

**Buckinghamshire Transformation**  
**Plan for Children and Young**  
**People's Mental Health and**  
**Emotional Wellbeing**  
  
**2015**

Caroline Hart, Pooled Budget Manager

October 2015



**NHS**  
Aylesbury Vale  
Clinical Commissioning Group

**NHS**  
Chiltern  
Clinical Commissioning Group

## **Contents**

1. Introduction
2. Buckinghamshire CAMHS service Model
3. Ambitions
4. Needs Assessment
5. Baseline data for April 2014- March 2015
6. Engagement
7. Partnerships
8. Promoting equality and addressing inequality
9. Current Investment and Spend
10. Workforce
11. Governance
12. Existing provision and New Service Model alignment with Future in Mind
13. Areas proposed for further development and transformation
14. Planned spend against new funding allocations for Chiltern and Aylesbury Vale CCGs 2015/16
15. Appendices

## 1. Introduction

Children and Young People's Mental Health Services in Buckinghamshire were recommissioned in late 2014/early 2015 with contract award in April 2015 and the new contract and service model starting on 1<sup>st</sup> October 2015. The service is commissioned under a pooled budget as an integrated service under section 75 arrangements by NHS Chiltern Clinical Commissioning Group (CCCG), NHS Aylesbury Vale Clinical Commissioning Group (AVCCG) and Buckinghamshire County Council (BCC) with BCC as the lead commissioner. The successful bid in the tender process was from Oxford Health Foundation Trust in partnership with Barnados and Beat (Beating Eating Disorders).

The new service model represent a significant transformation from the current service provision, based on the local needs assessment, stakeholder feedback including Children and Young People (CYP), parent and carers and existing CAMHS staff. It embraces early intervention and prevention, with young people able to access services at the earliest opportunity to prevent escalation of need and to ensure sufficient and consistent support across the whole system with a clear focus on outcomes for children and young people.

The service specification and resultant model reflects many of the themes identified through [Future in Mind](#), with young people and stakeholders actively engaged in developing service changes. The provider is required to build strong links across the agencies offering support for children and young people's mental health to enable system wide pathways to be maintained with CYP, their families/carers and the wider workforce feeling supported throughout the pathway. Whilst the term CAMHS is used throughout the document it is recognised and acknowledged that the child and adolescent mental health services are provided by a variety of statutory and non-statutory agencies across the county.

As a five year contract it is anticipated that full benefits and realisation will not be achieved immediately but will be developed over that time period, with opportunities for updating and amending plans as a result of changing demand, evidence and feedback.

This additional funding allocation from NHS England will allow services to further develop in areas of need and to introduce some changes more quickly.

## 2. Buckinghamshire CAMHS Service Model

The service specification (appendix 1) requires the provider to:

