

**CONSULTANT IN CHILD AND ADOLESCENT PSYCHIATRY**  
Buckinghamshire Child and Adolescent Mental Health Service

10 Programmed Activities

**JOB DESCRIPTION**

**1. THE POST**

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|---------------------------|---|
| 1. Job Title:             | Consultant in Child and Adolescent Psychiatry, with the Neurodevelopmental Pathway. This post is a replacement post.  |
| 2. Working Hours:         | This post is for 10 PAs.  |
| 3. Salary:                | According to National Terms and Conditions.   |
| 4. Programmed Activities: | Allocation of programmed activities (PAs) will be in accordance with the Royal College of Psychiatry, the Department of Health and NHS guidelines. There are 7.5 PAs for direct clinical care and 2.5 PAs for supporting professional activities. The appointee should recognise that the style of delivery of mental health services is subject to revision in response to the National Service Framework, other national policy guidance and local commissioning decisions (see pages 4-6). The timetable and average numbers of hours spent each week on NHS duties will be in accordance with National Guidelines, and the Consultant job plan will be reviewed annually. |
| 5. Employing Trust:       | Oxford Health NHS Foundation Trust.   |
| 6. Reporting to:          | The post holder is clinically responsible to, and line managed by:<br>Associate Medical Director    Dr Joe Clacey<br>Clinical Director                Dr Tina Malhotra<br>Chief Medical Officer          Dr Karl Marlowe<br>Chief Executive                  Dr Nick Broughton  |
| 7. The Base               | The post holder will be based at the Sue Nichols Centre, Aylesbury. The Head of Service is Andy Fitton.   |
| 8. Secretarial Support    | Each Consultant has specific access to a dedicated named Secretary in order to meet the needs of the post, manage diaries, arrange CPA's and provide support with making appointments and typing. The exact secretarial allocation depends on the Consultants role and requirements of their supporting activities and is also subject to review at the same as job planning.   |
| 9. Terms and Conditions   | The post is governed by Medical and Dental Terms and Conditions of Service.   |

## **2. INTRODUCTION TO THE SERVICE**

### **A: OXFORD HEALTH NHS FOUNDATION TRUST**

#### **Overview**

Oxford Health provides a comprehensive range of mental health services to the populations of Oxfordshire and Buckinghamshire, and a number of Child & Adolescent and specialised services (e.g. Forensic, Eating Disorders) to adjacent counties and beyond. It also provides community services to the people of Oxfordshire. The Trust was created in April 2011 by the Merger of Community Health Oxfordshire CHO and the Oxfordshire and Buckinghamshire Mental Health NHS Foundation Trust.

The Trust's services are now organised and managed on the basis of four operational directorates: Oxfordshire, Swindon, Wiltshire and Bains Mental Health, Buckinghamshire Mental Health, Oxfordshire Community and Specialist.

Medical staff have contributed significantly to service developments, service redesign and efficiency programmes within the Trust, and to the related development of primary care mental health services. An active programme of organisational and service development is well under way. This supports coherent care pathways through primary care, secondary care and, when necessary, specialist clinical services and services provided by other agencies. Consultant psychiatrists are encouraged to contribute to this developmental work.

All consultant psychiatrists, senior clinicians of other professions, and clinical managers are encouraged to participate in integrated multidisciplinary leadership development programmes which support multidisciplinary team and inter-agency partnership working, and which are consistent with the "New Ways of Working" initiative (Royal College of Psychiatrists and National Institute for Mental Health [England]).

Oxford Health NHS Foundation Trust is a core partner of the Oxford Academic Health Sciences Centre. Research activity is a top priority for the Trust alongside high-quality service provision and education and training. The Trust is one of the most research active communities and mental health Trusts in the UK. Jointly with the Oxford University Hospitals NHS Trust, Oxford Health hosts a NIHR-funded Clinical Research Facility and an NIHR Collaboration for Leadership in Applied Health Research and Care.

#### **MANAGEMENT ARRANGEMENTS**

The Trust headquarters is at the Warneford Hospital in Oxford. The Trust's Chief Executive is Dr Nick Broughton and Dr Karl Marlowe is Chief Medical Officer.

