



Buckinghamshire CAMHS

Positive mental health for young people



Oxford Health NHS Foundation Trust **NHS** Barnardos

Annual Review

2016-17



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CONTENTS

Introduction

Commissioning

Single Point of Access

Safeguarding

Early Intervention Service

Getting Help (Targeted)

Getting More Help (Specialist)

Neuro-Development Pathway

- Learning Disabilities

Attachment and Vulnerable Young People's Pathway

- Outreach Service for Children and Young People
- Looked-After and Adopted Children Service
- Reconnect Service

Eating Disorders Pathway

Specialist Services

- Liaison and Diversion
- Child and Adolescent Harmful Behaviour Service

Participation

Volunteering

Communication

INTRODUCTION

Transformation of services for Children's and Young Peoples emotional health and wellbeing has been underway in Buckinghamshire since 2015 when the service was recommissioned. There are many staff across health, social care, education and the voluntary sector who are committed to improving care and outcomes for children and young people with mental health problems. We want to share with you the developments over the last year and share plans for the coming year.

The CAMHS service is provided through a partnership between Oxford Health NHS Foundation Trust and Buckinghamshire Barnardo's. We aim to ensure easy access to the right service at the right time in the right place.

From October 2016 to September 2017 we received referrals for 4,814 children and young people, a rise of 12% from the year before. There is a steady increase of referrals coming directly from the young person or their family and from education colleagues. The service offers telephone consultation and signposting to the most appropriate service to meet their needs, 79% of young people referred were offered a direct ongoing intervention by the CAMHS service.

Continuing to raise the profile of emotional health and wellbeing across the county, as well as offering training on effective interventions for those that work directly with children, remain a priority. Alongside this we encourage anyone to ring the Single Point of Access to talk to us directly about a child's or young person's emotional health and wellbeing for advice. We also welcome referrals via the online form, through a letter or over the telephone. We are expecting to help and see more children and young people year on year.

There has been on-going collaboration with partner agencies and particularly with Buckinghamshire Healthcare Trust as we endeavour to develop a countywide pathway for children and young people who may be experiencing ADHD or ASD in Buckinghamshire.

We are committed to improving the outcomes for children, young people and families of Buckinghamshire, we will do this by continuing to work closely with them, our commissioners and all stakeholders whilst the service continues to develop.

COMMISSIONING

The Buckinghamshire CCGs and Buckinghamshire County Council jointly commission the Children and Young Peoples Mental Health Services in Buckinghamshire. Since commencement of the new contract with Oxford Health Foundation Trust in October 2015, we have been working together to consider ways to develop the service including new ways of working through listening to feedback from young people, parents/carers and other interested parties.

The agreed service changes largely reflect national expectations as outlined in the papers Future in Mind (<https://www.gov.uk/government/publications/improving-mental-health>) and the Five Year Forward View for Mental Health. The service has seen an increase in the number of children and young people able to access the service and has been able to deliver training and support to a range of professionals through formal training, school link workers and consultations offered through the single point of access.

As we move into the third year of the contract we plan to continue to develop the service, based upon learning and feedback from our stakeholders. Plans for the future include developing training for parents and carers, wider use and awareness of positive behaviour support plans and a self-help guide for children and young people that provides advice and a directory of other agencies who also provide mental health support. Young people with eating disorders or psychosis are seen in line with the national standard of two weeks for psychosis and four weeks for eating disorders, from referral to treatment.

SINGLE POINT OF ACCESS

The Single Point of Access Team respond to all referrals and calls into the service. This year we have also successfully introduced an electronic referral form. This has been a positive change to the referral process and is used frequently by our service users, parents and professionals to aid timely access to our services.

A Family Resilience Worker has been introduced in collaboration with our social care colleagues, which has produced positive outcomes in terms of relationships and treatment. Through the introduction of this post we have seen positive improvements in terms of support for families whilst ensuring intervention by the most appropriate service.

A dedicated Consultant Psychiatrist has been recruited to provide support directly to GP's by visiting surgeries to help support referrals and provide teaching on understanding mental health issues. The CAMHS participation group called ' Article 12 ' are a collection of service users that are either in treatment or finished treatment they

have also been involved in promoting the service and have hosted several training events.

The Single Point of Access (SPA) team also participate in the 'Early Help Panel'. This consists of a bi-weekly meeting organised by Buckinghamshire Early Help service provided by Bucks County Council. The meeting aims to bring together all professionals who work with families and young people to ensure information is shared between professional groups thereby identifying the right support. It nominates a lead professional who is responsible for ensuring that the support recommended is provided by the participating agencies. Referrals come directly from the Multi-Agency Safeguarding team. The SPA provide representation from CAMHS, offering advice and consultation, direct work and further assessment. It is also chaired every six weeks by a CAMHS service manager. The SPA has also been providing Psychological Perspective in Education and Primary Care (PPEP) training events across seven different locations. 15 events were offered this year with good attendance and feedback

(see further details later in the training section).

The School lead link worker is an integral part of the team. Their function is to coordinate the CAMHS school link workers that are assigned to every primary, secondary and special school in Buckinghamshire. They also make timely contact with schools offering direct advice or consultation. This has been well received by schools stated at last year's Stakeholder Event that:..."Access to CAMHS is now far easier and having a clear identified Link really helps when schools are needing further support".

SAFEGUARDING

The Trust have a safeguarding children team comprising of senior named nurses/professionals, and named doctors who provide safeguarding children advice, training and consultations to all staff.

The team operate a help line that staff can access to discuss concerns they may have about a child. This number is operated by the named nurses on a rota system Monday through Friday 0900-1700hrs.

A member of staff can contact the team to discuss a concern or obtain advice. A summary of the consultation is then sent to the practitioner. This information can then be uploaded on to the patient/clients` clinical record to ensure it is shared appropriately.

Last year there was 137 consultations to the Buckinghamshire CAMH service. The Safeguarding Team also provide CAMHS staff with Child protection supervision in addition to the safeguarding consultation line service, clinical supervision and line management supervision. This model ensures that staff who work with the most

vulnerable children are supported and that the operational management and supervision structures provide the opportunity to understand complex cases and potential workload issues.

Safeguarding Children Training

In line with intercollegiate guidance, there are three levels of training for staff within the Trust. All Trust staff are required to undertake training commensurate with their role. CAMHS staff require level 3 safeguarding children training.

Buckinghamshire Multi Agency Safeguarding Hub (MASH)

In Buckinghamshire, the Trust is a partner working with Children's Social Care, Thames Valley Police and Buckinghamshire Health Trust to ensure information is shared to inform decision making in the management of a case.

MASH enquiries are actioned by the named nurse who is covering the safeguarding children consultation line. Enquiries are sent by MASH to the team via a secure email account.

Where appropriate the named nurse will contact the care-coordinator of the child to inform them a MASH enquiry has been completed.

Buckinghamshire Safeguarding Children Board (BSCB)

Oxford Health is represented at the Buckinghamshire Safeguarding Children Board by Director of nursing and clinical standards, Service Director or Trust Lead Nurse Safeguarding Children.

There is representation by the Safeguarding Children team on four BSCB sub-groups. These are Learning and Development, Child Sexual Exploitation, Policies and Procedures and Performance, and Quality assurance. In addition, the Early Help Panels, Missing and Sexual Exploitation Risk Assessment Conference (MSERAC) have a representative from CAMHS.

EARLY INTERVENTION SERVICE

The Trust provide Early Intervention Services (EIS) for people aged between 14-65 years old. Any individual (children, young people, adults) with a first episode of psychosis will be referred to EIS. Professionals in the EIS team come from a range of backgrounds, including doctors, nurses, psychologists and occupational therapists. The team aims to deliver evidence based interventions to individuals who are experiencing their first episode of psychosis.

We work with the young person (aged 14-18) and their immediate network (including family, schools, colleges and employers) to help them normalise their experiences, pursue their goals and overcome any difficulties experienced as a result of their psychosis. The service aims to have a maximum wait of two weeks from referral to treatment which is delivered in accordance with NICE guidelines for psychosis and schizophrenia.