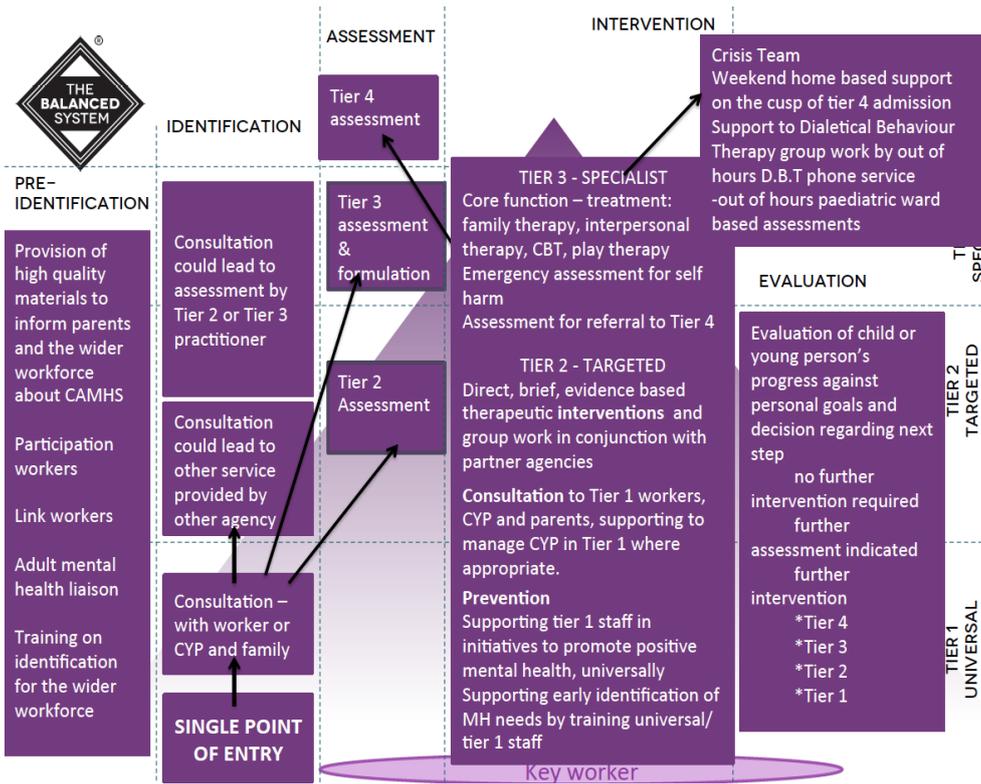
- remodel the CAMHS service to incorporate the work of the TaMHS (Targeted Mental Health in Schools) service and the psychology role to the social care Adoption, Looked after Children and Care Leavers team.
- improve accessibility to the service at a targeted level, whilst also building capacity within universal services to manage low level mental health needs and promote emotional wellbeing.
- promote a consultative model of service delivery, by allowing access to emotional wellbeing and mental health advice and consultation to children and young people, their parent/carers and families and the wider workforce, without necessitating a full referral to the service.
- build strong links between all agencies offering services which support children and young people's mental health across the county, so that, when core CAMHS is not the appropriate service for them, families have a positive experience of being referred to the right agency at the right time.
- ensure Tier 2 and Tier 3 services work closely together as one service, in order to best share knowledge & skills, develop a single point of assessment and develop evidence based or evidence informed care pathways.

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 Tier 1 and Tier 2 services in order to ensure that:

- a) those whose needs can be appropriately met at Tiers 1 and 2 receive the appropriate support and
- b) those whose needs require support at Tier 3 and beyond are able to access this quickly and efficiently .<sup>1</sup>

---

<sup>1</sup> More information about the Balanced System® can be found at <http://www.bettercommunication.org.uk/the%20balanced%20system%20overview%20July%202013.pdf>



### 3. Ambitions for Children and Young People's Mental Health and Emotional Wellbeing in Buckinghamshire

#### Positive mental health for young people

is the vision that has been agreed following extensive consultation across CYP, parents and stakeholder on the name and vision for Buckinghamshire CAMHS. It was also agreed at this point that the name would remain as Buckinghamshire CAMHS as it is a recognised title for the service.

This is underpinned by the following objectives (adapted from those in the service specification):

- 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.** The services will provide reliable, evidenced based mental health advice through online resources and a resource library, and access to consultation to enable support for children and young people's mental health.
- b) **All children and young people who need mental health services will receive the right help, in the right place when they need it.** The services will work together to provide seamless services offering timely and appropriate evidence based or evidence informed intervention. Services will be available in locations chosen by the young person, with crisis support available 24/7. Services will support vulnerable children and young people and seek ways to ensure hard to reach young people are able to access a service. Young people will be able to refer themselves to the service. Waiting times will be kept to a minimum with all children and young people offered consultation or assessment as soon as possible within 4 weeks of referral.
- c) **All services working with children and young people will promote wellbeing across both physical and mental health.** All those working in schools, colleges and early years settings will be able to promote resilience, emotional wellbeing and support low level mental health needs. Where a young person presents with mental health concerns, physical health concerns will also be considered.
- d) **All young people who are transitioning between services are supported throughout the process to ensure transfers are managed safely, timely and appropriately.** All users of the service will have a "buddy" who will advocate and support them through the CAMHS pathway and a named clinician who will ensure early, adequate communication with the other service.
- 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.** Young people will measure their progress through regular use of outcome measures.