The Children and Young Peoples service is managed jointly by the Service Director, Donna Clarke and the Clinical Director, Dr Tina Malhotra.

### **B: CAMHS SERVICES IN OXFORDSHIRE, BUCKINGHAMSHIRE, BaNES, SWINDON AND WILTSHIRE**

CAMHS services are provided across Oxfordshire, Buckinghamshire and Swindon, Wiltshire, Bath and North East Somerset. CAMHS are managed in a coordinated way across the counties, but with separate services in each of the counties, relating to the local authorities and clinical commissioning groups. CAMHS has established good quality working links with local authority partner agencies in all counties, paediatric departments and mental health services for adults, all of which have been reflected in CAMHS strategy agreements within

each county. Services for children with learning disabilities are integrated into CAMHS. CAMHS Services sit within the countywide mental health directorates, which is committed to always work in a way that respects, upholds and promotes children's rights, including the right to be protected from significant harm. These principles are embedded within strategy, operational and staff appointment procedures, as well as clinical governance arrangements.

## **C: CAMHS SERVICES IN BUCKINGHAMSHIRE**

### **Population needs in Buckinghamshire**

In Buckinghamshire the estimated population is 533,000 which is projected to increase to 551,000 by 2020. From this population, 90,824 children and young people are aged 5-17 years with a significant proportion under the age of 13 (23%) compared to 21.3% in England. The proportion of people from an ethnic minority group in Buckinghamshire is 12.8% which is lower than the rest of England (13.6%). Applying national prevalence estimates of 1 in 10 young people presenting with a diagnosable mental health condition, there would be approximately 9,082 young people who need mental health services in the county. The Joint Strategic Needs Assessment (JSNA) and surveys carried out on the mental health needs of young people, e.g. WAY survey of 15-year olds and school nursing health assessments, have found that children and young people in Buckinghamshire generally have better mental health compared to the rest of England with lower rates of emotional disorders, conduct disorders and hyperkinetic disorders. Admissions to hospital for mental health conditions/substance misuse or self-harm were also found to be significantly lower than the rest of England. Overall child mental health compares well to national figures, analysis of the data shows evidence of a social gradient and that some young people are at greater risk of mental ill health.

Despite mental health for young people in Buckinghamshire being generally better than the rest of England, there are vulnerable groups of young people within the county that require targeted services.

In the recent years, we have seen a significant increase in the number of children entering the care system from 458 to 512 with a predicted growth rate of 8%. The mental health of Looked After children in the UK is significantly poorer than that of their peers with almost half of children and young people in care meeting the criteria for a psychiatric disorder. In Buckinghamshire, 43.1% of Looked after Children who have completed Strengths and Difficulties Questionnaire (SDQ) scored over 17 indicating a cause for concern. Although it is noted that 3 out of 10 looked after children did not have a SDQ assessment so it is possible that this figure is higher than current estimates. In June 2018, 51% of Buckinghamshire's Looked after Children were currently placed out of county.

School exclusions and persistent absentees is an issue in the county and work has started in county to address this but needs to be explored further. The proportion of fixed term exclusions for primary school pupils in 15/16 was 1.3% which is higher than the England value of 1.2%. For secondary school pupils this was 5.0% of pupils which is better than the England average.

In 2016/17 14.0% of Buckinghamshire's secondary school enrolments were classed as persistent absentees; this was an improvement on 2015/16. It has been identified that for a number of young people poor attendance is due to anxiety related difficulties.

The mental health needs of young people who are NEET (not in education, employment or training) needs to be better understood.

The Child and Adolescent Mental Health Service in Buckinghamshire was recommissioned in 2014/15 with a new service model which started on 1st October 2015. The service is provided by Oxford Health Foundation Trust in partnership with Barnados and is jointly commissioned by NHS Buckinghamshire Clinical Commissioning Group (CCG) and Buckinghamshire County Council (BCC) under a pooled budget section 75 arrangement. The service model represents a significant transformation from the provision prior to 2015, and was based on assessment of the local needs, stakeholder feedback including Children and Young People (CYP), parent and carers and existing CAMHS staff. It embraces a whole system approach, promoting early intervention and prevention with the aim of reducing escalation of need and improving outcomes for children and young people.