Interventions provided by the team include support with physical health and well-being, exercise, medications, talking therapies, support with work and school and support for families and carers.

Find out more about the treatments on offer by reading the postcards developed by the south region EIP programme:



TIME4
RECOVERY.
SOUTH REGION EIP PROGRAMME

GETTING HELP (TARGETED)

This pathway is delivered by Barnardo's Buddies providing short term interventions to Children and Young People (CYP) with low level mental health concerns. This is normally delivered through a 6-week intervention.

- The Buddies work with Senior Practitioner's from the Single Point of Access to complete an assessment. Together with the young person they identify the goals they want to achieve during their time with their Buddy.
- Buddies provide a support package of skills based work, informed by Cognitive Behaviour Therapy or Dialectical Behaviour Therapy and practical skills for managing the emotional health and well-being of the child or young person.
- CYP are often seen by the Buddy within their school, community or at home, making a more comfortable environment in which to focus upon their needs.

A small number of Buddies also work with the Getting More Help and Neuro Developmental Pathway's to complement their treatment programme. In addition, we provide a Link Worker for every Primary School in Buckinghamshire. This person is a named contact to provide a more seamless link into CAMHS. This year we have started to delivered support to both CYP and their parents through several groups covering areas such as Anxiety and Autistic Spectrum Disorder (ASD).

Play therapy and counselling is also delivered by a small Barnardos team working with children up to 11yrs of age. Barnardos work with children who have a range of difficulties or traumatic experiences. The therapy space gives young children the opportunity to explore their experiences through play. The children are then able to work through this process, with the support of the play therapist to create a more acceptable way of interpreting these experiences and find adaptive coping mechanisms.

Case study

C has ASD and was referred for support with anxiety and anger management particularly with her siblings at home after school when her stress levels were very high. She engaged really well and was keen to learn breathing strategies, distraction techniques and to practise mindfulness.

C found this helpful at school as it helped her to concentrate more and was thrilled to discover that she was being told off less in class by for lacking concentration. At home C was able to use self-soothing techniques to calm herself down and she was keen to help her younger brothers by teaching them the breathing skills she had learnt. Her mother reported a calmer environment.

A Cygnets Parent said *'I have learnt to understand what my child is going through. All of his behaviour is linked to his ASD – none of it is naughtiness'.*

Achievements 2016/17:

- Barnardo's Buddies have jointly delivered groups for parents of CYP with low level anxiety the feedback from parents were very positive and parents reported feeling far more able to support their Child or young person.
- Cygnet is an evidenced base intervention for parents whose children have an Autistic Spectrum disorder this year the parenting groups have been delivered to 69 families of children with ASD.
- The quality of work and relationships continue to be a source of pride, evidenced by the large number of compliments and accolades received by the service.
- 5 Buddies have completed an Improving Access to Psychological Therapies post graduate course.
- The engaging nature of the work positively impacts young people and their families. This is demonstrated by the DNA rate for this service which is at 5% or below

Future Aims:

- Aim to see 90 % of the young people or children referred within 4 weeks.
- Increase to 2 programmes of Cygnets Parenting Support per term for parents of children aged 11 years and under with a diagnosis of ASD from the Community Paediatric Service.
- Deliver a separate group for parents and children with a CAMHS diagnosis of ASD Anxiety.
- Deliver a group programme for parents of children aged 11 years and under with early signs of anxiety:
- Continue to adapt and develop the services within the pathway. For example, through delivery of a pilot Counsellor lead group for parents and children who have been subjected to domestic abuse.

"All the employees are supportive and provide extra support when needed. Also, the CAMHS waiting area is calming and helps reduce my anxiety."

"They are more like a friend than someone just listening to you. They actually talk about themselves as well and that makes you feel more comfortable."



"It was very useful, as they give specific skills you will need to face your problems and it helped me cope with lots of things -- in fact I have already told my friend about CAMHS!"

"They have helped me massively and made me feel so much more confident with handling things in my life."

VOLUNTEERING

Volunteers are a significant resource, they positively influence our work by bringing a diversity of skills, experiences and knowledge. We have been encouraged by the numbers of volunteer applications received by the service. Over the last year there has been an average of 28 active volunteers. We also have more volunteers working with us on a time limited basis. Collectively they have supported the service by volunteering 2395 hours (this equates to 64 weeks' worth of additional support).

Every potential volunteer, regardless of their previous skills and experience, attends the volunteer induction which covers the following:

- Introduction to CAMHS,
- Lone Working,
- Equality, Diversity and Inclusion,
- Safeguarding
- Data Protection

Volunteers have attended sessions with external speakers who presented on Gender Identity, On Line Safety and Prevent. Volunteers have also attended staff training sessions on Engaging with Teenagers, Autism and Cognitive Behavioural Therapy.

Contact Support Manager Feedback:

'Our Team have been very fortunate to have the support of three Barnardo's volunteers over the year. They have contributed to effective running of SPA, by taking phone-calls from families/professionals, uploading referrals, typing letters, working closely with OHT clinicians and following process to support the CS Manager & Contact Support Workers. I believe they have all benefitted from volunteering and have gone on to take employment within our service.'

Volunteer feedback:

'I volunteered for 7 months, which ended when I gained a full-time job working within Barnardos. In SPA I developed many skills, especially telephone skills, and communication skills with young people, their parents and other service providers. I cannot thank everyone enough for the time and effort they have put into training me and making me feel comfortable throughout my volunteering.'

Cygnets Facilitator feedback

'Courtney the volunteer for Cygnets has been invaluable. The role allows me to effectively teach and interact with parents whilst ensuring that the course is well organised and parents feel very welcome. Courtney helps me set up and pack away the room and welcome the parents. She gives out the handouts and maintains the attendance record. Courtney participates in activities and offers parents refreshments which allows me to focus on the teaching aspect and offering guidance and support to

the parents accessing the service. Her help means that I am more available to give parents additional individual support when needed. Without Courtney it would be very difficult to deliver this course effectively. She is a massive asset.'

Achievements 2016/17:

Volunteers have helped Bucks CAMHS in the following ways during the past year:

- Volunteering has been a very successful recruitment vehicle with 6 volunteers becoming members of the Barnardos CAMHS team
- 1:1 buddying volunteering (targeted) e.g. experienced volunteer delivered a programme of support to a young person which involved tier 2 behavioral activation and self-esteem building work. A volunteer's input led to mum engaging more in activities with the young person. A volunteer helped encourage a young person to regularly see her counsellor which led to an improved positive mood
- 1:1 buddying volunteering (direct work for clinicians), such as a counselling qualified volunteer, who helped a young person with emotional regulation using creative techniques to express difficult feelings. We have recruited a volunteer from this type of service delivery into a staff role.
- Volunteering in the Single Point of Access including answering the phones and helping with administrative tasks such as discharge letters. Placement here has led to successful staff recruitment and we are replacing this support.
- Continued support with administration tasks such as providing administrative support for the counsellors e.g. making appointments
- Participation volunteering – which included transporting young people to and from the monthly Article 12 youth forum's and helping facilitate at the forum. Here too, we have recruited a volunteer into an apprentice role.
- Support for group work has been successful in terms of reducing staff resource needed for effective delivery in Cygnets groups attended by parents, plus the CAMHS ASD and Anxiety Groups.

Future Aims:

- Increase volunteer support for the service. Continue to advertise on the Barnardos website for new volunteers as well as using existing networks including utilising contacts in colleges and universities e.g. from counselling courses. By using volunteers from the local community, we raise awareness of the service we are providing by advertising the new way of working.
- Increase volunteers available to support the increasing amount of group work.
- Support a new pilot Counselling Group for parents and children subject to domestic abuse by offering a placement for a counselling student.



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GETTING MORE HELP (SPECIALIST)

The Getting More Help pathway is for children and young people where there are concerns around moderate to severe mental illness.