- f) **Children, young people, parents, carers and other stakeholders will influence the development of the service through participation and feedback.** The service has a full time participation worker who will work with service users, parents/carers and stakeholders to actively seek their views of developments and changes to the service offered.

#### **4. Needs Assessment**

The last Joint Strategic Needs Assessment (JSNA) for Bucks was completed in 2012/13, and work is underway to complete a revised JSNA.

A needs assessment was completed in November 2014 for the CAMHS recommissioning process to identify the needs of the Buckinghamshire CYP population; this was based on previous activity in the service, national data on prevalence and local intelligence, it includes data on Children in Need, Looked After Children, Youth Offending service and information gained through analysis of the Children and Young People's Voice Service.

Any changes to need identified through the revised JSNA or through new data on prevalence will be reflected in the service developments.

Additional data has been reviewed with regards to eating disorders and is included in the Eating Disorder pathway document.

See appendix 1a Needs Assessment and appendix 3 Eating Disorder Pathway

## 5. Baseline data for April 2014- March 2015

Referral Data for CAMHS	2014-15
Number of referrals received-All CAMH services	3621
Number of referrals accepted-All CAMH services	3042
Average total caseload	1903
Waiting times	57% of referrals seen within 4 weeks 76% tier 2 referrals seen within 8 weeks of referral 88% of tier 3 referrals seen within 8 weeks

**Time to Talk** provide counselling services to 22 out of 34 secondary schools in county. The service received a total of 652 referrals in 2014/15 from a range of sources with the majority from young people, parents and GPs and has an average caseload of 400 young people. With waiting times maintained within 2 weeks.

The Targeted Mental Health in Schools (TaMHS) programme supported 18 schools across primary, secondary and special schools. This is no longer delivered in the same format and all schools will be supported by CAMHS link workers.

Data received from Wessex Specialist Commissioning on 04/09/15 indicates a net increase of 3 CYP in inpatient care from 07/07/15 (1 for AVCCG and 2 for CCCG):

<b>CCG</b>	<b>AVCCG</b>	<b>CCCG</b>
<b>Number of YP</b>	2	9
<b>Number of YP identified with LD or Autism</b>	0	0
<b>Age range</b>	16 years	14-17 years
<b>Longest stay</b>	118 days	309 days
<b>Average Length of stay</b>	108 days	136 days
<b>Placed in Highfield</b>	2	5
<b>Placed out of Area</b>	0	4 Maidenhead, Woking Roehampton, Northampton
<b>Informal Section</b>	1 informal 1 not known	5 informal 1 section 3 not known

## 6. Engagement

Stakeholder engagement was completed as part of the recommissioning process which included survey, workshop, webinar and representation from parents and stakeholders on the project group, evaluation panel and at the presentation by the providers.

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

The Regional NHS England Specialist Health Commissioning team were also invited to be a part of the process and contributed to the specification which was shared with them.

Feedback gained through the recommissioning process informed the specification development and has been drawn upon in developing further transformation plans.

Appendix 1b provides a summary of the survey results.

The newly commissioned service includes a requirement for engagement of Children and Young People and other stakeholders through stakeholder reference groups and bi-annual survey. Young people are also actively engaged in the implementation of the contract through website design and have been actively involved in branding for the new service. A full time participation worker has been appointed for Buckinghamshire CAMHS to support this important work stream; additionally Youth Voice Bucks are actively working to raise mental health awareness in young people in Bucks. It is anticipated that these networks will enable further and wider reaching engagement with CYP with additional needs or high vulnerability.

The CAMHS Transformation Plan will be a 'live' document to be updated and developed over time with the involvement of stakeholders including children and young people.

This plan has been developed in partnership with:

- Children and Young People through the CAMHS CYP participation group,
- Emotional Wellbeing and Mental Health strategic group,
- Schools through the liaison teachers group meetings
- Stakeholders involved in the recommissioning evaluation process including parent representative, GPs, schools representative and social care
- NHS E specialist commissioners
- Health Youth Justice Board
- Oxford Health NHS Foundation Trust
- Public Health

Once established the CAMHS Stakeholder Group will provide a forum for gaining feedback and engaging stakeholder in developing plans.

