line with the NHS Long Term Plan, and reflects the impact of Covid-19 on services.

Feedback and engagement to inform the plan has been taken from a number of sources including:

- Meetings with Article 12
- I Want Great Care feedback from service users and parents/carers
- Informal and formal feedback from stakeholders including complaints, comments and compliments
- Commissioning led activities including stakeholder surveys and focus groups
- Oxwell School Survey (May 2021 results)
- CAMHS Project Group (Integrated Commissioning led working group to support service recommissioning)
- Children and Young People Mental Health Strategy Group
- Parent Dialogue Group (CAMHS Mental Health)
- Parent Dialogue Group (Neurodevelopmental Collaborative)
- SEND Survey conducted by FACT Bucks
- Link Worker Project with Anna Freud Centre feedback
- CQC and Ofsted SEND inspection feedback
- Health and Wellbeing Board

The following key themes were identified by stakeholders, as critical areas of development:

- Management of referrals including waiting times and communication of referral outcomes
- Transitions to adult services and services for young adults aged 16 to 25
- Care leavers and looked after children
- Reporting outcomes to show how the service has made a difference
- Developing links and pathways across the early help offer within Buckinghamshire, including access to support for early intervention and prevention
- Addressing waiting times for neurodevelopmental assessments and development of the pre and post diagnostic support pathway
- Schools knowing who to contact in CAMHS and links between education and mental health services, including an increased MHST offer.
- Response to crisis for children with complex needs, including opportunities to prevent admission to inpatient mental health care
- Children who are not in education, employment or training (NEET) and those with Emotional Based School Avoidance
- Support for parents/carers in helping the child/young person understand their diagnosis
- Development of the eating disorder pathway.
- Opportunities for further development of the co-production with CYP participation groups

More information about how these priorities will be progressed, alongside other local themes for development is included in more detail in Section 7.5.

If you have any comments or would like to contribute to developing our mental health services for children and young people in Buckinghamshire, please contact, the Mental Health Commissioning Team at: aadmhprovisions@buckinghamshire.gov.uk

Our Vision: Positive Mental Health for Young People

This is our overarching ambition, agreed following consultation with children and young people, parents and stakeholders. This ambition is underpinned by the following objectives, which were identified in 2015. These are used as headings within this place-based plan to help us demonstrate what progress we have made and where we still need to do more.

- All those living and working in Buckinghamshire will know where to find mental health and emotional wellbeing help and advice that they can trust.
- All children and young people who need mental health services will receive the right help, in the right place when they need it.
- All services working with children and young people will promote wellbeing across both physical and mental health.
- All young people who are transitioning between services are supported throughout the process to ensure transfers are managed safely, timely and appropriately.
- All young people who use the service will be involved in decisions affecting the care they receive through collaborative setting of their own targets and planning their discharge from the service.
- Children, young people, parents, carers and other stakeholders will influence the development of the service through participation and feedback.

All-Age Mental Health and Wellbeing Strategy 2020– 2023

The Buckinghamshire All Age Mental Health Strategy was developed following consultation and engagement with people that have lived experience of mental ill health, including young people, carers and staff across a variety of settings. This consultation work led to the development of a Buckinghamshire wide vision for all age mental health.

This is supported by five values which run through the All Age Mental Health Strategy.

- Inclusive and Respectful
- Promoting Independence
- Holistic and Person Centred
- Parity
- Preventative and Flexible

The vision set out in our All Age Mental Health Strategy is set out below. We have kept this and the values in mind as we have developed this refreshed plan to support a consistent and cohesive approach to addressing mental health in Buckinghamshire.

People will feel listened to and can easily access services, care and support. Stigma will be removed, and it will be understood that we are all unique and that:

– Not one that fits all

Support to live a healthy and happy life will start early through education and by providing interventions to young people within the school setting:

– Addressing mental health from the start

Everyone will have the skills to facilitate recovery and live well with their mental health. In a crisis they will know how to access support, recognising that:

– Sometimes I just need somebody to talk to, to help me get things back into perspective

The Buckinghamshire All-Age Mental Health Strategy will be updated in 2023.

1.2 Our population - Covid-19 Impact, Inequalities, Needs Assessment

Covid 19, children and their mental health Overview

The long-term impact of the covid – 19 pandemic on children and young people’s mental health and wellbeing is yet to be fully understood, however it is widely acknowledged that there has been an increase in the need for mental health and wellbeing support since the start of the pandemic with a likely long term impact over the coming years; 10m people, including 1.5m children, are likely to need new or additional mental health support as a direct result of the crisis (O’Shea, 2020).

A combination of contributory factors relating to the pandemic and lockdown are cited, including but not limited to:

- Loneliness and isolation
- Concerns about getting ill or a family member becoming unwell and
- Concerns about school college and university work
- COVID-19 has intensified known risk factors for child mental health disorders and disrupted established support structures

At the start of the pandemic Buckinghamshire CAMHS service experienced initial suppressed demand in April and May 2020 (in line with the national trend), this was a likely consequence of restrictions in place at the time and uncertainty from people about their own safety if they needed to attend appointments. In June 2020 referrals steadily started to increase and by November activity had exceeded the levels experienced in the same period in 2019. General CAMHS referrals into the single point of access were 37% higher than the same period in the previous year with the service reporting that the acuity and complexity of the young people that are coming through the service has also increased.

Children and young people’s eating disorder services have experienced some of the largest increases in activity, referrals between March 2020 and April 2021 were 67% higher than the same period in 2019/20.

Vulnerability during the pandemic – National picture

Research suggests that certain factors, outlined below, are linked with increased vulnerability to poor child mental health experienced during the pandemic. Children with multiple diagnoses have also been shown to be at an increased risk of experiencing mental health difficulties.

Previous mental health and learning difficulties¹ - One of the factors most strongly and consistently associated with poor child mental health during the pandemic is having pre-existing or history of mental health or learning difficulties.

- The WCHDS found that participants with greater early childhood emotional or behavioural symptoms were more likely than their peers to have depression or behavioural problems both before and during the pandemic.²
- The Co-SPACE Study found that children with special educational needs or neurodevelopmental disorders (ADHD or autism) were more likely than their peers to have persistently poorer or worsening emotional, behavioural and concentration symptoms assessed in the first lockdown.³
- The OxWell School Survey found that children who had previously accessed mental health support were more likely than their peers to report a deterioration in their wellbeing during lockdown, as well as depression and anxiety⁴
- A YoungMinds survey of over 2,000 13-25 year-olds with previous mental health difficulties found that 80% felt that the pandemic had worsened their mental health⁵

Socioeconomic disadvantage and family stress - Another factor consistently associated with poor child mental health during the pandemic is socioeconomic disadvantage.

- The MHCYP Survey found that children with a probable mental health disorder in July 2020 were more than twice as likely to live in a household that had fallen behind with payments during the pandemic, compared to their peers⁶
- The Co-SPACE Study found that children from families earning less than £16,000 annually were more likely than their peers to have persistently poorer mental health symptoms assessed during the first lockdown³
- The OxWell School Survey found that children who experienced food poverty were more likely than their peers to report a deterioration in their wellbeing during lockdown, and to have depression or anxiety⁴

Age - Children in some age groups may have a higher propensity for mental health difficulties than others

- Primary school aged children (4-10 year-olds) in the Co-SPACE Study were more likely than secondary school aged children (11-16 year-olds) to have persistently poorer or worsening behavioural and concentration symptoms, assessed during the first lockdown³. Overall, primary school aged children had greater changes in symptoms throughout the pandemic, whereas symptoms in secondary school aged children were more stable⁷. This may be related to findings that primary school aged children had less contact with peers, or that their parents experienced more distress, compared with secondary school aged children.
- Within secondary school aged children, those preparing for exams in 2021 were at higher risk of depression, anxiety and poorer wellbeing during the pandemic compared with others in the OxWell School Survey. This may result from exam stress and uncertainty⁴.
- Infants' and pre-school aged children's mental health has been understudied during the pandemic. In a survey, 68% of parents reported that the pandemic had affected their 0-2-year-old. A questionnaire study found that 2-5-year-olds seemed to have stable mental health in early lockdown⁸

Ethnicity - Children from minority ethnic backgrounds are broadly acknowledged as potentially vulnerable to poor mental health in the pandemic.

Other vulnerable groups - Other groups of children who are socially isolated or who lose support in the pandemic are also more likely to experience poor mental health. Research on these groups is limited, but surveys suggest many had worsened mental health. They include:

- Children who are looked after
- those advised to shield
- others with physical health conditions,
- young carers and LGBT children⁹

Response in Buckinghamshire

Whilst some non-urgent services were initially paused, Buckinghamshire CAMHS responded to COVID19 taking the following actions:

Quarter 1 – April to June 2020

- At the start of the pandemic staff were re-deployed from their normal duties into critical assessment and treatment functions.
- Services quickly moved to a digital platform where appropriate and clinically safe to do so. Some pathways continued to offer face to face appointments using appropriate precautions and infection control measures e.g. for Eating disorders clinic.
- The majority of therapeutic contact was moved to online/ electronic contact. Play therapy and trauma worked continued face to face.
- CAMHS compiled resources to support children and young people who were experiencing concerns about their mental health and embedded these onto their website.
- Investment from the Clinical Commissioning Group was re-prioritised in year to focus on key areas of delivery: emphasis on increasing staff resources to manage increase in demand for eating disorder services.
- Implementation of 24/7 mental health helpline. This has now been successfully embedded into the service.

Quarter 2 – July to September 2020

- Neurodevelopmental screening and assessments resumed in August 2020, with a remote diagnostic service commissioned to provide additional assessments.
- Increased staffing for Crisis service to respond to increase in demand and acuity
- Mental Health Support Teams provide an interim offer to all schools that were open, staff were also re-deployed to support essential referrals into the service.
- The service continued to offer assessments and CBT (Cognitive Behavioural Therapy) interventions through an online partner service.

Quarter 3 – October – December 2020

- Non – essential services that were initially paused during the pandemic were re-started
- The mental health support team model was expanded to more schools in Bucks from 32 to 47. The service was also reviewed, and actions taken to ensure that targeted support was being provided to young people that are under-represented and at increased risk of inequalities.
- A member of staff was deployed to work within the accident and emergency department to ensure that assessment was expedited following admissions due to self-harm of suicidality.

Quarter 4 – January to March 2021

- In-year investment provided by Buckinghamshire CCG to commission additional resource to help reduce neurodevelopmental wait list.
- Exercise to prioritise investment areas for post March 2021 was initiated with an emphasis on children and young people's eating disorders.

Covid recovery phase

In March 2021 the government published the covid mental health and wellbeing action plan which outlined intentions to address the mental health impacts of the pandemic during 2021 into 2022. The document acknowledged the impact that covid had on the child and adolescent population and outlined a number of initiatives to address the increasing need including improving access (including to those who have a learning disability and autism), providing training, expanding mental health support within schools and a recommitment to the development of a 0-25 mental health offer.

In Buckinghamshire our local area transformation plan provides the detailed approach to the continual improvement of children and young people’s mental health and wellbeing. Broadly speaking our recovery aims have been targeted on the following:

- Responding to the increasing needs of children and young people with an eating disorder
- Ensuring that access increases year on year in line with national ambition
- Re-establishing key performance trajectories against the NHS Long Term Ambitions
- Continuing expansion of mental health support in schools
- Reviewing the current CAMHS service provision and engaging with stakeholders
- Reviewing and implementing new models of care for people that have a neurodevelopmental condition

Health inequalities (K2)

This section provides key highlights for information relating to children and young people’s mental health and emotional wellbeing in Buckinghamshire. Please see the 2021 Long Term Plan update for more information and detailed needs analysis. This section should also be reviewed alongside the Joint Strategic Needs Assessment; the refreshed mental health JSNA will be published spring 2023.

In 2021 the estimated population of children aged 0-19 years in Buckinghamshire is 137,443, which is 25% of the total Buckinghamshire population (ONS mid-year estimates). The total child population 0-19 years is projected to be 136,400 (24.2% of the Buckinghamshire population) by 2029 . This is a higher proportion of the population as a whole when compared to both the South East (22.8%) and England (22.9%).

The number of school age children aged 5 -19 years in Buckinghamshire in 2021 is 105,728 (ONS mid-year estimates). The proportion of school children from a minority ethnic group in Buckinghamshire is 38.1% or 32,297 children in 2020. This is higher than both the regional proportion at 27.7% and the England proportion at 34.6%.

Buckinghamshire is ranked as one of the least deprived counties in England. In 2018/9, 12.0% of children under 16 years in Buckinghamshire lived in poverty, compared to 13.7% in the South East and 18.4% in England as a whole. Overall, a number of favourable socio-economic circumstances contribute to better health and wellbeing in Buckinghamshire compared to nationally. However, Buckinghamshire also has a number of significant pockets of deprivation. There are identified areas of deprivation centred on High Wycombe, Aylesbury and Chesham which in part account for a higher level of referrals in those areas. However, this does not entirely reflect the areas of need across the range of mental ill health. Socio-economic factors can have a significant and lasting impact on children, including adversely impacting on child mental health. For example, 2019 data from the Office for National Statistics suggests a link between child mental ill health and families in social housing or those supported by benefits. Whilst child mental health in Buckinghamshire compares well to national figures, analysis of the data does show evidence of a social gradient, with some young people at greater risk of mental ill health.

Table 1: Key statistics from the 2021 Child Health Profile

Demographic	Buckinghamshire	Buckinghamshire (%)	South East (%)	England (%)
Children 0- 4 years (2020)	32,200	5.9%	5.7%	5.9%
Children 0 – 19 (2020)	136,500	25.1%	23.7%	23.6%
Children 0 – 19 (2029 - projected)	136,400	24.2%	22.8%	22.9%
School Children from minority ethnic groups (2020)	32,297	38.1%	27.7%	34.6%
Children living in poverty aged under 16 years (2018/19)	9,215	12%	13.7%	18.4%
School pupils with social, emotional and mental health needs (2020)	1,787	2.1%	2.7	2.7
Life expectancy at birth (2017-2019)				
Boys		81.7yrs	80.8yrs	79.8yrs
Girls		85.3yrs	84.3yrs	83.4yrs

Source: <https://fingertips.phe.org.uk/profile/child-health-profiles/supporting-information/overview-of-child-health>

The estimated prevalence of mental health conditions for children and young people was updated in 2021, reflecting that rates of probable mental health disorders have increased since 2017 from one in nine (10.8%) to one in six (16.0%) for those aged 5 to 16. The Buckinghamshire revised prevalence by age can be found below in Table 2 alongside the estimated prevalence of mental health conditions in Table 3.

Table 2: Estimated prevalence of mental health conditions in Buckinghamshire

Age Group	Buckinghamshire estimated prevalence (based on previous 2004 prevalence data)	Buckinghamshire estimated prevalence (based on 2020 survey- applied at 16%)
0-19yrs	13,400	21,840
5-19yrs	9,082	16,916
5-16yrs	9,897	14,157
17-19yrs	2,992	2,758

Table 3: Estimated prevalence of child mental health conditions in Buckinghamshire compared to South East region and England, 2015

Estimated prevalence in percentage for population aged 5-16 years	Buckinghamshire	South East	England
Mental health disorders in children and young	7.9%	8.5%	9.2%
Emotional disorders in children and young people	3.1%	3.3%	3.6%
Conduct disorders in children and young people	4.6%	5.0%	5.6%
Hyperkinetic disorders in children and young people	1.2%	1.4%	1.5%

Source: Public Health England. Public Health Profiles. Accessed on 27th August 2021 at <https://fingertips.phe.org.uk/>

The rate of child inpatient admissions for mental health conditions in Buckinghamshire for 19/20 is similar to England average. See Table 4 for more details. In 2020/21, there were 110 hospital admissions for a mental health condition in Buckinghamshire for children and young people under the age of 18. This is a rate of 86.8 per 100,000 population. This is a slight decrease on the 2019/20 admission rate of 115 (91.5%/100,000). This is slightly below the England rate, and below the rate across the South East.

Table 4: Hospital admissions for mental health conditions, 0-17 year olds, rate per 100,000 population, 2011/12 - 2020/21

	2011 /12	2012 /13	2013 /14	2014 /15	2015 /16	2016 /17	2017 /18	2019 /20	2019 /20
Buckinghamshire	28.6	59.0	46.7	46.3	66.3	68.7	85.3	91.5	86.8
South East	119.1	106.2	96.1	76.7	81.1	82.0	85.7	93.4	99.4
England	91.3	87.6	87.2	87.4	85.9	81.5	84.7	89.5	87.5

Source: Public Health England. Public Health Profiles at <https://fingertips.phe.org.uk/>. Note: this is admissions NOT persons so a young person presenting more than once will be counted at each presentation.