Over the last year we have been able to develop the following:

- The choice of at least 4 multi-disciplinary assessment clinics has meant that children and young people have been seen in a timely manner by the most appropriate clinician
- We have increased the Family therapy clinic for children and young people across all pathways (more complex clinical presentations), including consultation for clinicians and other agencies to aim to reduce the impact of moderate to severe mental health and encourage recovery.
- We initiated a pilot of online Cognitive Behavioural Therapy (CBT) as an alternative to face to face CBT for young people age 12-17 years with moderate anxiety or depression. This proved successful for young people who struggle socially and perhaps have a diagnosis such as ASD which sometimes causes difficulty for young people to work face to face or in a group
- We developed group work across the county for depression and anxiety that we could support our Barnardos colleagues to deliver. The groups have proved to be popular with our young people and we are hoping to build on this success and offer more frequent sessions.
- The Barnardo's Buddies have become an essential part of the therapeutic journey for the young people within the pathway. They work alongside key professionals in a supportive way.
- This year we have been able to assess most patients within 4 -6 weeks. A timely assessment is important for young people and their families. Getting the help that they need as early as possible can aid recovery. We have also been able to provide therapy within the 4-6 week guideline.

Priorities for the upcoming year:

- Improve use of Routine Outcome Measures throughout the entire patient journey – incorporating into team discussions, formulations and case management meetings.
- All patients to be assessed within 4 weeks from referral
- Patients to access therapy within 4 weeks of assessment.
- Improve transitions to Adult Services.
- Build stronger supportive links with other agencies such as Social Care and Education. Continue to empower young people and focus on their strengths, promoting emotional wellbeing, resilience and quality of life.

NEURO-DEVELOPMENT PATHWAY

The Neuro Developmental Pathway has established two diagnostic clinics a week based in the north and the south of the county. Assessing for Autistic Spectrum Disorder (ASD), Attention Deficit Hyperactivity Disorder (ADHD) and any other co-morbid mental health difficulties.

We have successfully appointed a Speech & Language Therapist and two assistant psychologists who are helping to expand the range of evidenced-based treatments the Pathway is able to offer children, young people and their families.

The Pathway consults with a wide range of agencies and stakeholders, including education. We aim to share assessment outcomes, recommendations and strategies. We believe this will ensure that a safe environment and treatment plan can be created which will positively impact upon anxiety, frustration, and challenges that can be experienced by the young person.

Achievements in 2016/17

- We have worked hard in CAMHS to reduce the wait for a Neuro-developmental assessment and now aim to start the screening process as soon as a young person is referred to the service.
- We have successfully developed and delivered 18 post diagnostic workshops to 177 parents, relatives & carers. The feedback has been positive from the parents who attend the groups. We now offer drop in sessions to parents if they feel they require extra support.
- We have altered our processes to ensure we have all the information at the time of the assessment so that a diagnostic report can be prepared as soon as possible following the assessment. This also means that post diagnostic follow-up can be offered soon after the assessment if this is required or considered helpful.
- We have implemented multi-disciplinary diagnostic clinics which mean a wider range of expertise is present at a clinic to support a decision on diagnosis and further treatment if this is required or thought to be helpful.
- We have developed closer working with our Barnardos colleagues to help young people manage social interaction difficulties, understand autism and learn tools & techniques to manage low mood, anxiety, low self-esteem.
- We have received high levels of satisfaction from young people, their families and Carer's in relation to both individual treatment and our post diagnostic workshop.

Future aims:

- To set up more drop-in sessions where families can book to see an experienced member of the team following a diagnosis and attendance at one of our post – diagnostic workshops.
- We are working closely alongside our Pediatric, Social care, Education and Voluntary sector colleagues to develop more integrated services and joint working for young people with ASD and ADHD in Buckinghamshire
- We plan to continue to develop leaflets with the help of some of our young people. We also plan to improve our appointment letters and leaflets to include more information on what to expect on a first visit to the Neuro Pathway.
- We plan to continue to develop the information packs we provide to families with resources and access to information to support their situation.
- We plan to continue to gather feedback from every part of our Pathway to look at ways of adapting & developing the service we provide by using the I Want Great Care survey and intervention specific questionnaires.

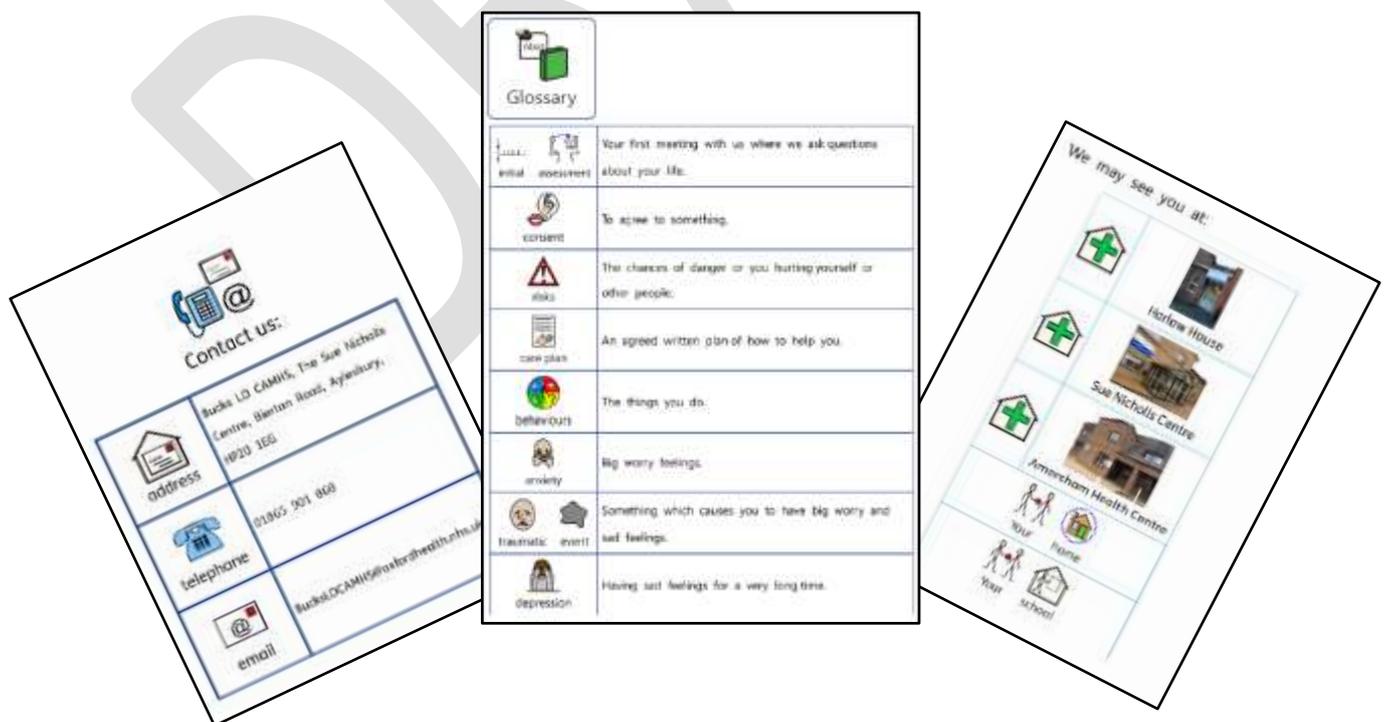


LEARNING DISABILITIES

The CAMHS Pathway for Children with a Learning Disability and co-morbid mental health difficulties.

Achievements in 2016/17

- We have successfully developed and delivered a range of group interventions aimed at young people and their parents/carers. One group that has received positive feedback is the parents of young women with autism and a learning disability.
- The team has linked with the “Getting More Help Pathway” to co-facilitate an anxiety group. This improves access for our young people with learning disabilities to the range of talking therapies provided within the wider CAMHS service.
- Our Assistant Psychologist, with the help of some of our young people, has developed and improved our literature making it more accessible for the young people we support (easy read). Our appointment letters and leaflets now include more information on what to expect on a first visit to the CAMHS Pathway for Children with a Learning Disability including pictures of the venue and people they will see, which can help to relieve anxiety for both the young people and their families.