The existing multiagency Emotional Wellbeing and Mental Health strategy group has been engaged in mapping services delivering emotional wellbeing and mental health support and identifying priorities. The action plan for this group is being updated to align with the transformation plans.

The CYP participation group have provided some initial thoughts on “What would a better service look like?” and commissioners will continue to work with CYP and other stakeholders to build outcome measures and indicators that demonstrate positive changes for those who use the service.

### **Promotion of the Buckinghamshire Transformation Plan**

The plans will be shared in an easy to read version through the websites for Chiltern CCG, Aylesbury Vale CCG and Bucks County Council, Bucks Family Information Service by 1<sup>st</sup> December 2015 with awareness raising through a variety of media across the providers, BCC and the CCGs.

## **7. Partnerships**

Children and Young People’s Mental Health services in Bucks have been jointly commissioned under a section 75 agreement across Bucks County Council and Chiltern and Aylesbury Vale CCGs (formerly Bucks PCT) since 2009. The budget includes contributions from Public Health and Social Care.

The new service that started 1<sup>st</sup> October 2015 sees Oxford Health Foundation Trust delivering the service in partnership with Barnados and BEAT charitable organisations.

Through the CAMHS recommissioning process excellent engagement with schools has enabled enhanced joint working and a successful bid for grant funding to support link workers across schools and CAMHS.

The CAMHS service has worked with the CCGs, A&E and schools to establish the Bucks Self harm pathway which span across the agencies. This project has been shortlisted for the Positive Practice in Mental Health Awards *in the categories of Commissioning in Mental health and Innovation in Child, Adolescent and Young People’s Mental Health*. Further investment from Chiltern CCG will see this project further developed to reach the children and young people in special schools in the south of the county.

The service is engaged in several partnership arrangements across agencies, which includes working with the police and social care in supporting the Early Help process and through the Multiagency Safeguarding Hub (MASH), a CAMHS worker within the Youth Offending Service (YOS).

In addition increased partnership arrangements will be developed through the allocation of CAMHS link worker to all schools in county and work has already begun in developing relationships with partners including school nurses, educational psychology, Time to Talk counselling service and the Buckinghamshire Youth Services.

## **8. Promoting equality and addressing inequality**

In order to ensure all young people with mental health needs are able to access a service, the single point of access will provide consultation, advice and signposting to ensure no young person with mental health needs is without support, guidance or advice. Referrals will be reviewed daily with a decision on further action to be taken made that day. In line with the Crisis Care Concordat, the specification gives a waiting time requirement that all emergency referrals will be seen within 24 hours of receipt unless medically indicated that this would be inappropriate, with an initial response expected within 4 hours. Waiting times for assessment for routine appointments is set at 95% within 6 weeks, with 90% within 4 weeks by the end of year 2, for those requiring intervention there is an expectation for intervention to start within 6 weeks of assessment, giving a total waiting time for referral to intervention of 12 weeks.

In order to increase equity of access for vulnerable groups there is a team for Looked After and Adopted children, a CAMHS practitioner with youth offending services, and specific pathways for young people with learning disabilities and those with neurodevelopmental disorders including autism and ADHD. Assessments and interventions will be offered at an increased range of venues, as requested by young people, where appropriate and safe to do so.

The service will look at ways to access hard to reach CYP, such as developing links with youth services, street triage, courts and custody suites, and the pupil referral units and will ensure wide publicity of the single point of access across agencies working with children and young people to raise awareness and promote equality of access.

The CAMHS minimum dataset will provide the ability to monitor demographics of service users to ensure equity of access.

There is an expectation that all intervention offered will be evidenced based and in line with NICE guidance where available and where guidance is not available intervention should be in line with best and evidence informed practice.

## **9. Investment and Spend**

The pooled budget for the CAMHS contract is £5,423,400 per annum. This is made up from contributions across Bucks County Council (29.5%) and Aylesbury Vale CCG (27.52%) and Chiltern CCG (42.98%).