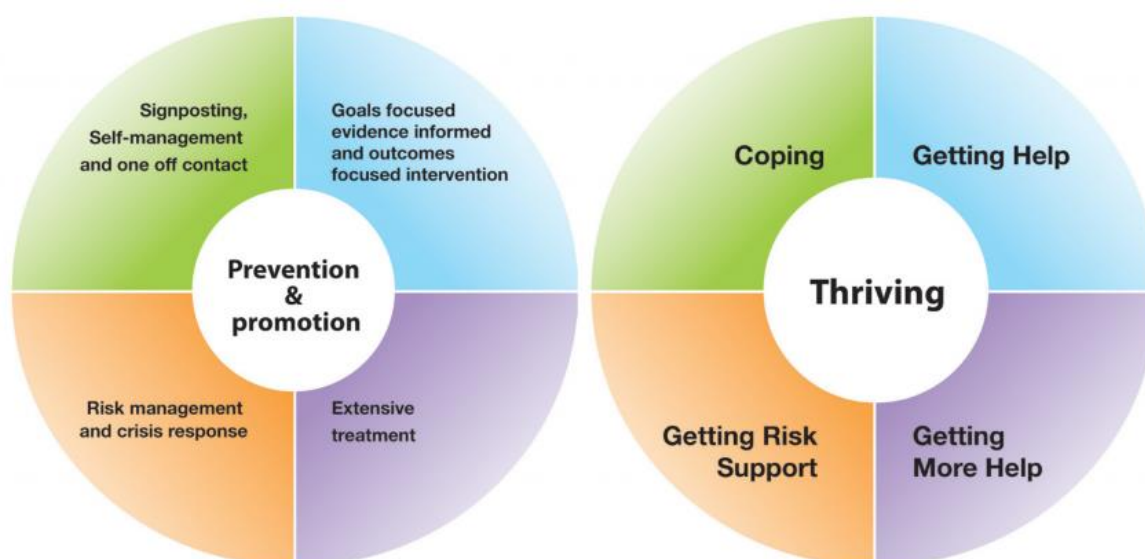
The model, based on The Balanced System Model, was developed by the provider to utilise the Thrive model, the outcome reflects many of the themes identified through Future in Mind with ongoing engagement with young people and stakeholders in developing the service.

### Service Model

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:

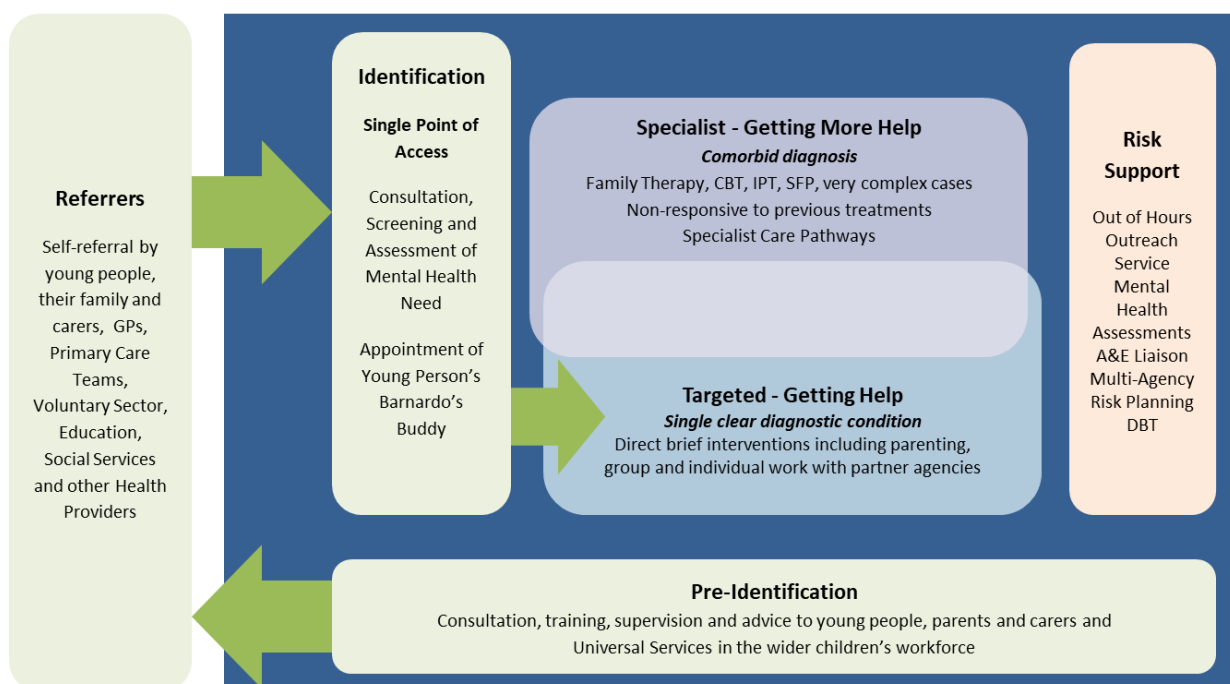
- a) those whose needs can be appropriately met at Tiers 1 and 2 receive the appropriate support and
- b) those whose needs require support at Tier 3 and beyond are able to access this quickly and efficiently.