Future Plans

- We are hoping to be able to send all future appointment letters with pictures of the staff that will be conducting the appointment with the aim of reducing anxiety around attending an initial appointment with an unknown person.
- The team is working towards improving Routine Outcome Measures (ROMS), questionnaires that help both young people, their families or carers and clinicians to monitor whether treatment is helping.
- We are keen to improve ways of collecting feedback and have been exploring how to engage young people to complete questionnaires by adapting materials, developing picture guides and the use of devices such as the iPad.
- We have received good feedback on our group programs this year and aim to expand this in the coming year by developing evidenced-based programs based on difficulties our young people and families are experiencing, such as using Positive Behaviour Support and further adapted anxiety groups.
- The team is aiming to enhance links with the Pathways for Children and young people with a Learning Disability in both Oxford & Swindon CAMHS with the aim of creating a forum to be able to share good practice, latest research and training to improve the treatments we can provide.
- We are also aiming to develop closer links with our local Speech & Language and Occupational Health colleagues to maximise the resources we have and improve joint working for children and young people with a learning disability and their families.

ATTACHMENT AND VULNERABLE YOUNG PEOPLE'S PATHWAY

OSCA (Outreach Service for Children and Adolescents)

"Supporting the mental health and emotional wellbeing of complex, vulnerable and high-risk young people and their families".

OSCA aims to support and engage children, young people and families with complex needs, through individualised home and community treatment packages, which are flexible and evidence based. We work proactively to meet young people at a place which is identified by them, offering frequent contacts via face to face, telephone and messaging. We also support young people and their families/carers who are in an acute mental health crisis in the community, ensuring safe discharge from local Accident and Emergency, whilst also aiming to reduce the length and number of admissions for young people into mental health inpatient care within Buckinghamshire. We work with service users and families to help sustain relationships, improve independence, daily living skills and support young people to access education, employment and meaningful daily activities.

We also enable families to support young people with their mental health and physical health needs, offering support through psycho-education and relapse prevention.

OSCA team also provide Dialectic Behavioural Therapy (DBT) to young people and their parents/carers. This is an intensive six-month treatment, which helps support young people who are struggling to regulate their emotions and with the aim of supporting them to a "life worth living". This is provided through weekly individual therapy and group skills coaching (young people and parents), alongside seven days a week phone support and a weekly supervision for the therapists. This programme of therapy has been successfully running in Buckinghamshire for several years and some of the feedback from those that have participated are included below:

"DBT is full of the practical skills I've always wished someone would teach me.... It's enabling me to make sense of ME!"

"DBT has given me skills for Life and helped me understand my struggles more and change my behaviours to become more effective."

"It has given me an insight into my daughter's mind-set and helped me to manage her mindfully.... it's great being around and talking with other parents that are in a similar situation as yourself."

"DBT is long term support, not a short intervention, non-judgemental...there is always someone out there to offer advice in a crisis moment."

"DBT has not only saved but changed my life and changed my perception of the world from one which was bleak and hopeless to a place I feel that I can not only survive in but thrive!"

Achievements 2016/17:

- Full Accreditation with the Quality Network of Community CAMHS (QNCC) in conjunction with the Royal College of Psychiatry. This demonstrates that the OSCA team have met all national CAMHS/Department of Health standards. This has involved an in-depth self-review and peer review process to assess levels of compliance against the network's Quality Standards. This is a clear demonstration of good practice within a CAMHS service.
- The team continue to contribute regularly to monthly Sexual Exploitation Risk Assessment Conference (SERAC) meetings regarding missing and child sexual exploitation cases.
- Successfully continue to work with the Adult Psychiatric In-Reach and Liaison service (PIRLS) to assess all 16-17 years who present to the Accident & Emergency department at Stoke Mandeville hospital with self-harm.
- The team have started to work more collaboratively with the SWAN unit, Buckinghamshire Social care team for Child Sexual Exploitation in addressing young people's mental health needs and providing easy access to relevant services, including CAMHS.
- Our clinical leads in Eating disorders, Deliberate Self Harm and Social care continue to proactively work with other pathways in CAMHS and external agencies to improve the experiences of our young people, providing training, consultation and advice.



Future aims:

- Complete audit of the deliberate self-harm pathway, in collaboration with Buckinghamshire Healthcare, including review of young people who presented at Accident & Emergency
- Develop new nurse consultant post within OSCA and wider CAMHS to provide strong nursing leadership. Which aims to enhance developments in the OSCA team and provide more expert knowledge around self-injury and the provision of DBT.

Looked After Children and Adopted Team (LAAC):

“Empowering Looked After and Adopted Children and those around them to live the life they deserve, through the provision of specialist assessments, consultation, training and treatment”.

The team provides direct intervention to young people and carers who are either looked-after or adopted or under special guardianships orders.

We are commissioned to respond to referrals within five working days, ensuring that young people’s emotional wellbeing and the needs of their carers are prioritised urgently, reflecting the Future in Mind vision.

The team ensures that provision of mental health support is not based solely on clinical diagnosis, but on the presenting needs of the child or young person and the level of professional or family concern, therefore improving access to this vulnerable group.

We also provide a service for eligible care leavers, who are known to CAMHS before their 18th birthday, to support their transition between both health and social care services. We provide support to looked-after and adopted children and their carers up to 20 miles outside of Buckinghamshire.

Where agreed with commissioners, we can assess young people placed a significant distance from the county.

Achievements 2016/17:

- Fully recruited team of multi-disciplinary staff, with specialised knowledge in the area.
- Service have launched an innovative therapeutic programme for foster-carers, special guardians, adoptive parents and residential care staff. The 10-week programme is open to families who are known to CAMHS and who may be experiencing difficulties in their relationship with their child. The programme was developed using the latest research in improving parenting sensitivity, and aims to help parents and carers “mentalise” the child’s experience. In more simple terms, parents and carers learn to think about issues from a child’s position and respond in a way that is more sensitive to their emotional needs. Examples of feedback is below:

“I have found the course very helpful and now I take a step back and use the lighthouse with fostering and with my own children and grandchildren”

“The course has given me confidence in recognising what I am getting right [with my child]”

“The course really helps you focus on asking the open question “how are you feeling?” rather than assuming that you know how the child is actually feeling”

“Having other people who are in the same situation and to share our story”

“It has allowed me to understand the position of other people, including our foster child, both in their viewpoint and their experiences”

- The team are facilitating a reflective psycho-dynamic peer supervision to support team process and effective staff support.
- The team have worked closely with Social Care and the Independent Reviewers of LAC young people to ensure that all young people’s mental health needs are identified at their health care assessments and the information gathered from this is effectively used to inform the best interests of the young person.
- The team provide regular peer supervision/consultation to the Local Authority residential staff and Adoption/Permanence team, promoting their understanding of young people’s mental health needs.

Future Aims:

- Continue strengthening the relationships with our key stakeholders.
- Provide a young person’s group, in conjunction with the Local Authority and CAMHS participation groups. We aim to pilot this early next year.

RECONNECT SERVICE

ReConnect is a small, Buckinghamshire-wide service aimed at improving outcomes for the most vulnerable children under the age of two.

This group includes children (as well as any unborn children) who are at high risk of developing a disorganised attachment through experiencing parenting breakdown, neglect and abuse, or parental mental health problems that impact on the child's emotional needs.

Referral criteria must include that the referred child is under the age of two years (and can include any unborn child), the parent acknowledges or at least partially acknowledges difficulties in their relationship with their child (or in previous relationship breakdowns), and there is social care involvement and a Child Protection Plan in place.