Adult mental health services received additional funding through Parity of Esteem to facilitate the development of the Early Intervention in Psychosis, PIRLs and the perinatal pathway, which link across children's services.

Time to Talk Youth Counselling Service is commissioned by Bucks County Council with a budget of £270,000 per annum.

Resilience training is commissioned by Public Health at a cost of £58,000 per annum; this includes training, all materials to support delivery, emotional wellbeing conference and evaluation of the project. School staff are trained to deliver the resilience training programme in school.

In addition in 2014/15 NHS England spent £1,739,892 on tier 4 hospital admissions for NHS Chiltern CCG young people and £911,978 on NHS Aylesbury Vale CCG young People. This equates to a total of £2,651,870 for Bucks Young People.

Information with regards to Health and Justice spend for CAMHS is not currently available.

## 10. Workforce

The current CAMHS workforce is outlined below. This has been reviewed and remodelled to ensure appropriate skill mix to meet the needs of the new contract.

Subjective Desc	Sum of Total	Sum of Payroll WTE
Admin And Clerical Band 3	32,703	1.50
Admin And Clerical Band 4	173,260	6.45
Admin And Clerical Band 5	30,949	1.00
Barnados	851,407	31.00
Consultants	792,000	6.00
Dietician Band 6	20,482	0.51
Head of Service 8c	85,200	1.00
Nurse Band 6	188,212	5.16
Nurse Band 7	250,755	5.46
Nurse Band 8a	88,834	1.50
Occ Therapist Band 6	41,849	1.00
Primary MH Worker Band 5	19,070	0.50
Psychologist Band 7	72,419	1.50
Psychologist Band 8a	202,070	3.80
Psychologist Band 8b	119,129	1.80
Psychologist Band 8c	235,757	3.28
Psychologist Band 8d	102,270	1.00
psychotherapist B8a	24,874	0.43
Psychotherapist Band 7	45,343	1.03
Psychotherapist Band 8a	46,524	0.80
Psychotherapist Band 8b	123,970	1.81
Senior Manager Band 8a	120,715	2.00
Social Worker Band 6	265,975	6.70
Social Worker Band 7	119,358	2.50
<b>Grand Total</b>	<b>4,053,124</b>	<b>87.74</b>

The Time to Talk Service is delivered by approximately 6wte, who support a trained volunteer workforce of approximately 100 staff.

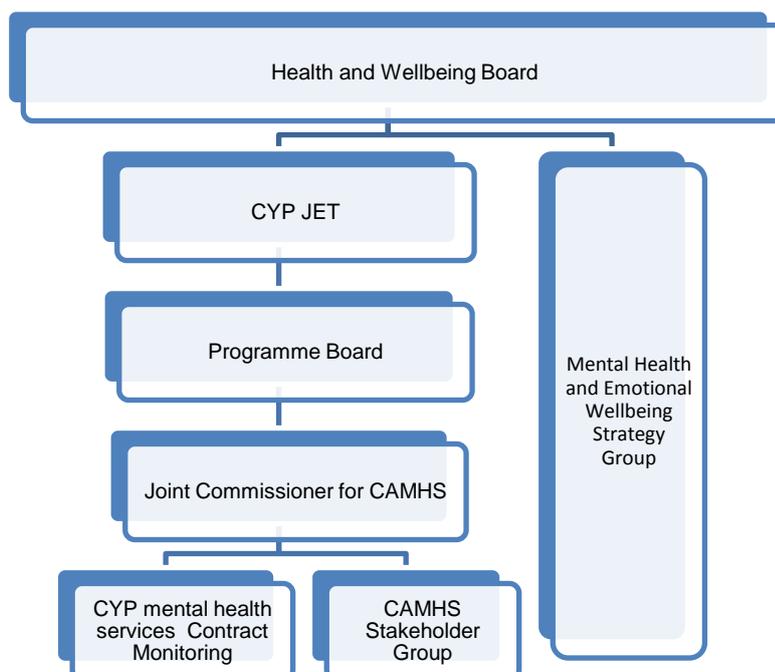
## 11. Governance

It is proposed that a dedicated joint commissioner for children and young people's mental health will be appointed to ensure sufficient leadership and oversight across the mental health pathways. This post will be funded across CYP and will be responsible for monitoring the delivery of the transformation and reporting through the CYP Programme Board and CYP JET to the Health and Wellbeing Board.