This has been reflected in the delivery model which is based on the thrive approach, a model developed by The Tavistock and Portman NHS Foundation Trust (The Tavistock) and the Anna Freud Centre (AFC)



## D: CAMHS SERVICE AND PATHWAYS

The CAMHS service model is based on a number of pathways that offer consistency and specialty



### Single Point of Access including self-referral

In order to promote access to a service for all children and young people with mental health needs, the single point of access (SPA) provides consultation, advice and signposting to ensure no young person with mental health needs is without support, guidance or advice.

The SPA is open Monday to Friday from 8am to 6pm with clinicians in the SPA to review referrals daily with a decision on further action to be taken. 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.

Young People of 14 years and over are able to self-refer but no one phoning the Single Point of Access will be turned away without advice.

E- Referrals are now accepted through the CAMHS website.

From October 2016 to September 2017, 4814 referrals were received this is an increase of 12% from previous year and represents 53% of the estimated number of children and young people with a diagnosable mental health disorder in Buckinghamshire.

### Outreach Service for Children and Young people

The CAMHS Outreach Service for Children and Adolescents (OSCA) team evolved from the recognition that some young people needed improved access to mental health services, where a more flexible approach to engaging the young person and family can be taken. Such

families often require a more intensive package of treatment & care than can be routinely offered by other teams within CAMHS.

Team statement – *‘Supporting the mental health and emotional well-being of complex, vulnerable and high-risk young people and their families’.*

The OSCA team currently has four functions:

- Crisis and Home Treatment: typically used as an adjunct to existing care packages. Crisis offers a service to young people between the ages of 0 to 18, seven days a week, 24 hours a day within the Buckinghamshire area
- Assertive Outreach: focus on maintaining engagement with services and psychosocial support & interventions
- Dialectical Behaviour Therapy (DBT): a specific treatment for young people who may be experiencing heightened suicidal urges and self-harming behaviours and/or exhibiting signs of an emerging emotionally unstable personality disorder (EUPD); borderline type
- In-reach to and supported discharge from inpatient units

The staff team is made up of clinicians from nursing, psychiatry, psychology, social work and occupational therapy. As part of this, we also have specialist roles within the team including a Nurse Consultant/Lead for Deliberate Self-Harm, In-patient Liaison Lead and Social Care Consultant. These roles support the team to build up strong working relationships with partner agencies and providers as well as supporting the wider teams in CAMHS in specialist areas. In relation to hard to reach groups that the OSCA team sees; the team will see all young people who present to the local hospital in relation to an acute presentation and this is regardless of status, home address, or any other contributing factor.

### **Crisis service**

The Crisis service offers immediate support to young people out of hours 24/7 days a week. The team are trained in Dialectical Behaviour Therapy offering specialist skills in emotional regulation to reduce the risk of self-harm and suicide. There is 24/7 access to a consultant child and adolescent psychiatrist.