Health Inequalities and Vulnerability Factors

In Buckinghamshire population based mental health services are jointly commissioned by the ICB and Council. It is acknowledged that there are groups of children and young people who experience a greater level of health inequalities, and this may include:

- Some black and minority ethnic groups
- Young people who are lesbian, gay, bisexual, transgender or questioning (LGBTQ)
- Young carers
- Children who are looked after or on the edge of care
- Children who have suffered sexual abuse or sexual exploitation
- Children and young people who have suffered from neglect or trauma
- Children who have been adopted
- Children and young people with special education needs who have an Education, Health and Care Plan (EHCP)
- Children with a learning disability and/or ASD
- Young people in the youth justice system
- Children and young people who self-harm

Services are working to promote access and support to reduce health inequalities, and includes:

- Since 2018, Buckinghamshire has commissioned Kooth, an online counselling and emotional well-being platform for children and young people, which is free at the point of use. The aim was to help improve care pathways and maximise access across the children and young people population. Kooth published data suggests people who are less likely to access traditional services are in some cases access online support. For example, at the end of 2021/22, of 1533 new registrations 31.6% identified as coming from the BAME community and 173 identified as coming from agender or gender fluid (LGBTQ+). This programme of support will continue to be reviewed through the BOB ICB digital programme.
- A Provider Collaboration Review undertaken by Care Quality Commission in September 2021 identified an area for development for more consistent recording of protected characteristics and assurance of care planning taking place within the context of additional vulnerabilities (including ethnicity, LGBTQ+ status and SEND). Within Buckinghamshire a requirement to improve diversity indicators capture and establish baseline data recording has been included within the Local Incentive Scheme to support local area transformation.
- The Health and Wellbeing Board has identified mental health and health inequalities as a key area of focus for 2022/23 onwards. Specific system targets and activity will be focused on improving access to services for those from ethnicity minority backgrounds as well as those within areas of deprivation within Buckinghamshire.
- Support provided for Looked After Children and adopted children, both within CAMHS through the LAC team, and in partnership with children's social care services, through provision of a psychology post supporting families and professionals. The CAMHS service also provides a direct clinical support into children's homes in Buckinghamshire.
- Services work closely together for children and young people with learning disabilities and/or autism, for example, the implementation of the Keyworkers Early Adopters programme (Dynamic Support Facilitation Team)
- The SEND Working Group brings together professionals from across the system to promote close working and achieve positive outcomes for children and young people with SEND. The Working Group is currently in the process of being reviewed following the outcomes of the SEND Inspection. More information can also be found about the SEND Inspection and the Written Statement of Action in Section 7.5 below.

1.3 Financial Investment Profile (k1.1a)

The designated pooled budget for the Buckinghamshire CAMHS contract for 2022/23 is £10,001,771. This is made up from contributions across Buckinghamshire Council (16.6%) and NHS Buckinghamshire CCG and the BOB ICB (83.3%). This is a slight reduction on 21/22 due to the end of NHSE Transformation funding for the 4 Week Wait National Trailblazer and non-occurrent investment in the Neurodevelopmental Pathway. The current total contract value for the 7.5-year period is £70,944,377.00. Since 2015, through transformation funding (outlined below) Buckinghamshire CCG has made additional investment into Buckinghamshire CAMHS. Buckinghamshire Council's contribution has been maintained since the beginning of the contract in 2015, with a small addition in 2020/21 to cover psychology input to the children's residential care homes.

Table 5: CAMHS Budget 2015/16 – 2019/20

Year	Buckinghamshire Council		Buckinghamshire CCG				Total – Pooled budget
	£	%	£	Transformation £	Total CCG	%	£
22/23	1,661,611.00	16.6	3,823,497.00	4,516,681	8,340,160	83.3	10,001,771
21/22	1,661,611.00	15.5	3,823,497.00	5,219,611	9,043,108	84.5	10,704,719
20/21	1,661,611.00	19.6	3,823,497.00	3,026,271	6,849,768	80.4	8,511,379.00
19/20	1,599,903.00	22.33	3,823,497.00	1,740,426	5,563,923	77.67	7,163,836.00
18/19	1,612,731.29	22.52	3,959,005.52	1,590,426	5,549,431	77.48	7,162,162.81
17/18	1,634,467.29	24.55	3,882,571.14	1,140,426	5,022,997	75.45	6,657,464.43
16/17	1,617,540.07	25.77	3,360,294.01	1,298,426	4,658,720	74.23	6,276,260.08
15/16	1,618,249.53	29.5	3,082,916.10	784,426	3,867,342	70.5	5,485,591.63

The CAMHS contract holds a 5% local incentive scheme paid on the achievement of 5 annually agreed key performance indicators. Through 2020/22 these have been paid directly to the provider as part of the core contract as part of the covid response and in line with NHSE payments for CQUINS. From 2021/22 quality improvement targets were reinstated and agreed across the provider and commissioner.

The improvement targets for 2022/23 are as follows:

- Waiting times from referral to assessment for 'Getting Help' and 'Getting More Help' pathways
- Evidence of demonstrable outcomes for children and young people (RCADS and Goal Based Outcomes) reports
- Recording of protected characteristics to address health inequalities
- Scoping of Support for Buckinghamshire Out of Area Looked After Children
- Education, Health and Care Plan compliance

1.4 Engagement and Co-Production

Engagement

Engagement with service users and stakeholders to support the ongoing development of our mental health services takes place in a number of ways, including those indicated below.

Original Commission of CAMHS

Children and young people with a range of backgrounds and experiences were involved in the recommissioning process in a number of ways. This included reviewing and completing a survey, setting a question for the method statement, commenting on provider responses and having their own presentation from the providers with opportunities for questions and discussion which was then fed into the evaluation process.

Commissioners continue to hear feedback from children, young people, families and carers as part of the contract monitoring process.

Continued engagement – shaping ongoing delivery

In December 2020, commissioners met with Art 12 group, foster carers and FACT Bucks to inform the content and format of the CAMHS 2021 survey. In October 2021 an open survey was published with a range of questions about the experience of accessing mental health support in Buckinghamshire. Stakeholders were children and young people up to age 25, parents, carers and professionals who come into contact with CAMHS. 487 surveys were completed. The themes identified in the survey have been integrated into service development. In January 2022, commissioners met with Art 12 Group to share the themes and identify the key areas of importance to children and young people. From January to June 2022 stakeholders were invited to join project and focus groups to review the service and feed into the future service design.

Article 12

The commissioned service includes a requirement for engagement with children and young people. A full-time participation worker supports this engagement with children, young people, parents and carers. The service user group, Article 12, has provided input into our transformation plans and has become an integral part of the CAMHS service.

During 2020/21 the service completed the National Youth Agency, Hear by Right assessment and validation process. This is designed to help organisations achieve best practice in the safe, sound and sustainable participation of children and young people in the services and activities they take part in. The service achieved the higher Flagship level award.

The members of Article 12 were involved in the original consultation in 2015 and the group's feedback helped shape Buckinghamshire's new Mental Health Support Team model and more recently the survey for service feedback. They have also helped shape the feedback into the Dynamic Support Facilitation Team.

The members were engaged in the recruitment of the new participation worker, shaping the role and being part of the interview panel. They have also contributed to the job title choices for Barnardo's staff and interviews for the new Keyworker roles.

Article 12 meets monthly and have been busy on several projects, which include:

- Finalising Article12 leaflet and poster looking at ways to increase membership
- Launching a newsletter to keep everyone in CAMHS informed of the recent work as well as making sure it is uploaded on CAMHS website each month
- "Sprucing up" of gardens at both clinic bases working with Chiltern Rangers (next one due in October 2021)
- Helping pathways to update their care plans and making them look younger person friendly
- Working on a National Barnardo's report – researching how children and young peoples' mental health and wellbeing have been affected because of COVID19 and lockdown
- The opportunity to join WWY as guest speakers and talk to parents about wellbeing tips and their own experiences
- Working on new posters and images for the waiting area – to be more representative of Buckinghamshire population and inclusive of BAME
- Developing material for "Emotional wellbeing tips" display board and ideas for items for sensory boxes in each waiting area

- Contributing to the development/design of Saffron House as a new clinical base and putting together a list of ‘helpful tips’ to make the move from Harlow House to the new office smooth for patients and parents/carers
- Working with the council in relation to funding to support families over the holidays, as well as LEAP offering to support young people on the waiting list with physical activity
- Advising on social media use in young people, working with the Clinical Psychologist on the Eating Disorder pathway
- Giving quotes to “Hear By Right” on their work with Article 12
- The opportunity to support OH with the general risk assessment training which is being rolled out to all CAMHS clinicians in Oxon, Bucks & Swindon, Wiltshire and BANES (SWB). They wanted to include a video from a Young Person considering their experiences of having their risk assessed or completing this collaboratively with a clinician.
- Bucks MH services organised a Governance Event Day with the theme “Learning from Excellence”. ART12 facilitated one of the activities looking at their story “of excellent care” from CAMHS. They were able to speak about their journey and answer questions from staff.
- Attended Dr Challoner’s High School Health and Wellbeing Conference – Survive and Thrive; Essentials for Parents, Staff and Students, to talk about their experience, specifically targeted for Year 12/13 students.
- Providing contributions to content about Gender Identity and Sexuality for the CAMHS website.
- Contributing to development of a new discharge letter to encourage children and young people to reflect and utilise learning from previous interventions prior to seeking a new referral unless mental health deteriorates, or they have further worries and concerns. ART12 offered an additional suggestion where they would work with the clinical teams to develop a skills refresher booklet for young people.

Youth Voice

Buckinghamshire Council want to ensure we capture the views of children and young people in Buckinghamshire so that their experiences influence service development at an individual, operational, and strategic level. We work alongside a wide range of stakeholders to provide opportunities which are effective, maximises ownership and has Buckinghamshire’s strategic aims and the profile of need of young people at its heart.

In Buckinghamshire we want to promote ways for young people to participate in services by simplifying pathways and developing opportunities for young people to have a say about things that that are meaningful to them. We know it’s important for young people to have ownership of the things they speak about and what happens as a result and we have a duty to build a system that enables this.

We recognise that to ensure young people receive the very best services, we need to engage them in conversations that help us understand their views, opinions and ideas about what we can do. We know that without young people’s views, we will not know what they need, how best to support them or how our services should be developed. Youth Voice is the way we seek to engage and enable children and young people to actively participate.

We are ambitious to ensure we engage with all young people, especially those who have special educational needs, disabilities and those who are considered vulnerable and in need of extra support. We believe that by listening to young people and acting on their views we can ensure every young person can be enabled to realise their potential, whatever their starting point is. The Specialist Participation Team within the Family Support Service provide tailored opportunities to Children and Young People in Care, Care Leavers and with Special Educational Needs to ensure that they are provided with appropriate opportunities to have their voices heard and contribute as fully as they are able.

Parent Dialogue Group (PDG)

Over the last few years, a thriving Parent Dialogue Group (Previously known as Parent Advisory Group PAG) has been established which meets 4 times per year. The group includes parents from various backgrounds whose child or young person has needed to use mental health services in Buckinghamshire. The group helps to develop the CAMHS service by offering insights of their experiences and identifying how services can be improved.

The PDG had been paused due to Covid-19 during 2020 but restarted in March 2021. The group continue to be a huge support in guiding developments, providing feedback on mental health services and helping to guide how the service can offer effective support to parent and carers. The CAMHS PDG requires revitalisation; work has been undertaken with Fact Bucks to review meeting dates/times, with further work to encourage opportunities for participation throughout 2022/23 onwards.

Following feedback from parents/carers an PDG for the Neurodiversity Collaborative has been established. This has enabled parents and carers to feedback specifically on the cross-provider pathway arrangements, pre- and post-diagnostic support offer across the NDC, as well as broadly across the CAMHS service offer.

Walking with You

The Walking with You group has continued through the pandemic, moving to virtual meetings in May 2020. The group is run by parent volunteers supported by Barnardo's. The aim of the group is to bring other parent/carers together to share experiences and insight and gather insight around supporting young people. On average, 30-35 parents attend each session.

As well as being an opportunity for parents and carers to talk to each other, a subject expert from CAMHS also attends and focuses on one key area identified by the group as being something people want to hear about. Sessions are planned 3 months in advance by the parent volunteers and using themes identified by parent feedback using Survey Monkey. The CAMHS clinician stays for the session to provide information, advice and help as appropriate. Themes for the meeting have included ADHD/Autism, managing challenging behaviors, School work engagement, anxiety, Going back to school, transitioning – moving from CAMHS to AMH, support for parents once a child leaves CAMHS and eating disorders.

The group has been promoted through several partner settings, The Healthy Living Centre, Friends in Need, Reducing the risk of domestic Abuse, Buckinghamshire Mind, Buckinghamshire Family information services, Family Centers Bucks, Heritage and Arts Organisation.

The group produces a WWY newsletter that is being promoted monthly within CAMHS, as well as externally to schools and other organisations. The WWY newsletter, designed by the Parent Lead Volunteer, is also published on the CAMHS website each month.

Stakeholder engagement

Stakeholder engagement within Buckinghamshire has been limited to the pandemic and impact on meeting and redeployment of staff. Feedback to inform the plan has been taken from several sources including:

- SEND Survey conducted by FACT Bucks
- Attendees at the link worker project
- Meeting with Article 12
- Meeting with Foster carers
- Fair Access Board feedback from Secondary Schools via Aspire
- Parent Dialogue Group
- Emotional Wellbeing and Mental Health Strategy Group.
- Informal feedback from stakeholders
- Service feedback
- Stakeholder survey completed during October/November 2021.
- Stakeholder CAMHS Project Group throughout 21/22 and 22/23 to support the commissioning of the new contract from April 2023.

The annual Stakeholder Event will be held in October 2022. Following this event, there will be further opportunities to engage with wider partners to continue to shape the service offer of CAMHS within Buckinghamshire and across the BOB ICS footprint.

CYP Mental Health and Emotional Wellbeing Strategic Group

During 2021/22 it was agreed to combine the Emotional Wellbeing and Mental Health Strategic Group (multiagency group linking the work around emotional wellbeing and mental health) and the Wellbeing Return Steering Group (providing oversight of the delivery and monitoring of the Wellbeing Education programme) to further develop and strength the Buckinghamshire mental health and emotional wellbeing offer. Bringing these groups together creates opportunities to align action plans and priorities to avoid gaps and duplication and ensure appropriate multi agency mechanisms to address key issues as they arise e.g. suicide behaviours in young people. Smaller task and finish groups may also be established for focused short-term pieces of work.

The group is co-chaired by the Head of Service, Achievement and Learning, and Public Health Principal for Mental Health. Membership of the Group spans schools and colleges; Aspire ; CAMHS; MHSTs; Bucks Council’s Educational Psychology Team, Family Support Team, Education Team, Public Health Team, Mental Health Commissioning Team; Buckinghamshire Healthcare Trust’s Public Health School Nursing Team; and the voluntary/community sector including Buckinghamshire Mind, Carers Bucks, Youth Concern, and FACT Bucks. The Group meets twice termly (every six weeks).

The Children and Young People’s Mental Health and Emotional Wellbeing Strategic Group has four key aims:

- To continually improve children and young people’s mental health and emotional wellbeing and promote equitable outcomes across the county.
- To further develop and strengthen a whole-system approach to promoting and supporting the mental health and emotional wellbeing of children and young people.
- To co-ordinate and promote a whole-system awareness of the resources available to support the mental health and emotional wellbeing of children and young people.
- To embed the core principle that mental health and emotional wellbeing is everyone’s business and everyone’s responsibility.

These aims are delivered through a partnership action plan which is aligned to the Local Transformation Plan. Further work will be undertaken within 2022 to develop a three-year partnership plan.

1.5 Access & Activity

NHS CAMHS services across the country are nationally mandated to increase the number of children and young people accessing services year on year.

National policy, most notably Future in Mind, the Five Year Forward View for Mental Health and more recently the NHS Long Term Plan have outlined a consistent message that although improvements have been made we are still not meeting the mental health needs of every child when they need help. The NHS Long Term Plan sets an ambition to increase access to 100% of children and young people who need it over the next 10 years.