Reporting will be informed by:

- CAMHS monthly project group meetings attended by commissioners, which provide oversight and assurance of the progress towards the changes. It is tracked by an implementation plan and includes an active risk register.
- Monthly contract monitoring meetings, with quarterly meetings with Clinical leads for Children and Maternity services and Quality Leads in attendance. These meetings give the opportunity for greater focus on clinical and quality issues and developments. This is reflected in the monitoring requirements schedule (appendix 1c).
- Stakeholder feedback from the CAMHS Stakeholder group (to be established) and bi- annual survey
- Feedback from the Emotional Wellbeing and Mental Health strategic group

Any issues identified through monitoring are escalated through the Programme Board that meets monthly, with further escalation of issues to the CYP Joint Executive Team (JET) which includes representatives from the CCGs and BCC education, social care, youth services and Public Health. The Health and Wellbeing Board has delegated responsibility for oversight of the plans to CYP JET but will receive 6 monthly updates of progress.



## 12. Existing provision and New Service Model alignment with Future in Mind

A mapping exercise has been completed of current services and new CAMHS service model to identify areas for development to meet the ambitions set out in Future in Mind. See Appendix 2 Benchmarking against Future in Mind

Key examples from this are listed below:

- Perinatal pathway and 0-2 years Attachment (Reconnect) service
- Training offer to schools to enable them to deliver resilience training
- Guidance on use of independent counsellors has been developed and distributed to schools in line with IAPT guidelines
- Time to Talk youth counselling service
- Resource library and online advice to promote self-help and provide access to a range of mental health related information is being developed
- Link worker to all mainstream and special schools in county – this will be enhanced by participating in the Pilot project backed by NHS England
- Mental Health training modules to be offered to universal and targeted children's workforce such as school staff and GPs
- Single point of access offering consultative model with support and guidance as well as assessment – available Mon – Fri 8am -6pm
- Acceptance of self-referrals for 16-17year olds
- Provision of service model without tiers
- Specific Learning disability service and pathway
- Engagement in assessment and support for Special Educational Needs and Disability (SEND) Education, Health and Care plans (EHCPs)
- Local provision of service in schools, children's centres and GP practices and other locations as requested by young people where appropriate
- Use and further development of Apps and web based means of recording and monitoring progress and treatment including guided self help
- Established self-harm pathway with written guidance and training provided to all state secondary schools in county and close work with A&E departments
- Intensive outreach home and community crisis intervention service with extended hours over evenings and weekend.
- Enhanced and integrated services to Looked After and adopted children, designated team, designated practitioner to Youth Offending Service (YOS)
- Management of transitions to adult services and into/out of tier 4, in line with Buckinghamshire Transitions protocol (2015)
- Established and active member of CYP IAPT programme including delivery of evidence based practice, outcome measures and service user participation
- Appointment of full time participation worker to maintain and further develop CYP participation and establish CAMHS stakeholder group
- Quarterly partnership meetings of the Emotional Wellbeing and Mental Health Strategy Group with a written action plan for improving MH services for CYP
- Multiagency transition protocol written and agreed across organisations
- Partner agency in Bucks Multi-Agency Safeguarding Hub (MASH)

### 13. Priority areas proposed for further development and transformation

The areas identified for further enhancement and an estimated time frame for these are listed below. However it should be noted that service improvement plans will be based on active monitoring of the service including analysis of data and service user and stakeholder feedback.