### **Psychiatric In Reach Liaison Service (PIRLS)**

The Psychiatric In reach Liaison Service (PIRLS) will assess young people over 16 years attending A&E at Stoke Mandeville Hospital and support their needs, referring to CAMHS as required.

### **Calm Suite (health based place of safety)**

During 2016 a calm suite was established at the Buckinghamshire adult inpatient site as an alternative health based place of safety. Difficulties in accessing Tier 4 inpatient and welfare secure beds for young people has meant that this has been used for longer than initially proposed for a number of young people. Social Care are developing an alternative provision that will be used as an assessment centre which is planned to be open by February 2019, it is proposed that the unit will have therapeutic mental health support integral to the unit.

### **Sexual Assault Referral Centres**

CAMHS have embedded practitioners within Social Care teams such as the Swan Unit that deals with young people who have been sexually exploited and SARC (sexual assault referral centre). By placing CAMHS practitioners within these teams, young people's mental health needs are identified at an early stage and the appropriate help given to young people with these difficulties which can range from eating disorders, to anxiety/depressive disorders or treatment for post-traumatic stress disorder.

### **Designated worker within the Youth Offending Service (YOS)**

CAMHS have an identified member of staff who works with the YOS to identify mental health support needs and to support young people who have entered the criminal justice system.

### **Substance Misuse Service**

Buckinghamshire has recommissioned the substance misuse service with a new contract due to start in October 2018. A specialist mental health worker provides a link into the service from CAMHS ensuring communication between the agencies and diagnostic needs can be addressed.

### **Early Help Panel**

The early help panel is a multiagency panel whose aim is to enable positive outcomes for children and families with complex issues, who require a co-ordinated multi-agency response. This is achieved by creating tailored plans that strengthen protective factors in the family and mitigate against risk factors. The panel aims to offer help and support to a family to prevent the need for statutory intervention.

The CAMH service supports the Early Help Panel process, chairing the panel, reviewing cases of those referred and accepting referrals or signposting as appropriate. The service is also linked to partnership arrangements across agencies including working with the police and social care in the Multiagency Safeguarding Hub (MASH).

### **Children and Adolescents who engage in Harmful Behaviours (CAHBS)**

The CAHBS service offers guidance and consultation to professionals, families and young people where there is a concern about that young person's sexual behaviour. During 2017/18 the service provided support and training in risk assessment and case formulation to colleagues in CAMHS, social care and the wider network. In addition, they work 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.

The service is part of Buckinghamshire Safeguarding Children Board's training agenda, providing sessions on sexual knowledge, harmful behaviour, risk assessment and formulation.

### **Forensic CAMHS**

The forensic CAMHS team is a specialist service for young people under 18 about whom there are mental health concerns and who show high risk behaviours towards others. Young people may or may not be in contact with the youth justice system. The service has strong links with many agencies working with young people both within the Thames Valley and beyond. It includes different professionals such as psychiatrists, psychologists and nurses and forms part of wider mental health services for children and young people (CAMHS).

### **Liaison & Diversion**

The Liaison & Diversion service works with young people under the age of 18 who are involved in offending behaviour or whom have come into police contact. Liaison and Diversion services identify people who have mental health, learning disability, substance misuse or other vulnerabilities when they first come into contact with the criminal justice system as suspects, defendants or offenders.

The service supports people through the early stages of criminal system pathway, referring them for appropriate health or social care support and enabling them to be diverted away from the criminal justice system into a more appropriate setting, if required.

The team offers consultation to professionals as well as individual assessments of young people. Its aims are to improve overall health outcomes for people and to support people in the reduction of re-offending. It also aims to identify vulnerabilities in people earlier on which reduces the likelihood that people will reach a crisis-point and helps to ensure the right support can be put in place from the start.

### **Street Triage**

Street Triage refers to a service where clinical mental health professionals accompany or assist police at incidents where the mental ill health of an individual gives rise to concern. The Street Triage Clinician assists in ensuring the best option for the individuals in crisis by offering professional advice on the spot, accessing health information systems, and helping to liaise with other care services to identify the support required. The service provides timely interventions and works to avoid unnecessary detention either in a police station or hospital. The Street Triage service supports Thames Valley Police (TVP) in managing any incident that may be related to mental health concerns and has no age restrictions. The hours of operation are 13.00hours to 24.15 hours.