In addition, at least one of the following criteria needs to be present:

- current parental mental health problems
- parental history of childhood trauma or neglect
- history of domestic violence
- history of substance misuse
- history of severe parenting breakdown including permanent removal of previous children

Achievements 2016/2017:

- Awarded Analeaf Award for Best Infant Mental Health Service in the UK (2016)
- Highly Commended for Equality & Diversity in Service Delivery at the Positive Practice in Mental Health Awards (2016)
- Big Lottery Transgenerational Service Award (2017) [improving future lives]

Future aims:

- To work closely with Social care and health in identifying at risk families during early stages of pregnancy so early intervention can be offered in line with the Bucks Safeguarding High Risk pre-birth pathway.

EATING DISORDERS PATHWAY

The Specialist Child & Adolescent Eating Disorder Service promotes and provides rapid support and treatment for young people and families experiencing eating disorders.

The service aims to restore physical health and psychological wellbeing in a safe and collaborative manner.

This new service has been developed with additional funding from NHS England following a national review of outcomes for young people with eating disorders.

The aim is to encourage early intervention, reduce inpatient admissions and promote improved long-term outcomes.

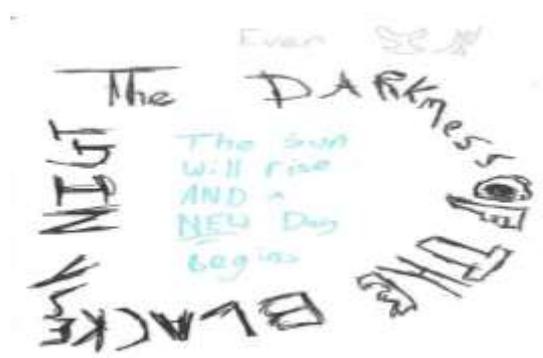
The service is now registered as part of the Quality Network for Eating Disorders and will undergo a regular process of accreditation.

Members of this service will also contribute to the accreditation of other eating disorder services.

Along with the quality standards of the Quality Network of Community CAMHS (QNCC), the multi-disciplinary team are also trained to deliver treatment in line with national standards from the National Institute for Health and Care Excellence (NICE) in addition to access and waiting times standards.

Achievements 2016/17:

- The new eating disorders CAMHS pathway was launched in January 2016
- We have successfully recruited to all vacancies since the service launch in line with the recommendations of the Access and Waiting Times Standards.
- We have received 181 new referrals from October 2016 to September 2017:
 - 11 - Paediatric services/general hospitals
 - 32 - Internal referrals from other CAMHS pathways
 - 5 – Private hospitals / therapists
 - 10 – Self referrals
 - 20 – Schools
 - 103 – GP surgeries
- We have a strong drive for early intervention and 86% of all referrals to the service have started treatment within 4 weeks of being referred.
- We have continued to improve the links with other pathways within CAMHS to ensure that all eating disorders referrals are assessed within the specialist pathway.
- Our team has participated in and contributed to the national eating disorders training that has been implemented nationally throughout 2017.



- We have continued to improve links with paediatric services including gaining dedicated paediatrician time in our service to support the care of those who are physically compromised.
- The service has strong links with key national forums such as the National Eating Disorders Research Forum, Café-Net and the newly launched British Eating Disorders Society.
- We hold user participation and feedback in high priority and use feedback to inform the development of the service including leaflets and literature for key stakeholders such as schools and GPs.
- We have a strong emphasis on NICE recommended treatment and have prioritised team / individual development in line with this. All staff are trained in Family Based Treatment
- We continue to work toward QNCC accreditation and have successfully completed our self-review
- We have successfully worked with national eating disorder charities to better reflect the needs of the families, including a media campaign, early identification training for potential referrers, carers' skills workshops, and email support for carers
- We have strong links with local CAMHS inpatient services and we are working together to develop more collaborative treatment strategies that will enhance overall treatment.
- We continue to further develop the home treatment and crisis element of the service to support families to feed their child at home.

Future aims:

- We wish to gain quality network (QNCC) accreditation.
- We will continue to develop better eating disorders specific treatment within paediatric services as this still presents a challenge for the services both locally and nationally.
- To continue keep the focus on early intervention and referral to maximise success in treatment. This is an on-going piece of work and will continue.
- To continue to reduce the need for in-patient admissions however, where needed, work more closely with the in-patient provider and the family to support a timely return to community treatment.

SPECIALIST SERVICES

LIAISON AND DIVERSION SERVICE

Launched in January 2017 the Buckinghamshire Youth Justice Liaison and Diversion Service offers assessments, consultation and liaison for young people who pass through the criminal justice system. Through this process unmet needs or vulnerabilities are identified as soon as possible. Unmet needs and vulnerabilities can include; mental health and problems with emotional regulation, learning disabilities or difficulties, alcohol and substance misuse, housing or money issues, neurological and cognitive difficulties, not being in education training or employment. Young people deemed at risk in a justice context are referred on to services such as CAMHS to meet those unmet needs or vulnerabilities. We also provide a role in supporting young people to access appropriate services.

Referrals for the service can come from anyone including self-referral however the majority come from Police.

Information can also be shared with relevant youth and criminal justice agencies to enable key decision makers to make more informed decisions on diversion, charging, case management and sentencing. Diversion should be interpreted in its wider sense, referring to both diversion 'out of' and 'within' the youth and criminal justice systems.



Access to services by individuals with identified vulnerabilities does not imply that they will avoid appropriate sanctions, but that the process will be better informed, and there will be access to appropriate health and social care interventions.

Achievements in 2017

- Received a total of 325 in 2017, of those 155 were liaison role only, 162 were offered an assessment.
- We provided a comprehensive assessment of needs and vulnerabilities to 56 young people and effectively referred them onto appropriate external services or to a pathway within CAMHS.
- Consultation and liaison with other agencies and within CAMHS to ensure the right support is offered to young people within a timely manner.
- Supporting safeguarding process.
- Offer additional support to young people when required to help them to access services.
- Worked collaboratively with the Police Youth Justice Unit and the Youth Offending Service to support the decision-making process for disposal outcomes.

Future aims

- Increase number of assessments undertaken.
- Continue to improve access to healthcare and support for vulnerable individuals and reduce health inequalities.
- Divert individuals, where appropriate, out of the youth and criminal justice systems into health, social care or other services
- Continue to provide an exemplary and comprehensive screening and multi-disciplinary assessment
- Reduce re-offending or escalation of offending behaviours
- Continue to support decision making processes.

A young person's journey

Alison is 14 years of age and was referred to the Youth Justice Liaison and Diversion service having been arrested for two assaults against a female pupil at her school.

The initial assessment indicated that Alison had difficulties with speech and language, in terms of being able to recall events and articulate her thoughts. She was behind most of her peers academically. Alison had been getting bullied for approximately 6 months, her mother had been diagnosed with cancer, and her general mood was quite low.

Alison found it difficult to meet new people and engage with support services, however with encouragement (going with her to meet new people), she agreed to be referred to Speech and Language and SAFE! project.

The Speech and Language Service agreed to prioritise her due to her pending Court appearance, and we wrote a report for Court to assist her through that process and give advice with regards to her communication needs within Court.

Alison met with her SAFE! worker and found having someone to talk to about the bullying she had been experiencing was useful. She developed some resilience skills and her confidence increased.

Alison's mother found that having someone to help her through the Court process, manage the bullying (which has now stopped) she had been experiencing and liaise with the school and Court, had helped them navigate this difficult period. Her mum's cancer treatment has also been a success.

12 months on from her offence, Alison has also not re-offended.

CHILD AND ADOLESCENT HARMFUL BEHAVIOUR SERVICE

This service offers specialist consultation around sexually harmful or inappropriate behaviour and risks in relation to children and young people.

We support multi-agency risk assessment, management and intervention, ensuring consensus on concerning behaviours is reached, and appropriately co-ordinated responses are facilitated.

We provide specialist assessments, psychological advice and interventions. We increase the knowledge and skills of professionals working with young people with problematic or harmful sexual behaviour through information and training.

We act as a coordinating body for the professional activity that takes place with young people who display sexually harmful behaviours across Buckinghamshire in developing strategic links between schools, social care, and the criminal justice system.

The service is accessible to all agencies - social services, youth offending services, education and non-statutory services.