#### Years 2015/16

- **Develop resources and skills in universal services to enable improved early support and advice for CYP with mental health concerns.**
  - Appointment of training coordinator to enable early establishment and roll out of mental health training programme (Psychological Perspectives in Education and Primary Care PPEPcare)
  - Mental health services to consider ways to promote “Five ways to wellbeing” CYP have suggested using videos to promote this.
  - Development of training module and provision of training on attachment alongside social care. Initially within targeted children’s centres and schools in areas with high levels of social care involvement. (In line with recent successful application for funds to work with vulnerable CYP).
  - Participate in pilot to develop link worker role across schools and CAMHS (in line with successful application for this pilot)
  - Ongoing development of resource library and online self-help resources.
  - Self harm training and pathway to be developed to cover special schools and those with autism.
  - Develop role of CYP in training and promotion including how to speak with young people
  - Develop support to colleges
  
- **Ensuring CYP in crisis have access to timely support to prevent/minimise escalation to more complex needs**
  - Ensure sufficient capacity across CAMHS and Early Intervention in Psychosis (EIP) service to meet the standards set for EIP
  - Ensure sufficient capacity to meet the demand for mental health services for young people with complex needs including those who self harm and those who have suffered sexual abuse
  - Link with Liaison and Diversion and street triage service, currently provided for adults and consider pathways and communication with regards to young people
  - Enhance the service to reduce admissions to tier 4 inpatient settings where possible and appropriate and enable robust step up/step down management of CYP in crisis.
  - Recruitment and training of staff for Eating Disorder Pathway, to enable this to be enhanced to ensure compliance with new guidelines Access and Waiting Time Standard for Children and Young People with Eating Disorder (July 2015)
  - Review pathways for CYP who have experienced sexual abuse/assault to ensure appropriate mental health support

- Appoint a commissioning officer to support the commissioning of health services for Looked after Children placed out of county and those requiring specialist interventions not available locally.
- **Continue to embed whole system working to ensure services delivering to CYP work together to meet the mental health needs of this group.**
  - Ensure any new contracts or changes to service specifications across the wider system will reflect the need for integrated working across the EWB and MH pathways
  - Time to Talk contract to be reviewed in line with recommissioning processes
  - Neurodevelopmental pathway is being reviewed across CAMHS and paediatricians with consideration of models used in other counties to ensure the needs of those with ASD or ADHD are met
- **Ensure sufficient capacity for project management, performance monitoring and assurance**
  - Dedicated commissioner for children and young people's mental health services
  - Dedicated project management and performance information capacity within provider

## **Years 2016/17**

Ongoing evaluation of service to enable planning for the future and ensure service remains fit for purpose - Right time, Right Place, Right Offer.

- **Ensure service compliance with national guidance**
  - Review perinatal mental health service against new guidelines once these are produced and develop to ensure compliance with NICE guidelines. Further develop and build on links with 0-2 years attachment service
  - Review 0-2 attachment service in line with NICE guidance
  - Establish and commence delivery of new Eating Disorder pathway
  - Development of recruitment and retention strategy and training needs analysis
- **Improved access to service**
  - Agree changes to neurodevelopmental pathway across the MDT
  - Review demands in the pathways to ensure capacity for effective delivery to support CYP including those hard to reach CYP such as those not in school
  - Enhanced link worker role (increased time allocation) to targeted secondary schools with high prevalence of need and offer of link worker to targeted independent schools in Bucks
  - Self-referrals accepted for 14 to 18 years
  - Waiting time standard of 90% of routine referrals seen within 4 weeks
  - Broaden training offer to youth workers and independent schools
  - Continue to build networks across agencies to collaboratively support Mental Health and Emotional Wellbeing of CYP.
  - Pilot dedicated Psychiatric consultant time into liaison with GPs
  - To evaluate possible extended hours of service

- CAMHS and AMH services to work together to consider transition service and to ensure service models complement each other to enable effective and safe transition to AMHS including those services for children with ASD and/or learning disability or ADHD
- Development of use of technology in appointment booking and reminders
- Complete review of pathways for CYP who demonstrate harmful sexual behaviour or have been subject to sexual abuse, to include referrals from/to sexual assault referral centres (SARC), RU Safe
- To work with specialist commissioning in reviewing access to Tier 4 in-patient provision and in any changes to commissioning arrangement such as for Forensic CAMHS services (FCAMHS).