### **Eating Disorders Service**

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

## **3. DETAILS OF THE POST**

This is a 10 PA Consultant post in Child and Adolescent Psychiatry in the Neurodevelopmental Pathway. This is a replacement post. This is based at the Sue Nichols Centre, Aylesbury but the role is countywide and may require clinical activity at other bases such as High Wycombe or Amersham

The Buckinghamshire Child and Adolescent Neurodevelopmental Pathway, was established as part of the newly commissioned service and provides several functions. The pathway carries out neurodevelopmental assessments for children and young people between the ages of 5 and 18. It also provides management of ADHD for children and young people in that age range. In addition, the pathway provides specialist support, through both consultation and direct work, for children and young people with complex combined neurodevelopmental and mental health presentations.

The various functions of the pathway are being expanded following recent investment, but is currently staffed by an experienced multidisciplinary team including:

- 3 x Consultant Child and Adolescent Psychiatrist (3.0 WTE including this post)
- Consultant Clinical Psychologist
- Clinical/Counselling Psychologist
- Senior Mental Health Practitioners
- Non-Medical Prescribers
- Speech and Language Therapists
- Occupational Therapists
- Assistant psychologists



- Barnardo's buddies

Core and Higher trainee doctors also undertake training placements in the Buckinghamshire Neurodevelopmental Pathway.

Working hours are from 9 – 5 weekdays, with flexible out of hours working for specific tasks.

The Consultant appointed will have equally divided responsibility with their psychiatric colleagues and work with a multi-disciplinary team (MDT).

#### Workload

A workload assessment is undertaken during the job planning process at a team and individual level. If there are concerns regarding workload outside of these pre-planned activities then the respective consultant should make contact with their line manager to discuss further and make the necessary adjustments

## 4. SECRETARIAL SUPPORT AND OFFICE FACILITIES

The post is based at the Sue Nichols Centre, Aylesbury. The post holder will have specific access to the admin support. The consultants have an office for own use and a networked computer and mobile phone.

## 5. RESPONSIBILITIES OF THE POST HOLDER

The Consultant Psychiatrist will have the following responsibilities:

### Clinical Responsibilities

- Developing an active leadership role in the multi-disciplinary Child and Adolescent Mental Health Services (CAMHS), in conjunction with the teams' manager and other senior staff.
- The diagnosis, management and treatment of children, adolescents and families. The Consultant will carry medical responsibility only for those patients on his/her own caseload and that of medical staff under his/her care.
- The Consultant is expected to provide clinical leadership and collaborate in systems of supervision and care management within the teams. Consultants leadership development is a priority within the directorate and consultants are encouraged to take on leadership roles and work closely with team managers to ensure team cohesion and quality services.
- The Consultant is required to work in conjunction with wider clinical leadership within the directorate- the Service managers, Head of Service and Medical Lead/AMD within CAMHS and the Clinical Director and Service Director for the wider directorate.
- The Consultant and team will support the single point of access for all appropriate referrals.
- The multidisciplinary teams, with the post holder and other Consultant Psychiatrists will endeavour to assess all emergencies referred to them within the day of referral. When necessary this will include responsibility for Mental Health Act assessment of patients.
- The Consultant Psychiatrist will work in partnership with the multidisciplinary teams for the clinical management of patients in relation to the care programme approach (CPA). This will include risk assessment, the assessment of the needs of carers, and the development of services to meet the needs of patients and families for which the teams are responsible.

- To liaise with Community Paediatricians, Adult Mental Health and other agencies dealing with the same population, such as Education, Social Services and Primary Care where children or adolescents may be treated.
- To support and develop Community Mental Health services for patients and their carers in the catchment area. The Consultant Psychiatrist will work with other Mental Health Practitioners, and other relevant agencies in the shared management of patients. He/she will be encouraged to develop services in line with the recommendations of the National Service Framework/NHS Plan modernisation programme.
- The Consultant will share responsibility for the effective use of inpatient beds when necessary, ensuring prompt admission and discharge of patients from his/her catchment area.
- Special clinical interests with the agreement of the Clinical Director and Consultant colleagues within the locality, the post holder may develop a specialist clinical interest which contributes to the priorities of the service of which the Consultant is part.