It is expected that all agencies will remain involved with the young person when a consultation is requested in order to work with them and their families and to liaise as appropriate with the team.

Achievements 2016/17:

- Provided support and training in risk assessment and case formulation to colleagues in CAMHS, social care and the wider network
- Worked with the Buckinghamshire Safeguarding in Education team to provide training on awareness and risk management of sexually problematic or harmful behaviours within education settings to schools
- Continued to provide supervision to the Youth Offending Service for young people presenting with complex needs and sexually problematic or harmful behaviours including case formulation
- Member of steering group of third sector organisation 'Circles' in their provision of ongoing support for young people
- Part of Buckinghamshire Safeguarding Children Board's training agenda, providing sessions on sexual knowledge, harmful behaviour, risk assessment and formulation
- Provided training on behalf of BSCB on harmful sexual behaviour on and off line
- Member of CSE subgroup BSCB
- Member of Buckinghamshire Safeguarding Children Board's Peer-on-Peer abuse steering group run by the Misunderstood project

PARTICIPATION

Article 12 Youth Forum

The CAMHS Article 12 Youth Forum meets on a monthly basis and have been busy working on some of the following projects this year:

Article 12 Youth Forum present at the Royal College of Psychiatry -

Article 12 Youth Forum had a very exciting opportunity to deliver some training at the Royal College of Psychiatrists. The training they delivered was around services who work with young people using participation to engage the young people to improve their services. They delivered presentations, videos and speeches around the benefits of participation. Their presentation was called “the smallest changes make the biggest of differences.”



Outside therapeutic space at Harlow House

Article 12 Youth Forum has re-designed the Harlow House waiting area, and whilst working on the project the group saw the potential of using some outdoor space at the back of Harlow House for children and young people who might need a break or some time out during a session. Article 12 came up with some ideas of how the space could be made into a calm environment including: a small water feature, stepping stones representing steps young people take, a curved seating area, and scented plants

Eating Disorder Young People's Forum

The Eating Disorder Team has been working with a small group of young people around improving information and communication within the eating disorder pathway. Young people have been reviewing letters and information booklets distributed at the initial assessment stages.

For example, as a young person, would YOU know what multi-disciplinary meant? Or what was the difference between seeing a psychologist and psychiatrist? Simple vocabulary should be used to ease understanding for patients.

The young people also feedback that videos should be shown more as resources for helping patients because they are simple to understand and easy to watch.

Experts by experience – Young people speak out at a key European Parliamentary conference on Mental Health:

On Monday 6th and Tuesday 7th November Young Ambassadors from Article 12 participated in a seminar on Children's Mental Health and Child-Friendly Justice in Parliament bringing together young people, legislators, experts and practitioners. The event was organised by the UK Parliament led by Baroness Doreen Massey in co-operation with the Parliamentary Assembly of the Council of Europe. It was opened by the Rt Hon John Bercow MP, Speaker of the House of Commons with a keynote address by Jackie Doyle-Price M.P Parliamentary Under-Secretary of State for Health, and Chaired by Stella Kyriakides, President of the Parliamentary Assembly of the Council of Europe (PACE).

- Training in mental health for non-specialists and for professionals such as GPs and social workers; more funding for training mental health professionals. Young people should be involved in delivering the training. There should be up-to-date Apps and virtual training for teachers
- More counsellors in schools (in one of the schools there was one counsellor for 1000 children)
- Awareness campaigns on a regular basis for the public; schools and other agencies matched by funding –one off big campaigns were not enough
- Information for schools and G.P surgeries which is in an accessible form that helps young people recognise their symptoms and those of their friends and siblings which ask questions such as 'do you feel sad on most days?' These should be placed in accessible places in schools such as the reception and the canteen.
- Every school should have a full-time nurse with the option of an educational psychologist who is full-time
- Young people need to be adequately supported to participate in forums locally and nationally. In the UK there needs to be a coming together of the various youth forums so that there is opportunity for structured dialogue which can influence policy.

One of the young people said that young people must be listened to and were 'experts by experience'.



Article 12 Youth Forum Member wins a Teen Award!

Ellie inspires others by sharing her story about her transgender journey and first presented her story at an emotional wellbeing conference to over 100 staff from primary and secondary schools. Ellie wants schools to be more inclusive environments for children having explorative thoughts around gender and sexuality.

Oxford Health's Equality and Diversity Lead is working with Ellie and Buckinghamshire CAMHS to help the service in become more inclusive in implementing gender neutral facilities at our CAMHS centres.

Bucks County Council's Emotional Wellbeing Conference:

For the second year running, young people from our CAMHS service planned and designed their own workshop which they delivered to primary and secondary school representatives from across the County. The young people's workshop educated participants on:

- Spotting the signs of mental health early
- How school can support young people around mental health and LGBT
- Ideas for celebrating mental health awareness week and LGBT week in school

The young people also produced resource packs for participants to take away. As well as sharing a video they made for the event and a personal poem about what it felt like being in school suffering with mental health problems.

What it means to young people to be involved in Participation

It means the world to me, to share my personal experiences to benefit others. I think it is really important that CAMHS services start to involve young people in decisions that affect them. This is because WE are the people who are impacted the most by the resources given out.

It can be very isolating suffering from a mental illness, so hearing from someone who has experienced recovery was really inspiring for me.

I know I have loved getting my voice heard by my CAMHS service. It makes me feel valued and hopeful for the future.

Article 12 team up with Bucks CC's Youth Voice

In Summer 2016, the two youth forums came together with their joint interest in wanting to break down stigma around mental health and raise awareness. The young people worked together to produce two new video resources which are now available on the CAMHS website. One of the videos was a children's guide to CAMHS which is a useful resource for parents to show their child before coming to CAMHS for the first time. The group also made a video aimed at teenagers giving more information about what to expect when first coming to CAMHS.

Parent Advisory Group:

F.A.C.T. Bucks and CAMHS are working together with Parent and Carer's to help embed the voice of people who use our service in developments at CAMHS. We aim to empower and support parents to participate in shaping the services used by their children and young people. The Parent Advisory Group (PAG) meet quarterly and we are lucky to have parent and carer volunteers from across a range of our services and with children from 0-18+.

The PAG have been a huge support in guiding us with what useful information we should include in our Annual Review, as well as helped us to think about how we can offer effective support to our Parent/Carers.