Since 2020/21 Oxford Health Foundation Trust moved to an online platform for data analysis. Commissioners are able to view this at any time. OHFT provides a monthly report to demonstrate areas where they are meeting targets and areas where there are challenges or risks with a narrative against each of these and offers mitigation where required. All the CAMHS data since 2020/21 is taken from the new TOBI platform.

Table 6: Buckinghamshire achievement against access national access targets

Year	2015 /16	2016 /17	2017 /18	2018 /19	2019 /20	2020 /21
% Target CYP with a diagnosable MH condition receive treatment from an NHS-funded community MH service. (NHSE Mandated Target)	26%	28%	30%	32%	34%	35%
% Actual	No data	No data	47.7%	34.5%	42.7	41.8
Number of patients required to reach access targets		2,543	2,725	2,906	3,088	3,179

Source: Buckinghamshire CAMHS data

This measure has changed to ‘number of CYP aged under 18 supported through NHS funded mental health with at least one contact (12 month rolling)’ and nationally published figures demonstrates achievement of this target at 101.9%.

Table 7: Summary of CAMHS service activity

	2014/15	2015/16	2016/17	2017/18	2018/19	19/20	20/21	2021/22
Total number of referrals received – all services	3988	6091	5275	5943	6291	8624	9728	12459
Number of referrals by source:								
Self	Not available	262	250	436	258	245	414	333
Carer	Not available	19	140	228	816	1852	2734	3259
GP	Not available	1466	1799	1602	1553	2128	2126	2904
Education	Not available	380	491	608	717	1644	1612	2359
Other – includes social care, other health referrals	-	-	-	-	-	-	2842	3604
Number of referrals accepted - All pathways	2396	4468	4153	4821	5047	5171	6839	7772
Average total caseload (as at 31st March)	2481	3089	3261	3793	3328	3398	3890	5105
Number of LAC Caseload average	Data not available	Data not available	Data not available	61	74	86	66	60
Total Education Health and Care Plan (EHCP) completed	Data not available	Data not available	Data not available	52	65	90	98	126
Waiting times (routine) Referral to Assessment - % seen within 4 weeks of referral - Target 90%	57%	48%	50%	52%	86%	69%	73%	52%
Waiting times Urgent (7days)	Not reported	100%	100%	100%	96%	96%	94%	100%
Waiting times Emergency 24h	Not reported	100%	100%	100%	100%	91%	100%	100%

Table 8: CAMHS activity for eating disorder pathway

Eating Disorder Service	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22
Number of referrals received	42	77	109	100	91	154	194
Average waiting times urgent referrals (1 week target)	0 urgent referrals	60% seen within 1 week	100% seen within 1 week	100% seen within 1 week	83.3%	87.5%	58.3%
Average waiting times non-urgent (4 week target)	67% seen within 4 weeks	95% seen within 4 weeks	84% seen within 4 weeks	84% seen within 4 weeks	82.6%	67.2%	33.3%

Source: Buckinghamshire CAMHS data

Attendance at appointments

Table 9: Attendance at appointments

	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22
Non-attendance rate (DNA)	9.29%	7.86%	6.31%	7.79%	7%	7%	5.5%	3.9%

Source: Buckinghamshire CAMHS data

- The number of referrals across CAMHS pathways has increased from 3988 in 2014/15 to 12459 in 2021/22, an increase of 212% over eight years.
- There has been a further increase in referrals from education settings (46% increase from 20/21), which is possibly a reflection of the improved relationship and easier access for schools since the introduction and expansion of Mental Health Support Teams, and the return to school post pandemic.
- The increase in referrals from carers has been sustained (a 19% increase on 20/21), although is also accompanied by a slight reduction from self-referrals (19% decrease on 20/21), potentially related to a return to a pre-pandemic referral patterns.
- Referrals from wider system partners, including social care and other organisations continues to increase, 26% increase on 20/21.
- Waiting times for assessment for routine appointments is set as a key performance indicator of 90% within 4 weeks. The continued combination of significantly increased demands on service pathways and coupled with staffing challenges has led to increased waiting times and remains an area of development for the service.
- The OSCA team support some of the most vulnerable young people with mental ill health and consistently across the life of the contract have achieved their urgent and emergency wait time targets. Since 2020/21 there has been an increase in referrals and acuity of presentations to the team. Following additional investment and recruitment to the team this target is consistently met at 100%.
- Children and Young people on the waiting list for longer than 4 weeks are supported by a full-time mental health nurse who holds them open on caseload to provide a contact point and to assess and monitor changing needs and take appropriate action. There are weekly reviews of waiting lists as part of harm minimisation meetings managed by OHFT.

- Demand for the eating disorder service has increased significantly in the context of the relatively small provision. There has been an increase of 26% for referrals on 20/21, and an overall increase in referrals of 113% since 2019/20. Caseloads of children and young people across the eating disorder pathway remain high, and cases are seen with higher acuity.
- CAMHS has a target to reduce non-attendance at appointments, and progress to reducing this has continued over the life of the contract. Any young person who does not attend will receive follow up contact from the service with an assessment of risk. The referrer and GP of any young person discharged from the service will be notified of the action taken.

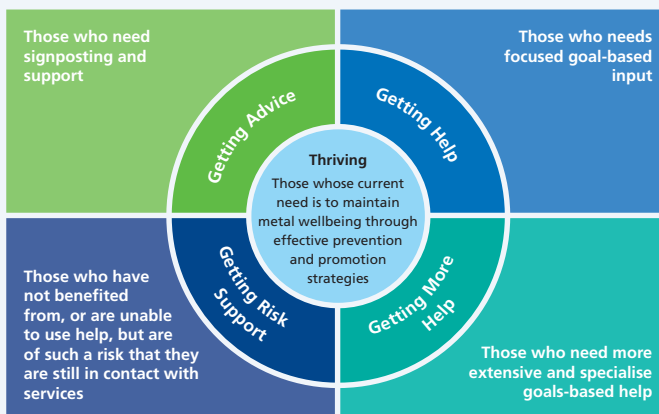
There are still a number of recognised challenges within the system. In particular:

- Maintaining the 90% referral to assessment target has proved difficult and there is an ongoing workstream around this. Buckinghamshire has received trailblazer investment to pilot referral to treatment within 4 weeks over the last 3 years. Difficulties in recruitment has led to this being addressed in different ways from original plans. Additional assessment capacity has been purchased from an online digital provider and demand and capacity work has been completed to look at processes and pressure points in the system. This will continue to be an area of priority, alongside working across the BOB ICS.
- The national expectation that by 2020/21 all eating disorder services would achieve the target of 100% urgent referrals assessed within 1 week and 95% of routine referrals assessed within 4 weeks, has been hampered by difficulties in recruitment and significant increases in demand for the service through the pandemic, with a 113% increase in referral rates since 2019/20. Additional investment year on year has in previous years enabled the service to meet waiting time standards but the sustained high demands continues to impact this. Please see the eating disorder section for more information about the challenges the service has faced over the last and the innovations that have been implemented to support children, young people and their families and carers.

The Buckinghamshire Offer: CAMHS

Delivery of CAMHS services in Buckinghamshire follows the Thrive Model. The model provides a set of principles for creating coherent and resource-efficient communities (pathways) of mental health and wellbeing support for children, young people, and families. It aims to talk about mental health and mental health wellbeing help and support in a common language that everyone understands. The Framework is needs-led which means that mental health needs are defined by the children, young people, and their families, alongside professionals, through shared decision making. This is a national best practice model and was developed through a collaboration between the Tavistock and Portman NHS Trust and the Anna Freud Centre.

The model underpinning the specification has a core principle of providing appropriate early intervention through an accessible pathway that will allow children and young people’s needs to be addressed as soon as possible at the lowest Tier of the system as is appropriate. The model builds on work in other therapeutic areas based on a Balanced System® framework which evidences the value of facilitating/ supporting the provision of comprehensive and robust services across Thriving and Getting Advice to ensure that those whose needs can be appropriately met at these levels receive the appropriate support and those whose needs require support at Getting Help, Getting More Help and beyond are able to access this quickly and efficiently.



The THRIVE Approach:

Single Point of Access (SPA)

SPA offers consultation advice and signposting to children and young people, parents and carers, and professionals, to ensure that no young person with mental health needs is without support, guidance or advice. SPA is open from Monday to Friday from 8am to 6pm with clinical staff supporting referrals and triage management of waiting lists. The contract requires all emergency referrals will be seen within 24 unless medically indicated that this would be inappropriate, with an initial response expected within 4 hours. The service has also embedded the 24/7 mental health support line available through NHS 111.

SPA has supported the 4 Week Wait National Trailblazer, with funding received to trial a waiting time initiative. The funding continued through 2020/21 and 2021/22. The ambition was to deliver referral to treatment in 4 weeks for patients being referred into the two main pathways within the Buckinghamshire CAMHS service (getting help and getting more help). The following outputs were completed:

- Review and refresh of access criteria to 'Getting Help' and 'Getting More Help' pathways to ensure that referrals are appropriately managed within the pathways. A pilot is underway to assess the use of the access policy and work will be completed with stakeholders to review the criteria and external publication of criteria.
- Waiting list management including data quality checks and booking management including oversight of waiting list by clinicians, opt-ins for Targeted pathways, consultation offer for young people, parents and carers, digital offer including Helios and access to Mental Health Help Line.
- Agreement of 'clock-stops' usage in Buckinghamshire and co-production with service users for service design.
- There has also been ongoing work to continue to support waiting list management, including implementation of clinical oversight of the booking system, usage of 'opt-ins' for some specific services, and funding of the waiting list administration resource until the end of 22/23, with slippage money.

Getting Help and Getting More Help: Barnardo's

In the Getting Help pathway, Barnardo's staff provide a 'buddy programme', offering a primary worker to deliver a time limited and targeted intervention via evidence-based work such as Cognitive Behavioural Therapy or Dialectical Behavioural Therapy over six sessions for those with low to moderate mental health needs. Feedback from parents and carers is that the buddy programme is highly valued.

Within the Getting More Help pathway, Barnardo's buddies work alongside qualified mental health professionals to support young people and families as appropriate. Sessions with buddies may be used to support interventions being done by other multi-disciplinary team members (e.g. supporting attendance at appointments, an opportunity to practise skills learned during formal therapy such as CBT), or may be used to provide step down support to children and young people who are coming to the end of more complex interventions.

Getting Help and Targeted Group Work

Barnardo's buddies and Child Wellbeing Practitioners (CWP) deliver the following group programmes:

- Teen Low Mood Group (6 sessions) – for young people aged 12-17 with mild to moderate low mood. Generally offered as a first line intervention, although may be used following other interventions to support these or as part of a step down of care prior to discharge. It is run by Buddies who have completed the Enhanced Evidence Based Practice CYP-IAPT course at Reading University or are qualified CWPs.
- Healthy Heads Lite (DBT informed) Group (5 sessions) - for young people aged 13-17 who are struggling to manage their emotions (i.e., anger, anxiety, low mood) and/or behaviours (i.e. self-harming behaviours). This group is suitable for young people who engage in self-harming behaviours, and they do not need to have a diagnosable mental illness.
- PAC (for Parents of children who experience Anxiety Course) (5 sessions) – a parent only group for primary aged children who suffer from anxiety with the aim of helping parents support their child. It is run by Buddies who have completed the Enhanced Evidence Based Practice CYP-IAPT course at Reading University or are qualified CWPs.
- ASD/Anxiety Programme (6 sessions): This group is for both parent and young person with a diagnosis of ASD. It is for young people aged 10-14 with an ASD diagnosis and low to moderate anxiety.
- ASD workshop (for parents only): for parents of children under 11 with an ASD diagnosis for post diagnostic support.

Outreach and Crisis Services

The CAMHS Outreach Service for Children and Adolescents (OSCA) team evolved from the recognition that some young people needed improved access to mental health services, where a more flexible approach to engaging the young person and family can be taken. Such families often require a more intensive package of treatment and care than can be routinely offered by other teams within CAMHS. Assessment and referral targets within 24 hours and 7 days are routinely met, against ongoing increases in demand for crisis service support.

The OSCA team currently has four functions:

- Crisis and Home Treatment: typically used to support existing care packages. Crisis offers a service to young people up to the age of 18, seven days a week, 24 hours a day within the Buckinghamshire area.
- Assertive Outreach: focus on maintaining engagement with services and psychosocial support and interventions.
- Dialectical Behaviour Therapy (DBT): A specific treatment for young people who may be experiencing heightened suicidal urges and self-harming behaviours and/or exhibiting signs of an emerging emotionally unstable personality disorder.
- In-reach to and supported discharge from inpatient units.

The staff team includes nurses, psychiatrists, psychologists, social workers and occupational therapists. The team have also developed more specialist roles including a Nurse Consultant/Lead for Deliberate Self-Harm, In-patient Liaison Lead and Nurse Consultant for DBT (Dialectic Behaviour Therapy). These roles support the team to build up strong working relationships with partner agencies and providers as well as supporting the wider teams in CAMHS in specialist areas. The team will see all young people who present to the local hospital in relation to an acute presentation regardless of status, home address, or any other contributing factor.

The Crisis service offers immediate support to young people out of hours, 24 hours a day 7 days a week. The team are trained in Dialectical Behaviour Therapy offering specialist skills in emotional regulation to reduce the risk of self-harm and suicide. There is 24/7 access to a consultant child and adolescent psychiatrist. However, capacity for the response service that covers the NHS Long Term plan proposals that people facing a crisis should have access to mental health care in the same way that they can get access to urgent physical health care, is limited.

During 2020/21 a Barnardo's Buddy was appointed to work in Stoke Mandeville Hospital supporting young people with mental health needs who are receiving acute care. This was started as a pilot but has been successful with positive feedback from the acute hospital trust regarding the impact that this has had on supporting young people within A&E or paediatric services. The service has been expanded in 2021/22, utilising winter pressure funding to increase the service from 8am to 8pm.

In 2021/22 work has started to review the crisis service offer alongside professionals from health and social care, with initial workshops held in November 2021. There has been a focus on reaching a shared understanding of need and service responses for children and young people across Buckinghamshire and reviewing alternative models of care. Work will be continued during 2022 to review the crisis offer, an Oxford Health led estates project to review and develop the place of safety for children and young people, and working with the Provider Collaborative to consider alternatives such as hospital at home provision.

Eating Disorder Service

The service provides assessment and treatment for children and young people with eating disorders and their families. The service aims to provide NICE-concordant treatment to children and adolescents referred with a suspected eating disorder within 24 hours to 4 weeks depending on the urgency of the referral, in line with national standards. The service accepts referrals from young people, parents and professionals. Most treatment is delivered in outpatient community settings; however, the service also provides in-reach and crisis-based support through the Child and Adolescent Outreach Service when a higher intensity of care, or admission to a Paediatric Psychiatric bed is required. Close collaboration with local inpatient units and the adult service is well established to ensure smooth transition of patient care when necessary or appropriate.

The service has recently completed an internal review (June 2022), following significantly increased demand (in line with that seen on a national footprint) on services since 2020/21. This has placed additional pressure on the service's ability to meet the access and waiting time standards, and significant mitigations have been implemented to ensure patient safety and access to treatment.

The following key challenges have been identified:

- The caseload has tripled since 2016, with most of this rise seen in the past two years during the covid period. Due to the increase in demand, the service, in line with the national picture has had difficulty in sustaining consistent wait time performance as set out in the NHS Long Term Plan, particularly for routine referrals. This has also impacted on the ability to deliver consistent NICE concordant treatment.

- The number of children open to the CYP ED service requiring a paediatric emergency assessment or medical admission peaked in 20/21. Total bed days have remained 150% above pre-pandemic levels and the average length of stay has continued to rise. All indicative of the increase in patient acuity and additional pressure on the service as a result.
- There have been ongoing challenges with recruitment to key posts due to the availability of specialist staff, although recruitment is now completed (August 2022). The service has become more reliant on non-substantive roles, including locum workers
- Demand and capacity modelling, using 'CREST, indicates that demand to continue to rise. There is also ongoing evidence of increased acuity in referrals to the service.