### **Governance**

- The consultants are expected to contribute to clinical governance and take responsibility for setting and monitoring standards of care and service provision.
- Clinical audit: Consultants are expected to participate actively in clinical audit, selecting relevant subjects for audit and supporting junior medical staff and members of the multidisciplinary team in undertaking and presenting relevant audit projects.
- The consultant will participate in service/team evaluation and the planning of future service developments.
- Consultants are expected to engage in local governance structure.
- Provide timely written correspondence to relevant professionals documenting assessments, on-going management, progress, and eventual discharge using Trust IT and clinical records system – training will be provided where needed. Completion of CPA documentation when necessary.
- Contribute to the collection of data as required by the Trust and other relevant agencies. This includes the timely recording of clinical activity data, and participation in clinical audit with appropriate administrative support.
- Attend most regular directorate managerial meeting as necessary, particularly Joint Consultant Committee, Medical Staff Committee and Directorate/Managerial liaison meeting

## **6. CONTINUING PROFESSIONAL DEVELOPMENT**

- All new consultants are required to access mentorship. The Associate Medical Director/Clinical Director will approve the mentorship arrangements and can make recommendation of a mentor if necessary.
- The Trust expects all consultants to engage in Continuing Professional Development (CPD). Each consultant has a duty to remain in good standing with the Royal College of Psychiatrists for CPD, and to ensure that they are able to fulfil the GMC's requirements for revalidation.
- All consultants have a duty to engage in supervision, in line with the Trust's supervision policy. This includes regular attendance at a peer supervision group. The appointee will be expected to approach colleagues and make arrangements for this. There are a several active peer supervision/CPD groups within the trust and the AMD can support in accessing these. There is also regular monthly Bucks specific peer supervision with all Bucks CAMHS consultant colleagues.
- Special clinical interests: with the agreement of the Clinical Director and clinical colleagues, the post-holder may develop a specialist clinical interest which contributes to the priorities of the service of which the consultant is part.
- The appointee will be entitled to study leave (up to 30 days over 3 years) and expenses according to the Trust's (currently £1800 over 3 years), in line with national terms and conditions of service.

## **7. TEACHING AND TRAINING**

The Trust is committed to high quality teaching and training for medical students, post graduate trainees in psychiatry, and staff of other professions. The Consultant will take responsibility for:

- Providing clinical and educational supervision for junior doctors and other clinic staff where appropriate.
- The teaching of medical students in relations to Child and Adolescent Psychiatry. This includes direct teaching of students attached to the Consultant team in community settings, and support for other members of the team who teach the students. This will be a priority activity for the appointed Consultant.
- The clinical supervision and appropriate educational supervision for the ST 1-4 (Specialty Doctor Grade Psychiatrist) working with the SMHT, as well as ST 4-6 (Specialist Registrars) when placed with the Consultant appointed, if approved. Approval for ST 1-6 trainer can be sought after 1 year in a Consultant post.
- Contributing to the multidisciplinary development and training of staff of other professions who are working with the community and inpatient teams.
- Contributing to agreement to the provision of training and support to staff of other relevant agencies, including Primary Health Care teams, voluntary sector mental health groups and counselling agencies.

## **8. GENERAL DUTIES**

The consultant will be expected to:

- Participate in and attend the local training programme for junior doctors.

- Participate in annual appraisal for consultants. The Responsible officer is Dr Karl Marlowe. An appraiser will be allocated by the trust appraisal and revalidation department.
- Maintain professional registration with the General Medical Council, Mental Health Act Section 12(2) approval, and to abide by professional codes of conduct.
- Participate annually in a job plan review with the clinical manager, which will include consultation with a relevant manager in order to ensure that the post is developed to take into account changes in service configuration and delivery associated with modernisation.
- Work with local managers and professional colleagues in ensuring the efficient running of services, and share with consultant colleagues in the medical contribution to management.
- Comply with the Trust's agreed policies, procedures, standing orders and financial instructions, and to take an active role in the financial management of the service and support the medical director and other managers in preparing plans for services.