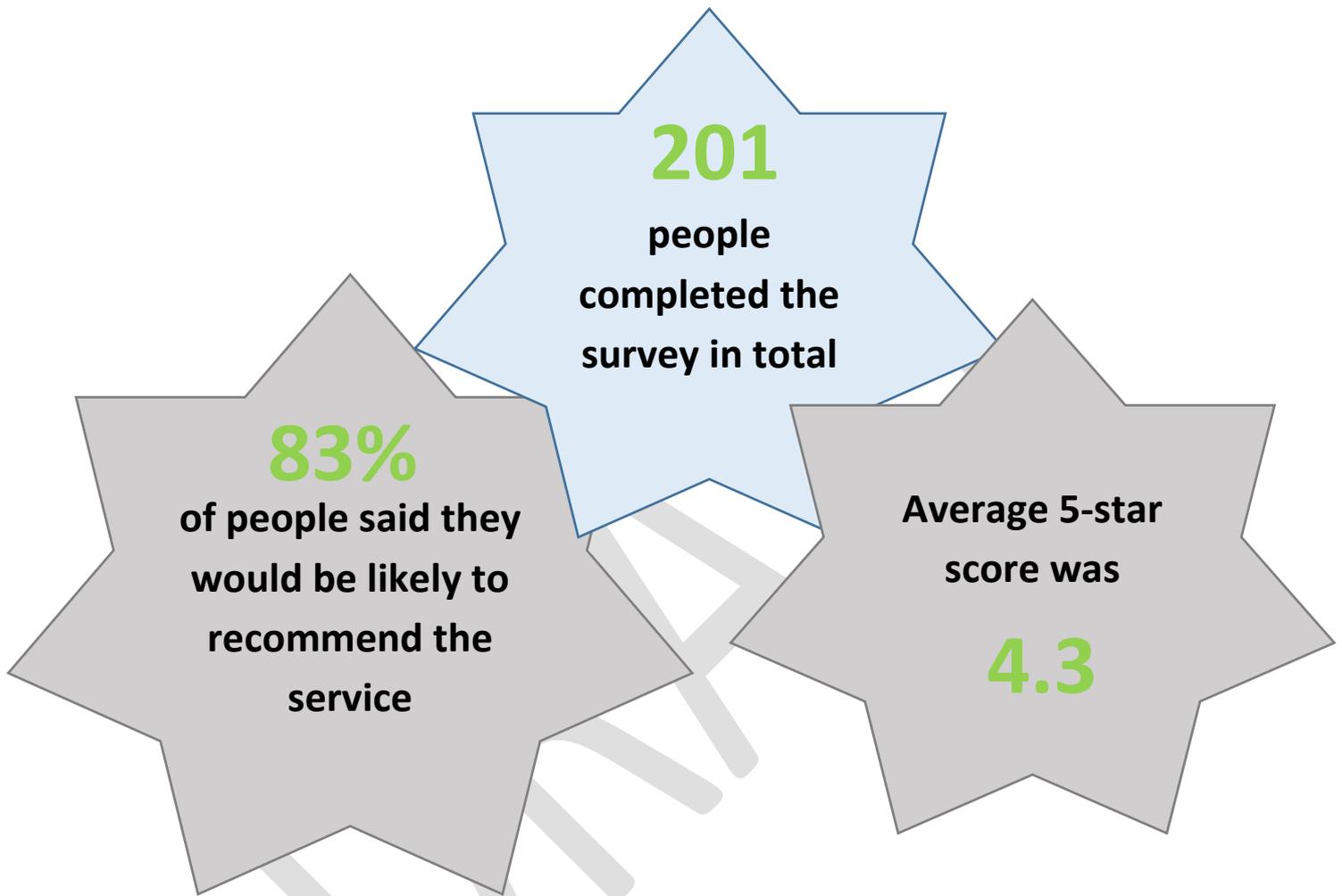
Some of the suggestions have been to offer more mental health training to parents and a parent led support group with CAMHS which we are in the process of rolling out.

Parent and Carers have also told us how we need to offer more information on the CAMHS website about 'What to expect at CAMHS' which will be incorporated in to our new website which is being developed.

Parent and Carers from the PAG have also been involved in delivering training for Oxford Health so clinicians can learn more about a parent/carer experience as well as being involved in the Trust 'I care, you care' initiative.

I Want Great Care Survey (IWGC) – In April 2017 we launched a new patient experience survey to be able to hear from children, young people and parent/carers about their experiences at CAMHS. The survey is available via the ipad stands in our CAMHS centres in Buckinghamshire.

Bucks CAMHS iwgc data (Jul-Sep 2017)



Question of the month

At CAMHS we feel it's important to spend time in the waiting areas asking for your views around specific topics. E.g. How we could make our service more accessible? How we could improve the communication you have with CAMHS etc. Once a month we have been coming into the waiting areas to ask for your feedback, your thoughts and suggestions are then reviewed to look at how we could improve our service.

You told us: The waiting area needs to have more sensory and self-help advice and information.

We did: We've added a new emotional wellbeing board at both our centres with self-help advice including 'How to make a sensory self-sooth box'.

You told us: Young people don't receive enough support or education in schools around mental health.

We did: Delivering training to primary and secondary schools at the Bucks County Council's 'Emotional Wellbeing Conference' on how to better support young people with their emotional wellbeing.

You told us: There should be more information about LGBT support groups that young people can access.

We did: Added LGBT support group information in our waiting areas



TRAINING AND COMMUNICATION

We have continued to support one-off training events for agencies such as Time to Talk and GP surgeries, and we co-facilitated training in eating disorders with the organisation BEAT.

We deliver regular core training events across seven different localities. This year we have been able to deliver 16 Psychological Perspective in Education and Primary Care (PPEP) training events, covering: Anxiety, low mood, conduct disorder, Eating Disorders, Attachment issues, Post-Traumatic Stress Disorder (PTSD) and self-harm. This process included training over 500 people from different professional backgrounds.

We have strong links into schools which include data sharing with the Special Education Needs department, and we are involved with their project aimed at reducing the need for Education and Health Care Plan (EHCP) by providing the correct support at an earlier stage. The learning difficulty team are providing drop in clinics in the special schools and will be offering bespoke training days on request. They are working closely with colleges and McIntyre service.

Future Aims: -

- We are working with the communication team to use text messaging for appointment reminders.
- We want to develop the use of facetime for referrals in the Single point of Access.

INTER-AGENCY LIAISON

We continue to liaise with different agencies and there are currently regular liaison meetings with:

- Paediatrics to discuss Looked-After or Adopted Children quarterly, and with the lead nurse to discuss self-harm.
- Learning Disabilities Talkback, offering training and joint consultation.
- Youth Offending Service liaison.
- Autism Spectrum Disorders working group for Buckinghamshire County Council
- Permanent exclusion group.
- Sexual Exploitation Risk Assessment Conference (SERAC) meetings - monthly.
- Problems in Practice meetings.
- GP and CAMHS link workers in every primary and secondary school.
- Special Educational Needs and Disabilities (SEND) reviews termly.

- Looked-After Children workshops, every two months.
- RU Safe (Barnardo's), Children & Teenager Community Health (CATCH) and adoption and permanence teams in Buckinghamshire social care, monthly consultation.
- Shaw Clinic, sexual health in Buckinghamshire, liaison.
- Suicide Prevention Strategy.
- Substance misuse Board.