However, the service continues to demonstrate a number of key strengths within its delivery:

- Despite a very demanding period, particularly between 2020-2022, the evidence shows that the service has managed to continue to deliver successful treatment that is valued by patients and their families. This includes positive feedback about the treatment and the staff in the team.
- The service has put in a series of effective risk mitigations to ensure patient safety and care, and these are regularly reviewed through Oxford Health governance processes.
- Collected (unpaired) data at assessment and discharge clearly shows reduction in eating disorder symptoms from well above the clinical range at assessment to below the clinical range at discharge.
- The service has continued to innovate service delivery, including:
 - the introduction of a Paediatric Liaison role based at the acute paediatric ward. The role supports the young people and their families to have a direct link to the ED team. It also supports links the dieticians, ward nurses and CAMHS Crisis worker with the ED team as needed. An evaluation framework for this role is being planned.
 - An increased offer of online support, including a CBT-E body image group; access for young adults to a university preparation support course via the adult eating disorder team.
 - Development of a partnership with the charity BEAT for the Synergy programme to support young people with emerging eating disorders to reduce disordered eating symptoms, avoid relapse and move towards recovery. This will initial target low risk patients, reducing the numbers waiting to access treatment.
 - Adoption of the FREED (First episode rapid early intervention for eating disorders) programme which is part of a national rollout overseen by the Academic and Health Science Network. This programme aims to ensure rapid access to eating disorder treatment for those aged 16-25 with a first episode, building on the AWTS commissioning standard for those under 18. The Adult ED team have led on this as part of the wider Community Mental Health Framework Transformation programme and, the service will look to the reach of FREED to those aged 16-18, particularly to support those transitioning to adult services.
 - Linking to the new ICS-based PEACE project to review and improve care pathways for children and young people with suspected autism and eating disorders.

Following the service review, the demand and capacity information will continue to be refined to support the development of a business case to ensure that the investment in eating disorder services meets the level of increased need and ongoing demand within Buckinghamshire.

Attention Deficit and Hyperactivity Disorder and Autistic Spectrum Disorder

National / Integrated Care Board Context: Across the Buckinghamshire, Oxfordshire, and Berkshire West Integrated Care Board (BOB ICB), in line with the national picture there has been an increase in demand for neurodevelopmental diagnostic assessments for children and young people. This has led to increased wait times with the average across the three counties within BOB being between 18 – 24 months. This has been further compounded by challenges in the lack of availability of specialist staff to recruit to diagnostic services and increasing wait times within the private sector, which historically have been used to provide support to reduce wait times.

Buckinghamshire Context: The assessment and diagnostic service for children and young people in Buckinghamshire is delivered by two providers: Oxford Health NHS Foundation Trust CAMHS and Buckinghamshire Healthcare Trust community paediatric service.

The service functions can be broadly seen as:

- Pre-assessment support – delivered by a third sector partner
- Diagnostic assessment for Autism and ADHD presentation
- Prescription and titration of medication where clinically indicated
- Provision of post diagnostic support

The assessment and diagnostic service is only one element of the overall support available within Bucks for young people with a neuro – developmental presentation within the community. More broadly pre and post assessment support is available through:

- The Local Authority educational psychology, early help, and family support services
- A child or young person’s school (mainstream or special settings)
- The Voluntary and community sector

Wait times in Buckinghamshire are too long. This is recognised both locally and as a priority area for improvement across the BOB footprint. The support offered to families is not always consistent and further transformational work is required. In March 2022, the Buckinghamshire local area received its SEND inspection from OFSTED, the outcome outlined the below as a specific area of concern, with a written statement of action being issued:

‘Waiting times for assessments on the autism spectrum disorder and attention deficit hyperactivity disorder diagnosis pathways, and the system-owned plans in place to address this’

Prior to the inspection, remedial actions had been enacted which were acknowledged in the final report ‘There is a suite of initiatives in place and more planned to help support families while they are waiting. It is positive that the diagnostic assessments are compliant with NICE guidance and that post-diagnostic support is available’.

The written statement of action has provided the opportunity to further enhance the work that had already started, developing a consistent and co-ordinated plan that communicates a clear intention to improve the countywide needs-based offer for children and young people. The overall intention of the plan not only set an ambition to address wait times but also outlines how support will be made available across the local area based on the identified need of a young person regardless of whether a diagnosis is present. You can view the published plan, approved by OFSTED by clicking the following link [add link when published]

Children and Young People with an Intellectual Disability

The pathway offers a multidisciplinary team of clinicians who can offer consultation, assessment, intervention and care co-ordination for children and young people who require a specialist service, due to moderate or severe, complex and enduring difficulties. They work alongside the other pathways in CAMHS to ensure equal access to the range of specialist CAMHS services available to those who do not have intellectual disabilities.

It is expected that in most cases, the mental health needs of children and young people with a mild intellectual disability (IQ within the range of 50-70 and associated adaptive functioning difficulties) can be met within the other specialist CAMHS pathways. This may require consultation from the Buckinghamshire CAMHS intellectual disability pathway to support assessment, formulation and making reasonable adjustments to interventions as appropriate.

When assessment indicates that other CAMHS pathways are not able to meet the current need or if there are not the skills or competence available, the Buckinghamshire CAMHS-ID Pathway will offer an assessment to children and young people who meet both the following criteria:

- Child has an identified emotional, mental health or behavioural difficulty that requires a CAMHS assessment
- Child has a diagnosed Intellectual disability, or significant impairment of intellectual and social adaptive functioning, which significantly impacts their mental health presentation

In addition to the above criteria children and young people may also meet the following criteria, (in addition to a history of chronic difficulties and unsuccessful interventions):

- Complex physical health needs and medication
- More than one family member with an Intellectual disability

- Highly-risky behaviour (i.e. high frequency and impact)
- Urgent safeguarding issues
- Complex co-morbidity in addition to a diagnosis of Intellectual disability.
- For children and young people who are using respite or residential placements, the placement is in danger of breakdown and in need of specialised support.

Following a comprehensive assessment and formulation of the young person's needs the team can offer a range of therapeutic interventions. Examples of interventions offered include psychoeducation usually in the form of workshops for parents around ASD, anxiety, and behaviours that challenge, Positive Behaviour Support, consultation with the system around the child to support the implementation of Positive Behaviour Support and if appropriate individual work (such as cognitive-behavioural therapy adapted to meet a child's needs), and pharmacotherapy.

The service works alongside the learning disability nursing service and with the adult community learning disability team to ensure timely and supported transitions between the services.

Children and Young People with a Learning Disability and/or Autism

The transformation plan links to the BOB ICS Learning Disability and Autism Delivery Plan, ensuring children and young people with a learning disability and/or autism who are at risk of admission to, and in mental health hospitals, receive timely, appropriate, personalised, integrated support. This includes monitoring of children and young people recorded on the Dynamic Support Register and who are receiving Care Education and Treatment Reviews (CETR).

Buckinghamshire was successful as an early adopter site for the Keyworking Programme in April 2021. The service supports the NHS Long Term Plan commitment to ensure by 2023/24 children and young people with a learning disability and/or autism, with the most complex needs will have a designated keyworker. The Dynamic Support Facilitation Team is delivered by Oxford Health CAMHS and was operational from November 2021. It facilitates additional support and care navigation for children, young people and their families, who are inpatients or at risk of being admitted to hospital. Dynamic Support Facilitators support young people and their families across health, social care and education to work towards keeping children and young people out of hospital wherever possible and clinically appropriate. The facilitators provide support and co-ordination to ensure timely transitions, discharge from inpatient services, and full implementation of CETR recommendations.

During 2021/22 the service focused on establishing service delivery within CAMHS, alongside close working with commissioners in relation to management of the Dynamic Support Registers and Care and Treatment Reviews. 13 children and young people were supported during this time. The majority of the young people supported have an autism diagnosis. The service is continuing to develop and across 2022/23 will focus on developing links with social care and education and promote access to the service. It will also complete a project to review the needs of looked after children with learning disabilities and/or autism who have been placed out of county and their support needs. The service also continues to work with the adult mental health teams to support transitions for young adults.

The service actively contributes to the NHSE Key-working Communities of Practice, works closely with the Oxon pilot site and the Berks West early adopter site to share learning and good practice, working towards parity of service delivery across the BOB ICS. The service will also participate in the national service evaluation commencing from September 2022.

For children and young people with a learning disability and/or autism who display behaviour that challenges, Care Education and Treatment Reviews (CETR) were implemented from April 2017. CETR have been developed as part of NHS England's commitment to transforming the services for people with learning disabilities and/or autism who display behaviour that challenges, including those with a mental health condition.

The CETR ensures that individuals get the right care, in the right place that meets their needs, and they are involved in any decisions about their care. The CETR focuses on four areas: is the person safe; are they getting good care; do they have a plan in place for their future and can their care and treatment be provided in the community.

The CCG has developed all age guidelines for the CETR process and has designated leads within Buckinghamshire CAMHS and the commissioning team to ensure that CETR are arranged in a timely way.

Early Intervention in Psychosis Service (EIP)

The EIP service is delivered by Oxford Health NHS Foundation Trust, is modelled based on NICE guidance. It provides clinical interventions for people from age 14 who are presenting with psychosis. The team consists of CAMHS and adult mental health staff to ensure continuity of care for young people who present with this chronic disorder that is likely to continue to impact upon the young person as they move into adulthood.

The service has received additional investment for 2021/22 in recognition of the growth in referrals and increase in acuity and to sustain performance in line with long term Plan. The team are reviewing the possibility to develop an offer for those with at risk mental state (ARMS). The service has consistently exceeded the national access and waiting time target of 60% with performance at 80% for July 2021.

Looked After and Adopted Children's Service

The Looked After and Adopted Children's (LAAC) Service is commissioned to meet the needs of children looked after children and young people including care-leavers. The service offers a fast, responsive and flexible service which centres on the needs of the child rather than mental health diagnosis. Young people who are experiencing significant emotional and/or behavioural difficulties or who are struggling in their placement are seen by the team. Referrals are actioned within 5 working days and an extensive assessment is offered to the young person that includes screening for mental health difficulties, attention deficit hyperactivity disorder, autistic spectrum disorder as well as trauma. Assessments include liaising with the various professionals involved in that young person's care so that a holistic overview of that young person's difficulties is gathered. Interventions are offered that focus on improving the quality of life for that young person which can include direct work with the child, work on the carer-child relationship, an intervention within school or within the young person's residential home. Where specific needs are identified, the LAAC team will then refer the young person to a specialist internal CAMHS team, for example the eating disorders team.

The service also supports children and young people, parents and carers, and professionals across the wider system partners. For example, through CAMHS has placed a senior Clinical Psychologist within the fostering and adoption teams. They are available to Buckinghamshire foster carers for consultation, to address any immediate concerns a carer may have about the child or young person in their care. If appropriate, they will then recommend further assessment. The psychologist is also available for consultation to all social care teams about children and young people a social worker may be concerned about. This contact is through the SPA where a member of the LAAC team is on duty to offer consultations to professionals who contact the SPA.

Support is also provided to the local authority resource panel. This has been helpful in identifying mental health needs as well as the wider health needs of children and young people in care and signposting to CAMHS for further assessment. This is also an opportunity for CAMHS to input in discussions on how to best meet the needs of the child or young person's needs and identify whether additional/alternate resource needs to be considered.

Attachment and vulnerable young people pathway (ReConnect) – specialist service for high risk parents and vulnerable infants

ReConnect was commissioned to work with parents who are known to Social Care and present as high risk to their children (e.g. domestic abuse, substance misuse, personality disorders, mental health problems, care-leavers or if they have had a previous child removed from their care). The service aims to reduce the risks of neglect/abuse and attachment difficulties between the parent and their child working with parents who are pregnant or who have a child under the age of 2 years. These services are based in the Adult Mental Health directorate, and it is intended that these will form a closer part of the perinatal and maternal mental health pathways.

Intensive therapeutic support is offered to parents to increase the security of the infant's attachment relationship with them and to reduce the risks of harm to the infant. The service offers intensive evidence-based treatments including Video Interaction Guidance, Individual and Group Mentalization-Based Treatments which aims to improve a parent's ability to regulate their emotions and to distinguish their child's needs from that of their own. Trauma work is also offered to parents where this may be a feature in their presentation. The service has gained national recognition for its work (Analeaf award for infant mental health services 2016; Big Lottery Transgenerational Service award 2017, Maternal Mental Health Alliance; Highly Commended for Equality and Diversity, Positive Practice in Mental Health Awards, 2017). It is featured as an example of best practice in the Positive Practice in Mental Health Directory including being highly commended for its work in equality and diversity of service delivery.

Perinatal Mental Health Service

Buckinghamshire's specialist perinatal mental health community service was established in 2018/19 allowing women who are planning a pregnancy, are pregnant or have had a baby in the last year and who are experiencing a new or existing mental health conditions to access a specialist mental health team. This has supported improved access to treatment and improved outcomes for women their children and their families.

Buckinghamshire has a diverse population and the services are required to serve both a large rural and isolated population together with an urban and mixed ethnic minority population. More than 600 maternity related admissions with a mental health component were recorded each year during the periods 2012/3 – 2014/5 for Buckinghamshire registered women. The perinatal service works toward supporting admission avoidance, safe discharge and an equitable service for women and their families, so improving long term outcomes for mother baby and partner.

The perinatal mental health team supports women with an existing and new moderate to severe/complex perinatal mental ill health during the preconception period and to a year following birth. It provides pre-conception advice and information for women considering pregnancy, about how this and childbirth could affect their general health. A referral and triage system ensures that women receive initial and ongoing assessment, diagnosis and a full range of services, including but not limited to community support, therapeutic interventions, mediation advice. The treatment is at home, in clinics and when needed in inpatient Mother and Baby units. The team are also working to increase the offer of support to partners, including through use of 'dad pad' an online support service.

The team works collaboratively with all partners, in primary, secondary and tertiary services to enable local women to make personalised informed choices about their care, including but not exclusively IAPT's, AMHT's, Midwifery, Health Visitors, CAHMS, Bucks MIND. The team provides support, advice and expert knowledge to colleagues. The team are a partner in the South East Perinatal Mental Health Clinical Delivery and Network and are working towards achieving the Perinatal Quality Network standards.

Young Adults: Transitions between CAMHS & Adult Services

CAMHS are mindful of a young person's ongoing mental health needs post 18 years and as such have developed a Transitions Policy to remove some of the artificial barriers that previously existed that led to delay or prevented that young person receiving a service when they turned 18 years. This policy ensures that all CAMHS clinicians liaise with Adult Mental Health team manager when the young person is 17 ½ years or earlier if a young person's mental health needs are very complex. If it is not clear whether a young person's needs would meet the threshold for adult services, a meeting is held with the CAMHS care co-ordinator, Adult Mental Health manager and relevant professionals.

A transitions assessment is carried out that includes the following:

- A full and current assessment of risks and associated management plan
- Access to the young person's CAMHS records
- Exploration of the individual service user's own views on their future needs and concerns, their hopes and strengths
- Carer's assessment (where appropriate)
- A completed assessment of ongoing support needs to determine eligibility to hold a personal budget under Self Directed Support. (where appropriate)
- Consideration and agreement on any periods of joint working. It is recommended that there is a minimum of three appointments, with the first being at the CAMHS building to support engagement and reduce potential anxiety to the young person.

It is acknowledged that not all CAMHS service users will require transfer to secondary or tertiary Adult Mental Health Services. If a young person is in active treatment within CAMHS at the point of their 18th Birthday they may stay in the CAMHS service to complete the treatment if it is in their best interest. There is an expectation that transition to adult services can be fluid depending on the needs of the individual. It is possible that a service user may continue to have mental health care needs but do not necessarily require adult mental health community teams. In these cases, the Care Coordinator will consider what supports are available from primary care and other adult mental health services and other agencies.

During 2021/22, a transitions project has been established, implementing two dedicated transition workers, based within the adult mental health teams, to work with young people aged 16+ years and their families, where it is likely the young person will need ongoing mental health support from adults' services post 18th birthday. The workers primarily support young people aged 17.5 to 18.5 years over the service transition period, with robust transition planning taking about six months for most young people. They also work across services, attending team meetings of Community Mental Health teams in Adult Mental Health Services, social care and Education.

Over the next 6 – 12 months, there are plans in place to review how the transitions workers interact with those CYP open to the Dynamic Support Facilitation Team (Keyworkers), and other BOB ICS or Thames Valley wide services (e.g. Complex Needs service). An evaluation will also be undertaken to assess the impact of the roles, and to consider where impact of this approach could be achieved at other transition points.

Buckinghamshire will continue to develop work on transitions not just within mental health services but also to consider the mental health needs of care-leavers as they move out of care and into independent or supported living.