### **Years 2017/18**

Ongoing evaluation of service to enable planning for the future and ensure service remains fit for purpose - Right time, Right Place, Right Offer.

- Review capacity released in T4 inpatient units with specialist commissioning following establishment of eating disorder service and enhanced intensive outreach provision ,
- Explore models for social prescribing for young people by primary care
- Ongoing development of technology and web based resources to include apps for self-help and reminders. Consider access to own electronic health record for CYP.
- Ongoing update further development of Apps
- Evaluation of single point of access and links to other service, with the view to potential developments of this.eg to include Children's Services, other therapies
- Seven day core service delivery to be established according to need

## 14. Planned spend against new funding allocation for Chiltern and Aylesbury Vale CCGs 2015/16

Allocations for NHS Chiltern and NHS Aylesbury Vale CCGs for 2015/16

	Chiltern CCG	Aylesbury Vale CCG	Total
Eating Disorders	£154,831	£98,352	£253,183
Further Allocation	£387,557	£246,186	£633,743
Total			£886,926

The service is an integrated service with a pooled budget. BCC is the lead agent for the section 75 arrangement and as such manages the budget income and expenditure across the CCGs and County Council. Whilst the contributions are different as detailed in section 8, the budget is managed as one.

The service has been successful in an application to pilot link worker training and support to 14 schools in county, with £70,000 NHSE funding matched by investment from BCC and CCGs through the recommissioning process.

An additional £100,000 has been awarded through the same scheme to deliver support to vulnerable CYP; this will be through the delivery of training in attachment to schools and children's centres.

The areas proposed for spend in 2015/16 are:

- Appointment of Training Coordinator to develop and manage the delivery of the universal and targeted workforce CYP mental health and emotional wellbeing training and ensure adequate publicity and collation of feedback.
- Establish dedicated ED service in accordance with evidence and guidelines
- To ensure self harm and crisis intervention services have sufficient capacity to provide early intervention and minimise admissions to tier 4 and to support the pathway into/out of Tier 4
- Appoint a psychiatric lead to support improved communication with the GPs across both CCGs.
- Dedicated capacity to the commissioning team to ensure adequate project management and oversight of service transformation and timely commissioning of services for Children with additional needs such as Looked After Children and those placed in residential therapeutic placements out of area.
- Additional capacity within the CAMHS service to ensure project management of transformation and performance monitoring

This additional support equates to approximately £883,000.

## 15. Appendices

**Appendix 1** - Provision of Targeted Tier 2 and Specialist Tier3, Child and Adolescent Mental Health Services in Buckinghamshire

**Appendix 1a** Needs assessment

**Appendix 1b** Service user and stakeholder feedback

**Appendix 1c** Monitoring Requirements

**Appendix 2** – Benchmark against Future in Mind (draft)

**Appendix 3** - Eating Disorder Pathway and assurance (draft)



Appendix 1 Bucks  
CAMHS SPEC 291114



Appendix 1a Needs  
Assessment Nov 2014



Appendix 1b CAMHS  
Service User and stakeholder



Appendix 1c  
Monitoring requirements



Appendix 2  
Benchmark against Future in Mind



Appendix 3 ED model  
across Oxon and Bucks

## Bibliography

- Future in Mind (March 2015)
- Tier 4 CAMHS Specification (2013/14)
- Model Specification for Child and Adolescent Mental Health Services: Targeted and Specialist levels (Tiers 2/3) (Dec 2014)
- Model Specification for Transition from CAMHS (Jan 2015)
- Supporting people with a learning disability and / or autism who have a mental health condition or display behaviour that challenges - draft service model (July 2015)
- Mental Health Crisis Care Concordat - Improving outcomes for people experiencing mental health crisis (Feb 2014)
- Buckinghamshire Crisis Care Concordat Action Plan
- Access and Waiting Time Standard for Children and Young People with an Eating Disorder (July 2015)
- DfE Guidance on Behaviour
- DfE Guidance on Counselling (March 2015)
- Five Year Forward View (Oct 2015)
- Achieving Better Access to Mental Health Service by 2020 (Oct 2014)