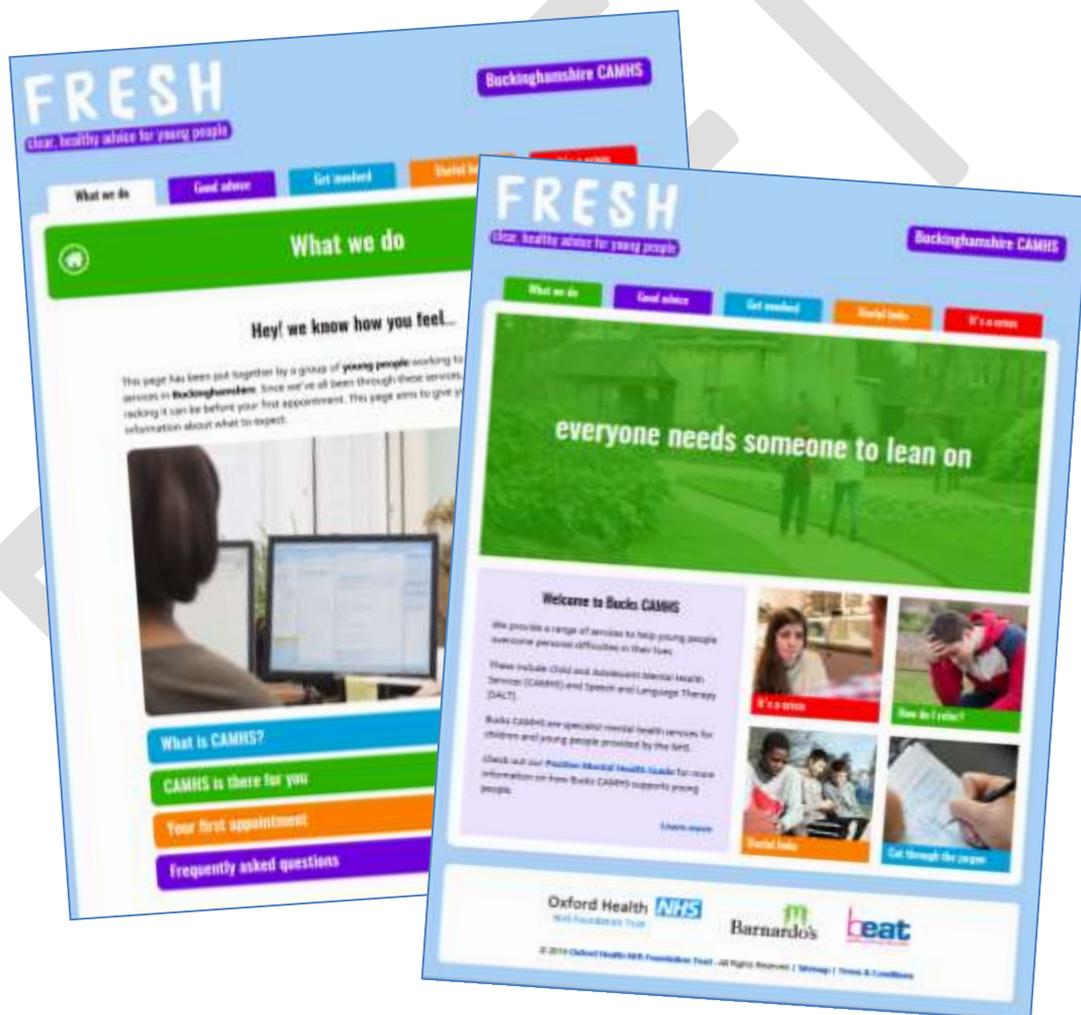
WEBSITE

As part of the new service, young people in the county helped to design completely new webpages for Buckinghamshire CAMHS.

The new site features videos, apps, self-help guidance and information on different mental health conditions. Importantly, it is designed to be easily read on mobile phones or tablets, to reflect young people's technology preferences.

Since it went live in May 2016, the 'Fresh' site as a whole (including sub-pages) has had 27,119-page views and 19,786 unique views.

To find out more or give feedback, visit www.oxfordhealth.nhs.uk/fresh/bucks.



Glossary

Advocacy

Being given support and enabling people to express their views and concerns. This could be by helping you to access information and services, or by defending and promoting your rights and responsibilities.

Confidentiality

Staff must keep your details of care confidential.

However, they also have a duty to share information related to your care with the CAMHS Team looking after you and your GP practice. It is often helpful to share information with your parents / carers and families. We would always discuss this with you before doing so, and would be guided by you in most cases about what information is shared. Very occasionally there may be times when staff are concerned about safety, either your own or others. At these times staff may have to share confidential information with others on a need-to-know basis, but they will always inform you that this is the case and seek your permission where possible.

Consent

Agreement or permission to do or allow something. CAMHS may ask for your consent to share information with other people (your family or school for example) or consent to accept treatment.

Capacity to Consent

There are slightly different rules depending on your age, but following the Mental Capacity Act 2005, a person is presumed to have capacity unless “At the material time he is unable to make a decision for himself... because of an impairment of, or disturbance in the functioning of the mind or brain”. How do CAMHS know if you have capacity? Because you can...

- Understand the information about the decision to be made.
- Retain the information in your mind.
- Use that information as part of the decision-making process.
- Communicate your decision.

Parental Consent

If you are over the age of 16 you are entitled to consent to your own treatment. More information about CONSENT can be found on the [NHS Choices website](#).

Referral

To send or direct to a source for help.

Clinician

A health care professional who gives care to a patient in a hospital, skilled nursing facility, clinic, or patient's home.

Care Programme Approach (CPA)

A way of making sure care is given and reviewed around your needs. A care plan is drawn up with you which aims to ensure that everyone supporting you knows what helps during times of distress, and what everyone needs to do to help your recovery.

Disorder

A physical, mental health or functions sickness; malady or dysfunction.

Risk

A chance of getting hurt or losing something.

Assessment

A judgment, valuation or evaluation.

Review

A looking back over past events, memories, or facts.

Outcomes

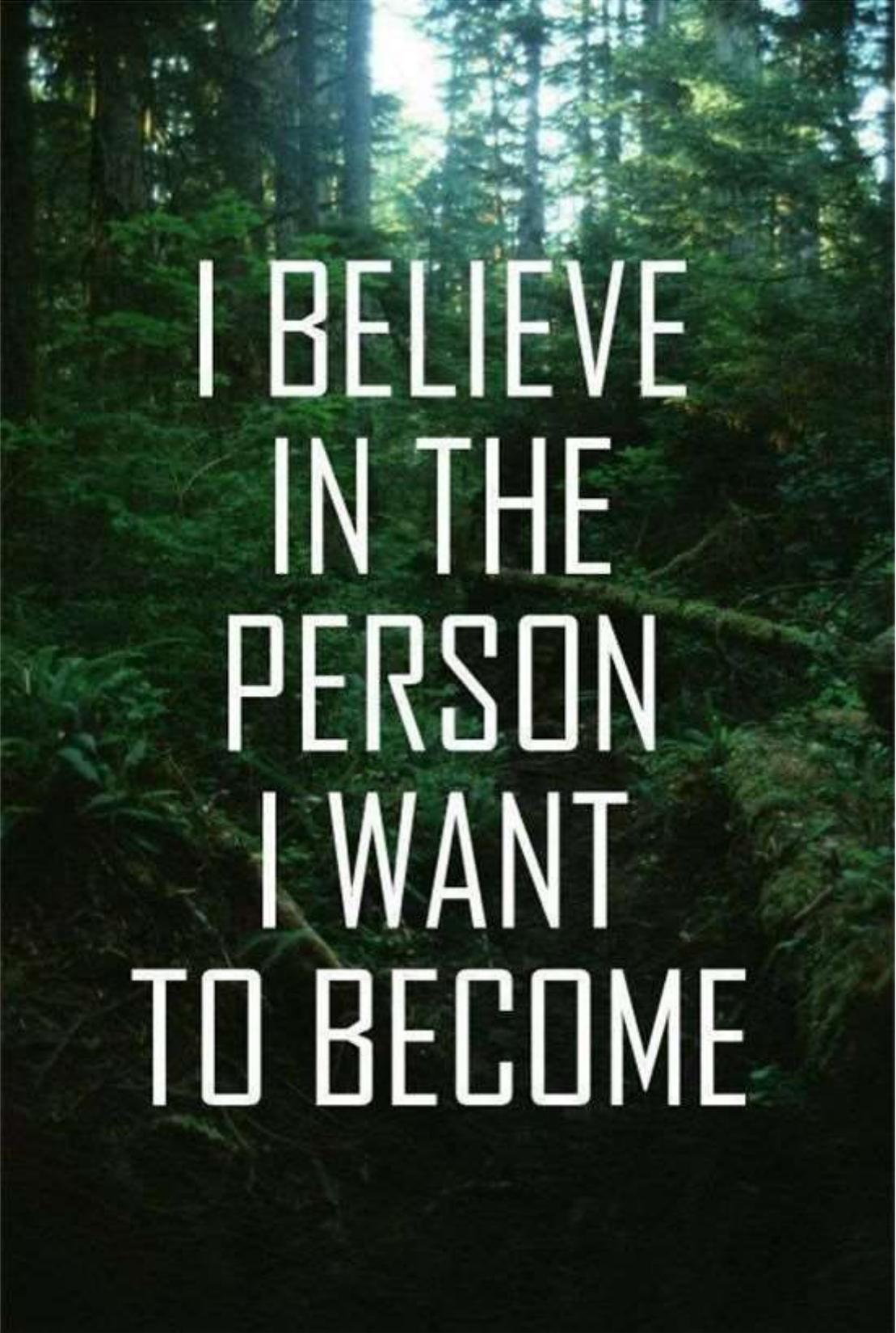
A result of something. For mental health services this means the impact that healthcare has on you, and the results of what has been done.

Routine Outcome Measure (ROM)

Tools which measure the results of your care. This could be your satisfaction as a patient, or a graph to show whether the process makes you feel better or worse. It could also be setting your own goals and keeping track of them.

Practitioner

A registered health care professional with advanced training who specialises in certain medical practices or therapies under the supervision of a doctor.



I BELIEVE
IN THE
PERSON
I WANT
TO BECOME