Develop system wide Positive Behaviour Support approach

PBS is an evidenced based approach that enables the young person and their support network to manage their behaviour before it escalates and leads to hospital admission, offending behaviour or exclusion from school. The programme aims to ensure that this vulnerable group of young people receive the appropriate support to remain with their families reducing the need for residential or hospital placements. The project led by a Consultant Child Psychologist has provided training within the CAMHS pathways to introduce positive behaviour support as an approach to manage young people presenting with complex needs and challenging behaviour. There has been limited opportunities to broaden the offer wider across the system due to changing priorities through the pandemic.

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Integrated commissioning has been facilitating the development Buckinghamshire's new All Age Autism Strategy. The Strategy is co-produced and is expected to outline our knowledge of the current autism provision within Buckinghamshire and how we hope to be able to enhance the offer to autistic people of all abilities. The Strategy will cover a broad range of relevant services and support. The aim is for the strategy to go out for public consultation through Q3 22/23 with a view to publishing in Q1 23/24. There are a number of Priorities that have been identified through co-production and engagement with professionals, adults with autism and parent/carers of autistic children.

Buckinghamshire Council have worked in partnership with the British Institute of Learning Disabilities (BILD) to develop an innovative, co-produced, and co-delivered PBS focused training programme with the aims of:

- Developing a shared understanding of autism and PBS among family carers, and professionals in all services that support autistic young people at risk of exclusion and/or admission to inpatient services.
- Sharing ideas and developing an agreement of what good support and capable environments are for these individual children, and as a cohort.
- Building, strengthening, and supporting relationships across the whole team that support the child.
- Directly improving the quality of life for young people, families and the staff that support them.
- Build capacity across Bucks services & include families as a valuable part of the workforce.
- Ensuring the programme is accessible and actively promotes the inclusion of hard-to-reach families.

Training is planned to be delivered in three parts - online learning as an introduction to PBS; face-to-face 3 hour workshops for an enhanced understanding, specific to peoples' needs; and face-to-face 6 hour workshops to develop a champions programme and to develop a community of practice across Buckinghamshire, where families can support each other a reduce their reliance on Children's Social Care. There is a delay in the rollout of training as some families/carers have a different perception of PBS that is giving them cause for concern. Further engagement will be undertaken with families throughout 2021/22 to understand further areas of concern and encourage participation within the support offer.

The Buckinghamshire Offer: Wider Services & Support

Counselling Services

Some individual schools purchase their own pastoral or counselling services. In addition, voluntary services including Youth Concern, YES (Youth Enquiry Service) offer youth counselling in locations across the county. These services continue to report increased demand.

Youth Concern Counselling is an independently funded agency and part of Youth Concern providing programmes of person-centred counselling to young people between the ages of 13 and 25 in the Aylesbury Vale. Referrals come from statutory services and non-statutory, local schools, doctors' surgeries, self-referrals and numerous young people's helping agencies/ services.

The team is led by the Head of Counselling and supported by a Counselling Lead/Co-ordinator. There are 2 part-time counsellors, a team of volunteer counsellors and counsellors undergoing counselling training. There is currently capacity for up to 30 counselling places.

Buckinghamshire Mind are in the process of scoping a Youth Counselling Offer. Unfortunately, it was not possible to secure funding to commence service delivery from April 2022. Work remains underway to scope an alternative county-wide offer.

Peer Support in Schools

Buckinghamshire Council Public Health Department commissions the Bucks Mind Peer Support in Schools (PSIS) programme for delivery in some primary and secondary schools. The PSIS programme has been developed to augment existing peer to peer mentoring programmes in primary and secondary schools. The PSIS programme aims to raise awareness of mental health by normalising conversations about mental health to reduce mental health stigma and discrimination.

Raising the quality of 'Personal Health, Social and Economic Education' (PHSE) and 'Relationships, Health and Sex Education' (RHSE)

The Public Health Department also works collaboratively with all local state funded schools to raise the quality of PSHE education. The offer includes funded continual professional development sessions for school based PSHE Leaders; termly PSHE Forum meetings; regular local and national updates for schools and other partners; and expert advice, guidance and signposting to high quality resources.

The Department for Education's new RHSE guidance placed mental health as a statutory part of education for five to 16-year-olds. The Buckinghamshire Public Health Department has raised the confidence and competence of PHSE Leads and teachers to deliver this effectively via online training.

In addition, a PSHE book project in collaboration with the School Library Service is now available. This provides up to 1,000 new PSHE related books for schools and their pupils to borrow, including books on mental health and wellbeing.

Buckinghamshire Healthy Schools Award

The Public Health Department introduced a Buckinghamshire Health Schools Award in May 2022. This promotes a whole school approach to health and wellbeing. It helps schools achieve in several areas including social, emotional and mental health. Schools are being supported by Public Health to improve their practice and achieve the award. This is via hands on tailored support and advice/guidance on the 'Buckinghamshire Healthy Schools' webpage. They currently have three years improve practice and achieve the award, and their certificate will be valid for three years.

School Nursing Provision

Buckinghamshire Council's Integrated Commissioning Service commissions Buckinghamshire Healthcare NHS Trust to provide the Healthy Child Programme (0-19 years) service which includes the School Nursing Team. The School Nursing Team deliver in line with the Healthy Child Programme (DoH, 2009) to school age children across the state funded schools in the county. The programme focuses on six key priority areas including resilience and emotional wellbeing.

The School Nursing Team provides a care pathway to work with children, young people and their families to help overcome low self-esteem, anger issues, sleep issues, social anxiety, parental separation, child protection/ domestic violence or abuse which impact on children's emotional health, low mood and feelings of self-harm, poor body image and associated feelings, early signs of ASD/ADHD. The care pathway identifies those children and young people who require focused goals-based input and targeted support.

Where there are more complex needs or additional vulnerability, the child/young person may be referred onto the most appropriate pathway to meet their needs. This joined up approach across an integrated pathway

ensures that children and young people can access the right care at the right time. During 2021/22 the school nursing team and CAMHS services have worked closely together, arranging regular consultation slots to review cases relating to children with complex needs, ensuring that they are sign posted to the appropriate pathways in a timely manner.

Buckinghamshire Health Care Trust are working towards introducing 'Chat Health', a text-based system that will allow parents and carers to contact school nurses for advice in relation to 11- to 19-year-olds. Parents and carers will be appropriately signposted to support across the system for concerns relating to emotional health and wellbeing.

Buckinghamshire Council commissioned mental health and wellbeing training

A programme of bespoke twilight webinars was delivered by experts from a range of agencies and services, covering areas such as emotional attachment difficulties and bereavement. Additionally, 'peer learning sets' were established as a reflective group framework promoting cross-setting mutual support for school staff. These were facilitated by professionals from Aspire Alternative Provision and the Educational Psychology Team.

A coaching package for senior leaders, accessed by 37 headteachers across the county and facilitated by Aspire Alternative Provision, gave school leaders access to a confidential source of support, providing opportunities to improve their confidence and competence when dealing with the challenges of the coronavirus pandemic.

Following the positive feedback regarding the Educational Psychology (EP) Team's Wellbeing Telephone Advice Line established during the initial stages of the coronavirus pandemic, an offer of half-termly reflective supervision for head teachers at primary and special schools was established. This has been received positively by those who accessed the sessions, and thus the EP Team have continued this offer into the 2022/23 academic year.

Training sessions on self-care and resilience have been delivered to schools on an individual basis (e.g. as part of INSET sessions), whilst training sessions for governors have been offered at a county-wide level. Support is also provided by the EP Team for critical incidents affecting school communities, such as traumatic events or sudden bereavements.

Public Health commissioned the youth suicide prevention charity Papyrus to deliver a sequence of online seminars and workshops to promote suicide prevention safe environments in schools. Multiple sessions have been arranged in order to maximise accessibility for school staff, with the first tranche taking place in July 2021. Further sessions were offered during the 2021 autumn term with spaces available to a broader audience across children's services in Bucks. Public Health also commissioned one training course in Youth Mental Health First Aid which was attended by school staff and partners working with young people.

Schools were given access to 'Psychological First Aid' training course, developed by Public Health England (PHE). The training focuses on how to provide practical and emotional support to children and young people affected by emergencies or crisis situations, such as those triggered by the coronavirus pandemic. Across the 2020/21 academic year there were 903 attendees in total, with over 90% of evaluations indicating that they were "satisfied" or "very satisfied" with the training.

Expert Webinars

With the aim of enabling staff to better support pupils in both primary and secondary schools, an expert webinar programme was developed which comprised online training from an expert followed up a facilitated group session for those staff members who want to join. These sessions provide a space for participants to share ideas, ask questions, reflect on practice and develop their knowledge. These sessions were developed to enable schools to support pupils in a number of key wellbeing areas, which were identified by schools:

- Loss, Bereavement and Anxiety
- Well-being in the School Community
- Trauma and Post Traumatic Stress Disorder (PTSD)
- Attachment Disorder
- Emotional Regulation
- Looking after staff well-being
- Managing Challenging Behaviour

Group coaching and support for all staff in schools

Buckinghamshire Council offered group peer coaching sessions to all teachers, leaders and support staff across the county. These provided an opportunity to build collaboration during challenging times, to discuss current priorities to support pupils well-being in a small-group, safe and honest space and, as a group, generate ways forward. The subjects explored in the sessions were determined by the participants' current foci, concerns and priorities but were related to the themes explored in the webinars: emotional self-regulation, behaviour management, attachment disorder, trauma, behaviour, wellbeing, equity, student progress etc.

The Buckinghamshire Council Educational Psychology Team has continued providing support for the emotional wellbeing of school staff. Primarily, in the 2021/22 academic year this was as part of delivering the second phase of the government's Wellbeing for Education Return programme, alongside Aspire Alternative Provision. This work has included an offer for head teachers in primary schools and special schools to access half-termly psychological supervision; the success and popularity of this offer means that it is being continued in the 2022/23 academic year. Training sessions on self-care and resilience have been delivered to schools on an individual basis (e.g. as part of INSET sessions), whilst training sessions for governors have been offered at a county-wide level. The EP Team continues to provide an emotional wellbeing support and advice telephone line for senior leaders, although this has had far less demand compared to the height of the pandemic. Support is also provided by the EP Team for critical incidents affecting school communities, such as traumatic events or sudden bereavements. The EP Team are looking to expand on the emotional wellbeing support offer, and are in the process of investigating a group-based approach linked to acceptance & commitment therapy."

Buckinghamshire Council web-based support for schools

Buckinghamshire Council in conjunction with Aspire Alternative Provision developed and maintain the Connecting Bucks website which provides a searchable local directory of organisations supporting local wellbeing in schools. This is addition to the Buckinghamshire Healthy Schools website discussed above.

Buckinghamshire Council Family Support Service

The Family Support Service (FSS) provides a wide range of support to children and young people aged 0 to 19, or up to 25 with a special educational need or disability and their families in Buckinghamshire. This support includes information, advice and guidance through the Family Information Service (BFIS), open access sessions and health services for early years children and parents/carers and a range of targeted and drop-in sessions for young people at a network of 16 Family Centres across the county.

The centres offer a range of support for children, young people and families. Families can drop in to speak with a professional about concerns they might have anytime during the week at our three Family Centre Plus sites: Mapledean (Wycombe), Chesham Newtown and Southcourt (Aylesbury). There are a wide range of activities available to families run by the FSS and partners at family centres which are free for children, young people and families. Local timetables can be found on the BFIS web pages. The Family Centre's host a range of Early Help services delivered by partners and community coordinators work to strengthen voluntary and community participation, working collaboratively with providers and families in each locality to tailor the offer to the needs present.

The Service is there for the whole family, not just children but for parents and young people too.

The service can provide support to families and individuals through group work to support with parenting, young people's groups on topics such as wellbeing, employability or support from a dedicated Family Worker for families and individuals who are facing more complex challenges. The Family Support Service does not provide whole-family support when a child or young person is open to statutory Children's Services, but if specific support is needed (for example parenting, one-to-one youth support or early years support at family centre sessions), this can be requested.

The Service has been carefully designed to provide high quality targeted support for vulnerable families who face a range of issues or more complex challenges. The service provides one-to-one support to families and individuals in a setting that is most comfortable to them, like their home, a local community setting or somewhere else. Families can refer themselves to the service or may be supported by a school, health or other professionals who will make a referral on their behalf. We work collaboratively with families and professionals to ensure that the agreed family plan is supported by all involved with agreed actions and outcomes. As we are a consent-based service, professionals must work with families to ensure they give their informed consent before a referral for support is made.

Examples of the family support offer include:

- Self-help information available on the BFIS website, including the SEND Local Offer
- Open access (universal) sessions for families with children aged 0-5 (on average two sessions per week, per centre).

- Parenting group sessions, youth support group sessions, support for young carers, not in employment, education or training (NEET) support, healthy eating, budgeting and benefits and other community-led activities.
- Programme of targeted activities to support families 0-19 (up to 25 for those with special educational needs or disabilities) with specific challenges.
- Drop-in support, advice and guidance at Family Centre Plus sites, five days a week.

CAMHS have worked closely with the Council's Early Help team to ensure that the needs of children and young people can be supported through the Early Help provision. This has included developing joint approaches to CYP needs and the embedding of a CAMHS worker within the Family Support Service to pilot training together and support the development of pathways of care between appropriate agencies.

Early Help Monthly Partnership Forums

The Early Help Partnership forum is a panel made up of a variety of support agencies who meet each month to offer suggestions and support to professionals working with a family. The purpose of the Early Help Partnership Forums is to innovate and co-ordinate a different approach to supporting a family when current work with them is not leading to sustained change. Professionals can bring children and family concerns for discussion where they are unsure of the support that is needed. There is an expectation that the person bringing the family for discussion will usually remain as the family's main link, with the multi-agency discussion offering advice and suggestions or offer support and resource that can be introduced to the team around the family and added to the plan to achieve greater impact. A representative for CAMHS attends and contributes to these forum discussions.

NEET Solutions Panel

This multi-agency panel chaired by FSS meets quarterly to work collaboratively to agree on the best programmes of learning for individuals who are NEET, to support sustainable progressions into post-16 education, training and employment. The aim is for providers and organisations to work in partnership to avoid duplication of provision and ensure young people do not move between providers for reasons other than progression. The young people put forward for discussion should be aged 16-18 or the equivalent of school years 12 and 13.

Exceptions to this will be:

- Care leavers up to the age of 25
- Younger young people at significant risk of becoming NEET
- Young people with an EHCP up to the age of 25.

Although in this case, discussions should involve a representative from the Bucks SEND team so that the EHCP content and any legal duties can be considered.

In order to strengthen support to this cohort, FSS has recently increased the dedicated staff resource to provide active and tailored support to the most vulnerable young people in this group, alongside the wider FSS support offer and traineeship programme.

Emotionally Based School Avoidance

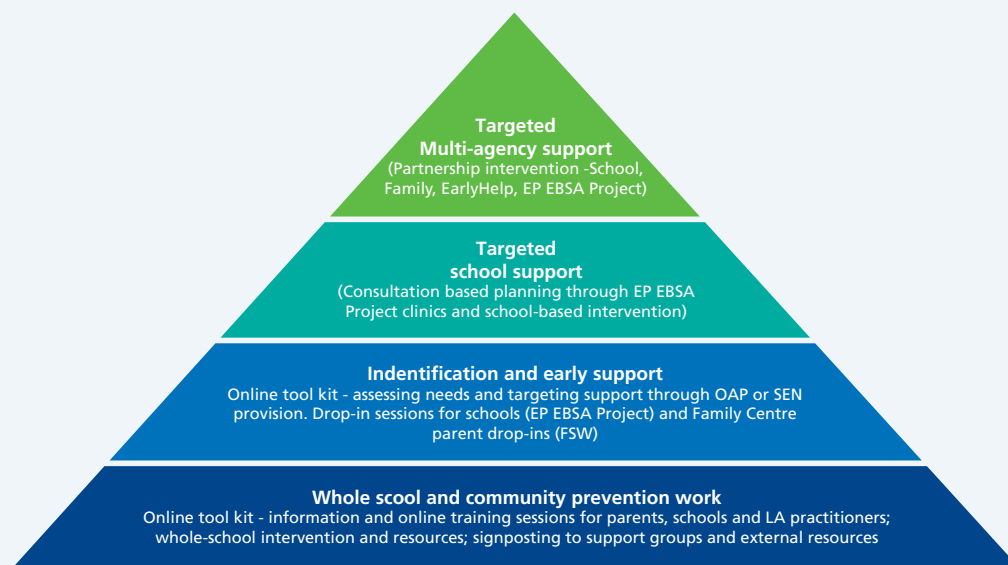
During the summer term of the academic year 20-21 the Educational Psychologists (EPs) began initial discussions about EP support for CYP experiencing EBSA. It was agreed that information gathering to inform decision making would be undertaken by a Senior EP. This involved engaging with casework for entrenched EBSA cases and finding out what other LAs are offering in terms of EBSA support.

In the academic year 22-23 increased staffing levels allowed the EPs to consider opening up the EP offer further. EBSA was placed on the prioritisation matrix for request for advice from the EP service. Consultations to schools and parents were delivered by link Educational Psychologists and also by the EBSA lead (J Feeny). An EBSA drop-in for school and LA practitioners was also established (3 appointments per week minimum over the summer term). Training was also offered to schools, LA staff (through the Virtual School and attendance at team meetings for Family Support Workers, Specialist Teachers, Education Entitlement and EHCOS) and parents (through the Family Support Service).

Preparation for the next phase of EBSA support is well underway. This academic year the EBSA lead within the EP team, with the support of Assistant Educational Psychologists, has:

- consulted with key stakeholders including parents (through FACT Bucks and Education for All), LA professionals (Early Help, Educational Psychology, Education Entitlement, SEN, SENDIAS, schools), health professionals (CAMHS, MHST, School Nursing)

- created an initial draft of a local authority pathway for support (see below)
- drafted a toolkit of resources for parents (Local Offer) and professionals (Schoolsweb)



The priorities across 2022/23 and 2023/24 are for:

- the toolkit to be shared with stakeholders to gain feedback before going live
- training sessions will be recorded to compliment the written guidance for schools and parents
- baseline data gathering systems will be identified and data collection will begin to determine the impact of the support on offer
- monitoring systems will be identified to determine the numbers of affected CYP in the LA
- commence work on embedding the pathway of support as outlined above.

Suicide Prevention Programme

Buckinghamshire has an active multi-agency Suicide Prevention Partnership Group which has been in existence since 2015 and is chaired by Buckinghamshire Council's Public Health Department. The Group works in partnership to set the strategic direction and deliver suicide prevention work locally. Membership spans internal Buckinghamshire Council partners, the NHS, blue light services, the voluntary and community sector, people with past experience of suicide ideation and people bereaved by suicide. It works closely with its equivalent Groups within the Thames Valley via the Thames Valley Suicide Prevention and Intervention Network.

Partnership work is delivered via an extensive Suicide Prevention Action Plan which is informed by national policy and guidance, national intelligence, and local data including the Buckinghamshire Suicide Audit (completed every three years, most recently in 2022), and the Buckinghamshire Real Time Suicide Surveillance System.

The priorities in this plan are:

- Priority 1: Reduce the risk of suicide in key high-risk groups
- Priority 2: Tailor approaches to support improvements in mental health in specific groups
- Priority 3: Reduce access to the means of suicide and reduce imitational suicidal behaviour
- Priority 4: Provide better information and support to those bereaved or affected by suicide
- Priority 5: Support research, data collection and monitoring

Recent achievements of this Group include:

- A local suicide bereavement support service delivered by Buckinghamshire Mind launched in April 2020 funded by NHS England. This was part of a 'hub and spoke' model with other services across the Thames Valley and Thames Valley Police. A new service commissioned jointly across Buckinghamshire Oxfordshire and Berkshire, funded by NHS England, launched in July 2022 called 'Amparo Thames Valley'. This will run until 2024.
- The Champion the Change programme, previously Time to Change, has been running since 2018. In 2021/22 it reached in excess of 77,000 people in Bucks with messages tackling mental health stigma. Buckinghamshire Council will be signing the Employer Pledge in October 2022.
- Buckinghamshire Council has led multi-agency communications work on key awareness days such as World Mental Health Day (October), World Suicide Prevention Day (September), Time to Talk Day (February), and developed local communications on Spotting the Signs of Suicide.
- A local Schools Suicide Prevention and Postvention Guide has been developed and disseminated to schools.
- 'Saving Lives' was launched in autumn 2021. It has funded seven community organisations to deliver grassroots work to prevent male suicide working with 490 men and boys. A second wave of funding was launched in autumn 2022, and a third wave focusing on children and young people is currently being planned.
- More than 250 professionals in Bucks have been trained in Suicide First Aid since Dec 2018. The training programme has secured additional funding and commissioning of an enhanced three-year programme is soon to begin. This will include training on suicide prevention, Mental Health First Aid and Sensitive Conversations for statutory, voluntary sector, community sector, community leaders, and other professionals including hairdressers and taxi drivers.

Embedding CAMHS practitioners across a system

Children's Homes

As part of Buckinghamshire County Councils commitments to provide support and care closer to home four additional children's homes have been established in county. Recognising the increased prevalence of mental health needs amongst this vulnerable group of young people, CAMHS have been providing a dedicated resource (funded by the Local Authority) to support the mental health needs of these young people and ensure timely access to services. The main focus of the psychology service is to offer the following support to young people and staff teams;

- provide reflective practice to whole staff teams
- provide individual or small group staff coaching sessions to build up skills and knowledge in certain areas (such as mentalization and emotion regulation)
- provide regular manager support to discuss behaviour management strategies and their staff support
- attend CLA meetings, strategy meetings, placement planning meetings and PEP meetings
- lead with team formulation meetings to help teams better understand the young person
- contribute to the referral pathway and matching assessments alongside home managers
- contribute to risk assessments and behaviour support plans
- provide staff teams with support following incidents
- offer each staff team a 3-day training programme covering; mentalization, trauma, attachment, formulation, emotion regulation and therapeutic parenting
- undertake assessment with each new young person into the homes to identify need
- provide individual treatment with the young people where required
- act as gate keeper into CAMHS and to support with referrals into other pathways, such as neurodevelopment.
- offer consultations to young person's school where appropriate
- provide a clinical opinion and write psychology reports that can be used for placement decisions and/or EHCP's.
- delivery of a group therapy programme for young people in the homes using mentalization-based treatment for adolescents.

Designated worker within the Youth Offending Service (YOS)

CAMHS have an identified member of staff who works with the YOS to identify mental health support needs and to support young people who have entered the criminal justice system. This member of staff offers advice, consultation, assessment, and intervention as appropriate, as well as support to the staff around case formulation and training.

Substance Misuse Services

Switch Bucks is the commissioned children and young people substance misuse service, delivered by Cranstoun. The service commenced operation in October 2018, delivers support, focused on reducing risk, reducing harm and building resilience, to children and young people age 10-18 years (and up to 25 years in exceptional cases) across Buckinghamshire who are:

- experiencing substance misuse related issues or
- at risk of developing problematic substance misuse or
- are impacted by parental or other family member substance use

The service offers easy and rapid access to support from premises in the town centres of High Wycombe and Aylesbury, as well as delivering from a variety of community venues across Buckinghamshire, including schools. The service offers:

- One to one and group support
- Information and advice for parents/carers
- Support to reduce harm caused by the misuse of substances
- Professional drug and alcohol training in relation to children and young people's substance use and misuse for partner agencies
- General health and well-being support
- Hidden harm support for children effected by parental substance misuse – in partnership with One Recovery Bucks (adult substance misuse service)
- Supported access to pharmacological and needle exchange support in partnership with One Recovery Bucks (adult substance misuse service)
- Accredited (AQA) life skills programme
- Supported access to local activities e.g. music, art, craft

Switch Bucks and CAMHS have a working pathway (CAMHS Single Point of Access) to refer and support children and young people with co-existing substance misuse and mental health issues. In addition, a named Single Point of Access mental health worker provides a link into Switch Bucks from CAMHS ensuring communication between the agencies and diagnostic needs can be addressed.

Multi Agency Risk Assessment Conference (MARAC)

The MARAC is a multi-agency meeting, which focuses on the safety of victims of domestic abuse identified as being at high risk. A member of the CAMHS service attends the meeting reviewing cases of those referred and accepting referrals or signposting as appropriate. The service is also linked to partnership arrangements across agencies including working with the police and social care in the Multiagency Safeguarding Hub (MASH).

Children's Hubs - Primary and Community Care

During 2019, a children's hub model was established in Buckinghamshire, with monthly Multidisciplinary Team (MDT) meetings where GPs discuss children they are concerned about with a named consultant paediatrician. Initially the meetings were in person but since the pandemic the MDT sessions have been held remotely. The model also incorporates having community paediatrician led clinics in primary care for appropriate children, however these have been on hold due to Covid19. The model is based on an Imperial health Connecting for Children (C4C) approach and has brought benefits in building stronger relationships and improving confidence in primary care management of these children. To date meetings have been focused on the High Wycombe and Aylesbury areas. In 2021 it has been agreed that there will be a CAMHS themed MDT every 3 months with each of the contributing PCNs (2 Aylesbury and 2 Wycombe).

Schools – Link Workers

CAMHS has a named clinician attached to every primary and secondary school in the county. The school link worker meets with school staff once a term to discuss any concerns the school may have about particular children and will give appropriate advice regarding how that child's needs can be met at school or recommend a further assessment to be carried out by CAMHS. This initiative has helped with earlier identification of children who may be at risk of mental health difficulties by ensuring that the right help is delivered at the

earliest opportunity.

Mental Health in Schools Teams (MHST)

The Bucks MHST is a multi-functional collaborative incorporating workers from the Family Resilience Service and Youth Service, who are part of the Bucks Early Help offer. The teams work in collaboration with VCS organisations such as Bucks Mind and the Woodland Activity Centre to broaden the support available and ensure that service offers a personal centred approach. They provide support to young people and their parents focusing on anxiety, low mood and behaviour difficulties. The MHSTs works in education settings to provide advice, support and early help including CBT informed interventions, to children and young people identified as needing wellbeing support. The Teams are available Monday to Friday 9am – 5pm, 52 weeks a year. If required young people will move into the appropriate CAMHS pathway, such as Getting Help or Getting more Help for specialist treatment. The Bucks MHST is proactive and adopts a flexible approach. It continually seeks the views of ART 12 participation group ensuring the service continues to evolve to meet the needs of our young people.

There are currently three MHSTs operating across Buckinghamshire, one based in Aylesbury one in High Wycombe and the third in the Chesham area. They offer intervention to various educational settings including colleges, primary, secondary, special schools and PRUs. The three teams will enable the service to reach an approximate population of 24,000 young people across the 3 geographical areas with a roadmap of expansion planned prioritising areas of the greatest needs and inequalities. As part of the Wave 7 expansion, additional funding has been allocated to be provided for another two teams. These teams will provide additional capacity to the two teams already located across High Wycombe and Aylesbury area and the implementation phase will commence in September 2022. The 5 teams will enable the service to reach a population of 40,000 students. Commissioners across BOB are in discussions to determine which area should be prioritised as part of the wave 9 expansion.

Training in recognising mental health problems: psychological perspectives in primary care (PPEP care)

CAMHS delivers training in understanding and recognising various mental health problems across the county to professionals including foster-carers. The service delivers PPEP care training, an evidence-based programme designed by Reading University for the CYP-IAPT (Children and Young People’s Improving Access to Psychological Therapies). Topics include supporting young people with low mood, anxiety, self-harm, challenging behaviour, eating disorders and PTSD.

In addition, bespoke training is offered to schools in understanding and responding to children’s attachment needs in school. The CAHBS service (children and adolescents who engage in harmful behaviours) offers regular consultation and training to schools in managing sexualised behaviour in pupils.

During 2020/21 the service offered 41 locality and PPEP training events, covering anxiety, low mood, conduct disorder, eating disorders, attachment issues, post-traumatic stress disorder and self-harm. These free training sessions were all offered virtually and were attended by 639 people from different professional backgrounds.

Buckinghamshire Monitoring Performance and Outcomes

Contract Monitoring

The CAMHS service started October 2015 (running October to October). A two-year allowable extension was agreed in 2019 and a further 6 months agreed early in 2021, which will enable the current provision to run to 31st March 2023.

Monthly project meetings are held to track continued transformation through a clear project plan. These were placed on hold during 2020/21 as a result of the pandemic but have recommenced during 2021/22. Quarterly quality focused monitoring meetings, led by commissioners and attended by members of the quality team at the Buckinghamshire ICS, have been re-implemented in 2021/22.

These meetings review additional KPIs agreed with CAMHS, and are monitored by exception e.g. workforce, quality concerns, provision of training to external partners.

Monthly performance monitoring meetings are led by commissioners to review the service against access, waiting times and annually agreed key performance indicators (KPIs). Contract monitoring of the CAMHS contract is aligned with the adult mental health contract, delivered by the same provider, to support the continued development of an all-age approach and outcomes-based framework. As well as the engagement work that the service undertakes, they also use the “I want great care” tool to collect service user feedback to support the evaluation, review, and ongoing development of the service.

Commissioners also have access to an Oxford Health Foundation Trust performance dashboard (TOBI), which can be used to access performance reports and monitor progress. Data report

Outcomes and Patient Feedback

The Buckinghamshire CAMHS service uses True Colours as a clinical tool to measure patient reported

outcomes. True Colours is an online self-management system that allows patients to monitor their symptoms and experiences using text, email and the internet. By answering questionnaires patients create a record of how they are feeling and can see how it changes over time. Patients can use this to help them to manage their own health and to share information with their family, friends or care team. Their data is stored on a secure computer system

Monitoring their wellbeing with True Colours will help patients to notice when their feelings are changing. Patients can then act quickly to stop things from getting worse. This online record can also be annotated to note items such as changes in medication, changes in environmental stressors, and behavioural changes that might have happened. True Colours naturally lends itself to self-management and is often used alongside integrated self-help programmes.

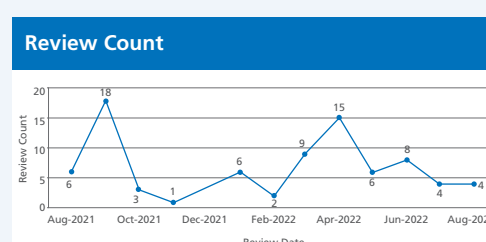
The app is used by the young person to show change which is then recorded in the clinical record. Whilst the young people and clinicians find this a useful tool to see individual progress, there is a difficulty in translating the data to a reportable format for the purpose of demonstrating high level outcomes for monitoring. Routine Children’s Depression and Anxiety Scales (RCADS) and goal-based outcomes (GBO’s) are used to measure improvement in young people’s mental health when attending group sessions and workshops run within CAMHS.

RCADS and GBOs were used in the following, with all groups demonstrating improvements in outcomes:

- ASD/anxiety programme
- Cygnets group
- Healthy Heads Lite (DBT informed) group
- Parent anxiety group
- CBT informed groups (teen anxiety group and teen low mood group)
- Autism post-diagnostic workshop
- Looked after and adopted children service carer’s group
- Re-connect group
- Obsessive compulsive disorder workshop

Oxford Health also use the ‘I want great care’ (IWGC) feedback system – an open, internet based platform that allows people to post their experiences of services using a star rating, with 5 being the highest. Feedback from service users, although small numbers, shows an overall high level of satisfaction with the service.

Performance Over Filtered Data Range	
% Positive	84.15%
% Negative	8.54%
Average 5 Star Score (all questions)	4.48
Review Count	82



The questions rated most highly were Kindness & Listening (4.74) Parent Dignity (4.67) and Staff (4.64).

Examples of comments received were:

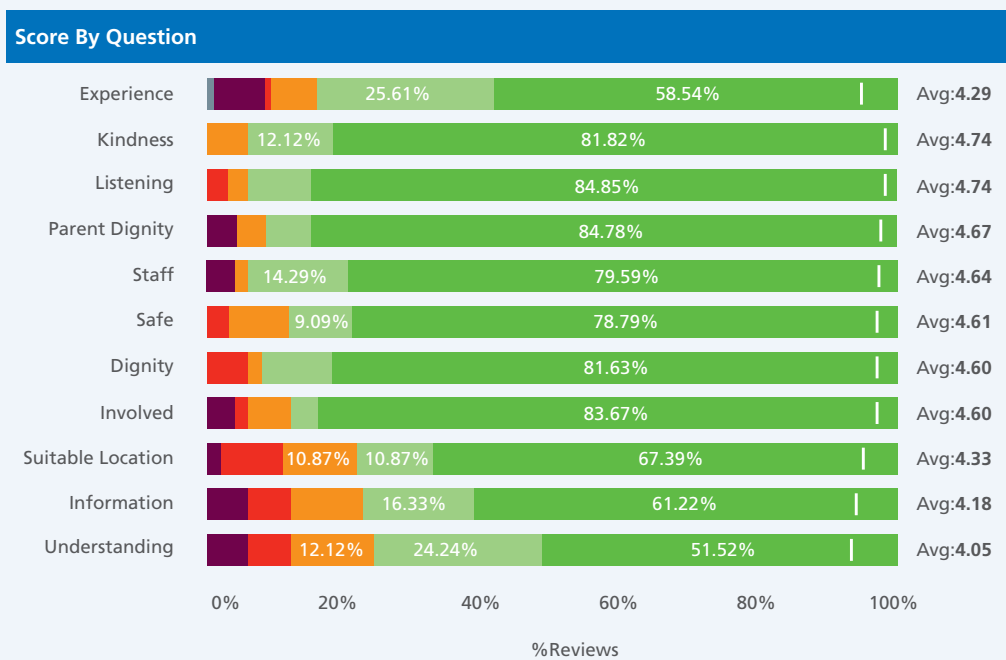
- ‘The support we receive is valuable to the young person we care for. It really is a multi-agency approach and without the partnership working we have we couldn’t provide the holistic care that we do.’ Looked After Children
- ‘The person I spoke to today was ‘patient, kind and empathetic especially as I was finding it hard to articulate what I needed but she provided the space and patience and show genuine care and respect. I appreciated her help today.’ SPA
- ‘I’ve given 5 stars as my daughter was given the best guidance and support, and it has made a big impact on her daily life as she struggles in day-to-day basics. Liaison and Diversion
- I felt understood and I was helped in every way. I also learned new information that I didn’t know and that helped me a lot. Barnardo Buddies.

Buckinghamshire Governance Arrangements

Strong multi-agency arrangements are in place in Buckinghamshire to oversee the delivery of our local mental health priorities. Buckinghamshire’s Local Transformation plan and all age mental health strategy reflect the deliverables articulated in the Five Year Forward View for Mental Health and the NHS Long Term Plan as well local priorities, determined through consultation with partners, children, young people, their families and carers.

Governance arrangements are embedded across the Buckinghamshire Integrated Care Partnership (ICP) and Integrated Care System (ICS) with representation from a variety of stakeholders. This ensures knowledge and expertise can be drawn from across the integrated care board, Buckinghamshire Council, Public Health, Oxford Health NHS Foundation Trust, voluntary sector partners and NHS England. Children and young people who have lived experience of mental ill health and their families / carers are also a key part of our governance and monitoring processes.

Monitoring and oversight is provided through the following:



- The Health and Wellbeing Board: The Buckinghamshire Health and Wellbeing Board (HWB) is the key partnership for promoting the health and wellbeing of residents. Its focus is on securing the best possible health outcomes for all local people. Whilst the Health and Wellbeing Board has delegated responsibility for oversight of local plans to ICET, the board has mental health as an identified priority and receive regular updates on progress alongside general updates on mental health needs, performance and services. The refreshed Local Transformation Plan is presented on an annual basis.
- The ICP Partnership Board: The Partnership, led by the Local Authority, has identified five priorities which it considers could yield significant benefits from a stronger partnership approach one of the key areas is mental health and in particular is the continuation developing a strong early intervention provision for children and young people’s mental health and wellbeing.
- Buckinghamshire Safeguarding Children Partnership: A multi-agency body responsible for coordinating local work to safeguard and promote the welfare of children and to ensure the effectiveness of what the member organisations do individually and together. Oxford Health has been a member of the Board, including providing data and participating in multi-agency auditing to support the Board’s assurance around safeguarding practice. They also submit an annual Section 11 safeguarding return to the Board. The refreshed Local Transformation Plan is shared with the Board on an annual basis.

- **Integrated Commissioning Executive Team (ICET):** The purpose of ICET is to set the route map for integrated commissioning across health and social care, to lead strategic planning, assurance and oversight of collaborative commissioning, to support the ambition of the ICS and ICP and to contribute to the implementation of the NHS Long Term Plan within Buckinghamshire. Regular reports on progress towards transformation are presented to the ICET, and the ICET has delegated responsibility from the Health and Wellbeing Board to oversee local plans relating to mental health. This meeting also scrutinises progress against the agreed aims and intended outcomes of joint funding agreements for integrated commissioning between Buckinghamshire County Council and Buckinghamshire Clinical Commissioning Group – including the CAMHS Section 75. Reports are provided every month.
- **Corporate Parenting Panel:** This is a multi-agency panel which leads on ensuring that the Council and other partners are meeting their corporate parenting responsibilities towards children looked after. A representative from CAMHS sits on the panel and provides regular reports focusing on children looked after.
- **CAMHS Strategic Delivery Board:** Attended by commissioners and provider, this provides oversight and assurance of the progress towards transformational change. It is tracked by an implementation plan and includes an active risk register.
- **The Children and Young People’s Mental Health Strategic Group.** The group’s purpose is to strengthen a whole system approach to emotional wellbeing and mental health for children and young people. It provides a whole systems awareness of the resources available to support emotional wellbeing and mental health of children and young people. It looks to embed the core principle that mental health and emotional wellbeing is everyone’s responsibility with representation from professionals from across the system. It has oversight of the LTP action plan.
- **Oversight from stakeholder groups including Article 12, walking with you and the Parent Dialogue Groups for CAMHS and the Neurodiversity pathway**
- **Monthly contract monitoring meetings and quarterly quality monitoring meetings for commissioned services (see above)**

Issues identified through contract monitoring are escalated through the ICET. The ICET has oversight of the Integrated Commissioning risk register and where necessary will continue to maintain detailed oversight of areas of risk or challenge and discuss strategies to manage these.

Workforce

The CAMHS service, through Oxford Health’s partnership with Barnardo’s, consists of a skill mixed team. This has built on the recruitment success of an alternative workforce who can offer short term interventions to low-moderate mental health concerns. The Barnardo’s staff receive training and regular supervision through the Oxford Health staff team.

In 2018/19 CAMHS engaged the services of Kooth an on-line counselling service. They offer one to one sessions and a chat room for children and young people as well as a host of other support and resources. The contract has continued into 2022/23. An online service with BEAT will also be implemented during 2022/23, providing support for young people with eating disorders.

As at June 2022 the vacancy rate for Buckinghamshire CAMHS was 3.93%, which is much improved compared to July 2021 at 13.8%. Whilst the increase investment has increased the staffing levels and retention of staff in good, recruitment remains an issue with the services. Retention of staff also remains challenging and work is ongoing to further understand the reason for turnover of staff.

Vacancies across some specific pathways remain challenging to fill. This includes the Getting More Help and Eating Disorder Pathways. There have been particular challenges with recruitment to the Eating Disorder service, although as at July 2022, there is only 1 vacancy outstanding (Band 7 Family Therapy/Clinical Psychology).

Despite the challenges of recruitment, there has also been innovation in service delivery. Since March 2022 there has been a Paediatric Liaison Nurse (Band 6) post employed to improve the interface between the Eating Disorder team and the local acute ward. This post is having a positive impact on patient care through a direct link for families to an eating disorder clinician, enabling some treatment to commence on the ward (although limited while medical stabilisation is being achieved). The post has also developed the confidence of ward staff, supporting acute nursing staffing working with children and young people with eating disorders. The role has had positive feedback from the acute trust, and a formal evaluation of the role will take place.

Oxford Health NHS Foundation Trust has developed a workforce strategy across the adult and children’s services they deliver in Buckinghamshire to review workforce and consider ways to attract employees to the area. The Trust has adopted several strategies to better support newly qualified staff into appropriate posts.

Throughout the last 6 years additional investment in Mental health services has led to a high demand for staff and more creative ways of building the workforce. Buckinghamshire continues to face challenges in recruitment as, alongside a national shortage of qualified staff, its close proximity to London means the area is expensive to live without the benefit of additional allowances for London or High Cost area allowance.

Oxford Health Foundation Trust has completed demand and capacity work across its pathways to inform workforce requirements and to facilitate modelling. This is in early stages of analysis but will include the use of 3rd sector provider and increasing skill mix within the team. It will also be refreshed across specific pathways, where required.

Difficulties in recruitment have provided the opportunity to explore innovative approaches to the workforce including developing partnerships with third sector providers and reviewing the skill mix within teams, developing nurse prescriber posts and enhancing clinical leadership. The introduction of the third sector as a partner in delivering CAMHS is developing a new workforce whilst retaining clinical oversight and ensuring clear governance structures. A specific training programme is in place and continues to be delivered to further expand on capacity and enhance skill levels in line. CAMHS continues to evaluate the third sector roles to establish the impact on young people and ensure ongoing positive outcomes.

The local workforce plan includes not only plans for CAMHS staff and the third sector partners, but also the wider children's workforce. The service has a clear remit around developing capacity in the wider workforce. The aim is to foster early intervention and for staff to feel confident and having the skills when dealing with children and young people who show signs of distress, emotional difficulties and knowing how to identify mental health problems in children and young people. Training plans have therefore been developed to build capacity in:

- Primary care
- Primary schools
- Secondary schools
- Colleges
- Children's services
- The third sector

CYP Mental Health (formerly CYP IAPT)

CYP-IAPT is an innovative and transformational project undertaken by Health Education England (HEE), NHS England (NHSE), and multiple Children's Mental Health Services. The newest developments have involved the Department for Education and Local Authority/Educational institutions. The focus has been on transforming mental health services for CYP and their families.

Now in its seventh year, the initial aims of the project were (and continue to be) to improve mental health services for CYP and their families through a number of core principles which have been embedded within local services. These include developing the range of evidence-based psychological therapies that are delivered in CYP-MH services, and for them to be delivered by qualified and accredited psychological therapists.

Bucks CAMHS have been involved from the outset, and this project is now seen as business as usual (referred to as CYP MH rather than CYP IAPT). The transformative component of the CYP-IAPT initiative took the key evidence-based therapies (based on NICE guidelines) to develop Post Graduate (full and part-time) training programs including several therapeutic modalities. As such, we have clinicians trained in High intensity Cognitive Behavioural Therapy (HI-CBT) and low intensity CBT (LI-CBT) based interventions. These are delivered in MH services and schools within the Educational Mental Health Practitioner (EMHP) and Children's Wellbeing Practitioner (CWP) roles. Though this programme, Bucks CAMHS also have clinicians trained in interpersonal psychotherapy for adolescents (IPT-A), as well as supervision and leadership, in order to ensure an impact at all levels in CYP-MH services.

Over recent years the focus within CYP MH training has also moved to early intervention. The newly developed roles of CWP and EMHP work into both CYP-MH services and schools respectively to identify those CYP who are at risk of developing, or have already developed, mild to moderate symptoms of anxiety and depression. These innovative roles aim to prevent CYP needing to access more specialist MH services as they can deliver highly evidenced (CBT-based), manualised interventions to CYP and their families. These practitioners are highly trained and closely supervised/assessed to ensure fidelity to the specialised psychological interventions, which include: Behavioural activation (BA); Parent-led CBT (PL-CBT); Graded Exposure and several other anxiety-based interventions.

Bucks CAMHS continue to access appropriate training from our local Higher Education Institutions.

1.6 Progress Since 21/22 Local Transformation Plan and Refreshed Priorities and Commissioning Intentions for 22/23-23/24

The following section outlines a summary of progress made against the previous local transformation plan priorities identified in September 2021. They indicate refreshed priorities and commissioning intentions for 2022/23 and 2023/24 onwards, addressing opportunities and gaps within the system in Buckinghamshire. The actions should be reviewed in conjunction with the BOB ICS priorities outlined in earlier chapters.

a. All those living and working in Buckinghamshire will know where to find mental health and emotional wellbeing help and advice that they can trust

In order to increase the number of children and young people accessing mental health services in Buckinghamshire, we must ensure that information about mental health and wellbeing is readily available. It is important to help children, young people, parents and carers understand that mental ill health affects a significant proportion of the population, how to recognise signs and symptoms and when and where to seek support if required. We also need to build resilience through guided self-help and provide support to carers and parents about how to care for someone when they are unwell.

There should be a focus on increasing awareness amongst non-mental health professionals to reduce stigma and increase early identification, particularly in the education settings where children spend a significant amount of their time and the opportunity for preventative intervention is at its greatest.

You said in 2021/22 we should focus on:

- Develop more parent training opportunities through mental health support team's links with schools
- Continue to develop the training offer to schools through CAMHS and the wellbeing in schools project linked with Aspire. Training to examine well-being support in a post-COVID system.
- Liaison Group Well-being Champion Network developed (link to MHST). Promotion of a single whole-school approach to well-being, potentially align with a well-being award/quality mark.
- Re- establish Young Carers training to staff to enable them to identify young carers during assessment/ whilst in the service. Following from this the MHSTs will work with schools to identify and support young carers in schools
- Ongoing engagement of Article 12 in development of the website and mental health services in Bucks
- Look at options for sharing good practice/resources across schools and colleges through the Wellbeing for School work
- Oxwell school survey – triage school results & provide bespoke support for schools with greatest need (e.g. 1:1 support, action plans). Support for all schools through drop-in clinics.

What we did:

- Evidence based self-help resources have been made available for all parents, carers and young people on the CAMHS website (e.g. for anxiety, depression, sleep and ASD / anxiety). Additional PPEPCare training has been arranged in response to demand e.g. self-harm training for foster carers.
- Between 2020 and 2022 around 95% of schools in Bucks attended the DfE post Covid wellbeing for schools training. There was also a series of free additional sessions attended by around 50 people on average (topics included Trauma and Bereavement, Emotion and self-regulation, Wellbeing in the school community). Peer learning sets (coaching) for senior leaders in schools following the DfE post covid sessions was also provided.
- Funding has been made available to support the development of the Liaison Group Well-being Champion/ Mental Health Lead Network through the DfE Wellbeing for Education Return Program.
- Healthy Schools Award was launched in June 2022 with a programme of support to facilitate school participation, with 32 schools signed up to commence the programme.
- Following review post Covid (during which this was put on hold) a different model was agreed with Young Carers. A link worker role was developed between CAMHS SPA and Young Carers in order ensure a responsive approach that could fit around needs most appropriately. Young Carers staff have continued to access PPEPCare training.

- Article 12 engagement has continued throughout Bucks, contributing to a wide variety of areas from interviews, building projects, and consultations. More recent changes to the design of the website have focussed on improving the quality and functionality through general resources being available across the CAMHS services within Oxford Health (Bucks, Oxon, Wilts and BaNES) and Article 12 have been involved with this.
- Resources are provided to schools and colleges via public health services and also made available centrally through the Local Directory of Mental Health and Emotional Wellbeing Resources, where resources are tailored to the local communities.
- The Oxwell School Survey has been completed with results from the 2021 survey disseminated in July 2022. Information provided has been used to inform the needs assessments of children and young people's mental health.

In 2022/23 and onwards we plan to:

- Review the PPEPCare training offer following expansion of topics to ensure that provision continues to cover the priority / core topics in response to need. CAMHS website continues to be reviewed and developed to ensure provision of appropriate resources for families as well as professionals. Review of service model underway – to include delivery of parent training across services such as FSS, CAMHS, MHST.
- The Aspire-CAMHS link worker role will continue to be developed in line with need. This will include support through delivering training, and signposting to established CAMHS training such as PPEPCare as appropriate.
- To continue to develop the Liaison Group Well-being Champion Network, including Senior Mental Health Leads within schools. To promote the whole-school approach to well-being including promotion of participation within the Healthy Schools Award (target of 60% participation of all schools in Buckinghamshire over the next three years). To support mental health support opportunities for school staff and parents/carers including through Healthy Minds (IAPT).
- CAMHS SPA link worker to continue to liaise with Young Carers and support joined up working through: invitations to SPA meetings, opportunities to share information which can be disseminated across CAMHS and MHST, liaison regarding what support is available to Young Carers through CAMHS and MHST. CAMHS aim to support with the “Young Carers Action Day” in March 2023.
- Working with Article 12 to provide co-production training to staff and seek opportunities to embed co-production within the service development work.
- Address health inequalities in access to mental health support for children and young people in ethnic minority groups and those living in deprived areas. This will be achieved by:
 - working with children and young people to increase knowledge about mental health and awareness of the support available,
 - ensuring that support is accessible with appropriate referral to specialist services and
 - address barriers to access, experience and outcomes in CAMHS (cultural competency)
- To develop an engagement plan with parents/carers to facilitate the roll out the PBS focused training offer that has been developed with the British Institute of Learning Disabilities (BILD)

b. All children and young people who need mental health services will receive the right help, in the right place when they need it

Services need to be flexible and responsive to meet the changing needs of our population of children and young people. We need to commission new and innovative delivery models that enable services to be delivered in the least restrictive manner. We need to deliver value for money services that make the best use of limited resources, as well as maximising the opportunities that have arisen through national investment in mental health as a result of the Five Year Forward View and Long Term Plan. Nationally, as well as in Buckinghamshire, wait times are often still too long for some interventions within CAMHS services. The drive to increase access has created additional demand on service and alongside recruitment difficulties this can create longer wait times with a risk of poorer outcomes for the young person awaiting treatment.

The NHS Long Term Plan pledges additional investment in CAMHS services with a specific emphasis on reducing wait times from referral to assessment and referral to treatment. This provides a significant opportunity to improve timely access to services in Buckinghamshire.

You said that in 2020/21 we should focus on:

- Expand MHST offer to reach further schools and to create a third team to cover the Chesham area. Funding for this has been agreed.

- Work with the Council Early Help team to develop a partnership approach to assessment and intervention across CAMHS and the Council Early Help offer.
- Build on the success of the “Drop in” sessions previously offered to develop virtual drop-in appointments for CAMHS to be offered when a full clinic appointment is not required.
- Work with partners to facilitate better access to services for people that are not in education employment and training (NEET) with a focus on under-represented groups
- Review the use of the Calm Suit at Whiteleaf Centre to consider its use and any possible alternatives to this.

What we did:

- The third MHST has been rolled out. This has increased coverage to 31% of the pupil population against the 25% NHS Long Term Plan target. Feedback about MHST services remains positive.
- CAMHS have worked closely with the Council’s Early Help team to ensure that the needs of children and young people can be supported through the Early Help provision. This has included developing joint approaches to CYP needs and the embedding of a CAMHS worker within the Family Support Service to pilot training together.
- Drop-in sessions have been trialled post covid; take up has been low.
- Pilot projects have been undertaken by CAMHS to engage CYP at risk of NEET to access mental health support for anxiety in settings outside of school or mental health services (e.g. Lindengate). This work is also supported through close working with the Early Help Service at Buckinghamshire Council.
- Joint working has commenced to collaboratively review the Crisis Service offer with CAMHS, Children’s Social Care and Commissioning. Initial focus groups have commenced regarding an estates project to establish a CYP place of safety to be established within the next 2 years.

In 2022/23 and onwards we plan to:

- To facilitate the roll out of a further two MHST teams from September 2022, increasing pupil population coverage to 38%. To plan the pipeline for further MHST roll out in 2023 within the BOB ICS.
- To continue to work closely with Buckinghamshire Council and partners to develop the Early Help Offer, promote joint working and ensure that CYP and families are referred to appropriate services that best meet their needs (for example via SPA).
- To continue to promote consultation slots to parents/carers, schools and other CYP professionals through SPA. To review opportunities for access to virtual support through the BOB ICS CYP Digital Strategy.
- Through an Emotional Based School Avoidance (EBSA) project led by Educational Psychology, embed the use of the ESBA toolkit across the relevant CYP services, including CAMHS, and agree joint working practices. To establish baseline data gathering and reporting.
- To continue to work collaboratively with partners including children’s social care, the acute trust, and commissioning, to review the crisis service offer, scoping innovative ways in which to support young people. This may include CYP places of safety, A&E support, inpatient and post inpatient support, and opportunities with the Provider Collaborative for alternatives to inpatient care, such as hospital at home and day hospital provision.
- To continue to improve needs-based support for CYP with a neurodevelopmental presentation (see Written Statement of Action).
- To continue to build on the outcomes of the Four Week Wait pilot in Buckinghamshire through developing waiting time standards from referral to assessment and assessment to treatment in line with national best practice.

c. All services working with children and young people will promote wellbeing across both physical and mental health

The Integrated Care Partnership Mental health and Learning Disability and Autism (MH and LDA) strategic group continue to meet monthly with representation across the IC, the group is an all age meeting allowing for consideration across the age range and working with partners across the health and care system to improve pathways for children and young people and into adulthood.

You said that in 2021/22 we should focus on:

- Implement the Key Worker project across BOB ICS, following the award of transformation funding.

Buckinghamshire CAMHS will work with partners across the ICS to develop an aligned model. This will build on the success of the model which has been established over the last year in Oxfordshire and develop an equitable offer across the ICS.

- Review the outcomes of the Barnados Buddy working in Stoke Mandeville Hospital with an evaluation of the hours required to ensure adequate support.
- Continue investment in eating disorder services, to meet the increased demand and to provide a specialist resource for children and young people with neurodevelopmental disorders who present with eating disorders.
- A review across BOB and Buckinghamshire partners will consider how to meet the needs of young people with ARFID (Avoidant restrictive food intake disorder) to include closer partnership working across physical and mental health.
- Develop closer partnership working across agencies to deliver increased collaborative working and alignment of plans in relation to the health and wellbeing of children and young people living in Bucks

What we did:

- The Dynamic Support Facilitation Team has been implemented within CAMHS, with 13 CYP supported between December to March 2022. This has increased to 19 during April to June 2022. A network with delivery partners across the BOB ICS has been established to continue to share learning.
- The service offer of the Barnardo's Buddy within Stoke Mandeville Hospital has been reviewed. Positive feedback has been received, with better information sharing and potential for ensuring that CYP can be appropriately supported without admission into the paediatric ward. Winter fund monies have been utilised to fund an additional post, increasing the hours of delivery to match the crisis team (8am-8pm) over 7 days a week.
- A fully comprehensive service deep dive review has been completed of the Eating Disorder Service, demonstrating a tripling of demand since 2016, with the majority of the increase seen in the past two years. The service has put in place a series of effective risk mitigations to ensure patient safety and care, against the increase in demand and ongoing recruitment for hard to fill posts. This has included an online support offer and an additional Paediatric Liaison role due to an increase in acute inpatient care. Treatment provided remains effective and valued by patients and their parents/carers. Initial work has been completed to review the demand and capacity requirements of the service, using the CREST modelling tools. The BOB ICS has implemented the PEACE project, which is reviewing and improving care pathways for CYP with suspected autism and eating disorders.
- A BOB ICS plan has been co-produced aiming to meet the needs of young people with ARFID by designing a model and approach for adoption inside place and ICS systems, audit and map current arrangements within each ICS and test service offers and ideas.
- Joint working has been undertaken for specific projects to support the needs of children and young people. The strong partnership working across services for children's mental health and emotional wellbeing was recognised during the SEND inspection in 2022.

For 2022/23 and onwards we plan to:

- To continue to develop the Dynamic Facilitation Support Team service offer and uptake, including roll out across children's social care. To complete a needs assessment of LAC children placed out of county. To participate in the national evaluation of the key-working programme.
- To finalise the service demand and capacity review and associated business case to ensure that the investment in eating disorder services meets the level of increased need and ongoing demand within Buckinghamshire. The continued roll out of the Provider Collaborative led Hospital At Home scheme to be expanded and inclusive of Buckinghamshire CYP. The implementation of training and use of the localised ALPINE guidelines to support Acute trusts in managing the care of CYP with ED on wards well.
- Secure the right resource to deliver the plan that will provide the ICS clear recommendations on the nature and scale of response required to meet the needs of CYP with ARFID in relation to their physical and mental health.
- To continue to work jointly across the system to deliver specific projects in relation to children and young people's mental health e.g. Crisis Review, DSFT, ESBA, Early Help.
- To promote access to physical health activities, particularly for children and young people from priority groups who face barriers in being active. This may include CYP from ethnically diverse communities, low-income households, CYP with disabilities and/or long term conditions.

d. All young people who are transitioning between services are supported throughout the process to ensure transfers are managed safely, appropriately and in a timely manner

We know from talking to people of all ages that moving between services can be an unsettling period in a person's care. This can be made more challenging in some cases due to the difference in provision between children's and adult services. It is also recognised that the word transition incorporates more than just moving between services and can include a transition from one care professional to a new one or from an inpatient setting back into the community.

Since the CAMHS service was recommissioned in 2015, Oxford Health has worked collaboratively with Barnardo's to provide 'buddies' to children, young people and their families or carers. This model works well to enhance, and aid understanding of clinical work and offer reassurance as children use and move between services.

You said that in 2020/21 we should focus on:

- Develop a team to offer support to young people transitioning between children and adult mental health services with the aim to provide consistent support for young people and prevent them 'falling through the gap' between services. The project will span across CAMHS and Adult MH services with dedicated transition worker posts to work with young people aged 16+ years and their families where it is likely the young person will need mental health support from adults' services after 18 years. It is anticipated that this project will initially focus on supporting Care leavers and those identified with Special Educational Needs and Disabilities (SEND)
- Additional funding for children and young people's crisis services will be utilised during 2021/22 to enhance the home treatment offer through Getting More Help and OSCA, working with the provider collaborative to help prevent hospital admissions and facilitate earlier discharge from acute mental health settings.
- Work with Transitions UK as they begin their work in county to enable a collaborative approach across the services

What we did:

- A project group was formed across CAMHS and Adult Mental Health Team services to implement agreed ways of working across young people and adult mental health services.. A small team of workers has been established to support transitions. An established working group chaired by CAMHS meets regularly with other agencies regarding transitions for LAAC, including adult community teams, IAPT services, VCSE and social care.
- Additional funding was used to employ additional staff within Getting More Help to provide enhanced support for children and young people with increasing acuity and at risk of crisis, to decrease escalation.
- CAMHS, FCAMHS (Forensic CAMHS), Liaison and Diversion and CAHBS (Child and Adolescent Harmful Behaviour Service) have continued to provide a range of input across Bucks. As well as direct clinical work this includes: support and decision making around first time offences, worker at YOS base to support with enquires / issues, supervision for high concern cases, and attendance at quarterly YOS board meetings.

For 2022/23 and onwards we plan to:

- Continue to develop the transitions service, through ongoing development of the transitions team offer to ensure consistent delivery and alignment between CAMHS and adult mental health.
- To review how the transitions workers interact with those CYP open to the Dynamic Support Facilitation Team (Keyworkers) in order to maximise the support available.
- To evaluate the impact of the transitions roles and to consider further review of transitions points (hospital to home for example) and service age alignments, in collaboration across the BOB ICS footprint.
- To review the needs analysis completed within the Dynamic Support Facilitation Project for CYP Looked After Children placed out of county. Working partners across the system, agree the support offer provided by CAMHS to facilitate information sharing from out of area mental health services to local services.

e. All young people who use the service will be involved in decisions affecting the care they receive through collaborative setting of their own targets and planning their discharge from the service.

Staff across Buckinghamshire CAMHS services work collaboratively with young people to support them to identify goals and work with them and their families/carers to achieve the outcomes that will improve their mental health. CAMHS uses peer reviews to monitor standards and ensure that care plans and goal setting is done in collaboration with young people and where appropriate their parents/carers. The goals are reviewed and revised to ensure that the support our young people are receiving can be flexible and meet their changing needs.

There is a national expectation that CAMHS will move towards routine collection of outcome data and reporting this at a national level to evidence the impact of interventions. Although Bucks CAMHS has demonstrated increased recording of outcomes, the ability to report change through this has been limited and is reflective of an issue for CAMHS nationally. Interim measures which use case studies, surveys and the True Colours system are used to demonstrate improved outcomes whilst a solution to reporting is being developed.

You said that in 2021/22 we should focus on:

- Complete work across BOB partners to develop an outcome reporting process.
- Evaluate the number of children and young people who report they felt involved in planning their care, and work with young people to establish their preferred way to do this.

What we did:

- Initial scoping work has been completed, reviewing service structure and data collection. A trial dashboard is in place for 2022/23.
- The CAMHS LAAC team worked with young people in their service and Article 12 to review the need and agree actions. Many young people were not even aware of the terminology as clinicians were not always using this in correspondence. This led to the co-production of a CYP friendly CAMHS care plan document which was shared across all of CAMHS.

For 2022/23 and onwards we plan to:

- Further develop the agreed BOB reporting mechanisms and shared dashboard forms one of the agreed priorities for the BOB ICS CYP MH Strategy Group.
- Ongoing reviews and audits to ensure clinicians are working collaboratively with young people on their care plans (in whichever format is preferred) and are using terminology that clearly indicates it is a care plan (e.g., if included as part of a letter).
- Review the range of reasonable adjustments to access services, with CYP, parents/carers, particularly in relation those with neurodevelopmental presentations and anxiety, following feedback from the PAG group.
- Children, young people, parents, carers, and other stakeholders will influence the development of the service through participation and feedback

As the health and social care system moves towards greater integration, the people best placed to tell us whether it is working are those it serves. Integrated care partnerships offer an opportunity for health and social care systems to think differently about how they collect, listen to and act on insight and feedback from patients their carers and relatives.

Buckinghamshire has a variety of established engagement and co-production forums which enables us to work with people who have lived experience and insight into living with mental ill health. These groups are used to inform transformational change and delivery.

Further information can be found the section on Engagement.

You said that in 2020/21 we should focus on:

- Complete a survey of Stakeholders; Young People, Parents/carers and professionals/referrers
- Host the CAMHS annual Stakeholder event - consider how to extend to wider system Children and Young People's mental health event
- Incorporate any feedback received into the development of the new contract for CAMHS due to commence in April 2023

What we did:

- A stakeholder survey was completed in October/November 2021 with 486 responses (396 responses from children, young people and parent/carers; 90 responses from professionals). This has been followed up with focus groups with professionals from across the system.
- CAMHS Annual Stakeholder Event planned for 3rd October 2022.
- The information collected has been shared with partners and has been used to inform the commissioning and service development of the CAMHS service as well as actions within the refreshed LTP for 2022.

For 2022/23 and onwards we plan to:

- To monitor progress against areas for development identified within the stakeholder survey.
- To review impact and feedback and plan further engagement events into 2023.
- To identify opportunities to increase collection of stakeholder and patient feedback, including co-production of service development and design.
- To review and refresh the CAMHS Parent Dialogue Group (PAG) and the Art12 Group, encouraging participation from new members and offering opportunities for feedback and coproduction in response to parent feedback.

¹ Children's Mental Health and the COVID-19 Pandemic (parliament.uk) ² Wright, N. et al. (2021). Interplay between long-term vulnerability and new risk: Young adolescent and maternal mental health immediately before and during the COVID-19 pandemic. *JCPP Adv.*, Vol 1, e12008 ³ Raw, J. A. L. et al. (2021). Examining changes in parent reported child and adolescent mental health throughout the UK's first COVID 19 national lockdown. *J. Child Psychol. Psychiatry* ⁴ Mansfield, K. L. et al. (2021). COVID-19 partial school closures and mental health problems: a cross-sectional survey of 11,000 adolescents to determine those most at risk. *JCPP Adv.*, Vol 1, e12021. ⁵ youngMinds (2020). Coronavirus: Impact on young people with mental health needs - Survey 2: Summer 2020. ⁶ Vizard, T. et al. (2020). Mental health of children and young people in England, 2020: Wave 1 follow up to the 2017 survey. *NHS Digital* ⁷ Shum, A. et al. (2021). Co-SPACE Study report 10: Children and adolescents' mental health: One year in the pandemic. 57. Skripkauskaitė, S. et al. (2021). Co-SPACE Study report 11: Changes in children's mental health symptoms from March 2020 to June 2021. ⁸ Saunders, B. et al. (2020). Babies in lockdown: Listening to parents to build back better. Best Beginnings, HomeStart UK and the Parent-Infant Foundation. ⁹ Public Health England (2021). COVID-19 mental health and wellbeing surveillance report: 4. Children and young people. 110. Carers Trust ¹⁰ COVID-19 mental health and wellbeing recovery action plan (publishing.service.gov.uk) ¹¹ Positive Practice, Sharing Positive Practice Website. Available from: <http://positivepracticemhdirectory.org/> ¹² Buckinghamshire Wellbeing Resources | Connecting Bucks Schools. ¹³ True Colours is an online system that allows patients to monitor their symptoms and experiences using text, email and the internet. By answering questionnaires patients create a record of how they are feeling and can see how it changes over time. Patients can use this to help them to manage their own health and to share information with their family, friends or care team. Their data is stored on a secure computer system. Monitoring their wellbeing with True Colours will help patients to notice when their feelings are changing. Patients can then act quickly to stop things from getting worse.

Contact Us

By telephone

Buckinghamshire enquiries: 01296 587220

Write to us

Buckinghamshire, Oxfordshire, Berkshire West ICB
Sandford Gate, Sandy Lane West, Oxford OX4 6LB

Website

www.bucksoxonberksw.icb.nhs.uk