## 9. RESEARCH

All consultants are expected to contribute to the Trust's research and development programme (Director of R&D Professor John Geddes) by supporting the R&D projects/commitments of others, for example by recruiting patients to relevant studies. Oxford also provides an excellent environment for the development of personal research interests and the Trust is keen to support consultants in undertaking high quality research as a principal investigator in their own right.

The Trust hosts or collaborates with a wide range of research infrastructure:

NIHR Oxford Health Biomedical Research Centre

In September 2016, a partnership between Oxford Health NHS Foundation Trust and the University of Oxford was awarded £12.8M to support a new NIHR Biomedical Research Centre (BRC; Director Prof John Geddes) focused on mental health and dementia.

The BRC builds on the existing excellence of the two partner organisations. The University of Oxford has been rated as the world's best university for clinical, pre-clinical and health subjects for the past 5 years (2011-2016 THE World University Rankings), top ranked in the Research Excellence Framework 2014 for research quality in Psychology, Psychiatry and Neuroscience and third highest University in the areas of mental health and dementia in the RAND report commissioned by NIHR in 2015. Oxford Health NHS Foundation Trust was the top ranked mental health Trust in the Mental Health Highlight Area in the NIHR RAND report

The new BRC provides the infrastructure required to translate cutting-edge scientific developments into real benefit for patients. The BRC will be launched in April 2017 and will run for five years. It will work closely with its established sister BRC, a partnership between the University and Oxford University Hospitals NHS Foundation Trust.

The NIHR Oxford Health BRC is structured into themes that build on the University and Trust's existing strengths. There are three research themes: Adult Mental Health (led by Prof Paul Harrison), Older Adults and Dementia (led by Prof Clare Mackay), and Precision Psychological Treatments (led by Prof Anke Ehlers). These research themes are supported by three cross-cutting themes, which reflect common research approaches. These are Neuroimaging and Cognitive Neuroscience (led by Prof Kia Nobre), Informatics and Digital Health (led by Prof Simon Lovestone), and Experimental Medicine (led by Prof Catherine Harmer). The BRC funding will allow us to strengthen and expand these existing links and to ensure that they are well-integrated with the Trust's clinical services.

Ultimately, the goal is to align and co-locate research and clinical services on the Warneford site within a Brain Health Centre. By doing this, we can ensure that patients and their families are maximally engaged with research, and that basic science findings are translated into patient benefit as quickly and efficiently as possible.

In addition to the main research and cross-cutting themes, the BRC funding also provides substantial support to allow us to enhance our training (led by Assoc Prof Liz Tunbridge) and public-patient involvement - PPI - (led by Prof Ilina Singh).

The NIHR Oxford Health BRC provides the Trust with a great opportunity to speed the translation of our excellent basic science into meaningful benefits for patients and the wider public, and to ensure that research is fully embedded within the Trust's clinical services.

NIHR Oxford CLAHRC, hosted by Oxford Health NHS FT 2014-2019 has a strong emphasis on mental health and primary care. Across 2015 it has funded 32 projects, 8 Academic Clinical Fellows in Psychiatry and Primary Care and 4 DPhils. It has achieved 30 impact publications, including 4 in The Lancet, and had 2 case studies published in NIHR annual report 2014/15, including economic evaluation of Early Intervention in Psychosis services.

NIHR Clinical Research Network: Thames Valley and South Midlands. We work very closely with CRN - the Director is Belinda Lennox, based in Psychiatry. The LCRN is a highly performing network recruiting 41,891 participants into portfolio research 2015/16. The LCRN is currently the 2nd highest recruiting network in terms of recruitment per head of population (2nd of 15 Trusts) and OH is the 2nd highest recruiting Mental Health Trust in England with 2,475 recruits (2nd of 52 Trusts). The proportion of commercial contract studies recruiting to time and target is 68% (5th nationally). Currently Division 4 (MH) is achieving 75% time to target achievement for closed commercial studies February 2016. 1365 participants were recruited into Dementia studies 2015/16, including 92 (6.7%) via Join Dementia Research. LCRN provide cross infrastructure training to support clinical research, including: training in GCP, Fundamentals of Clinical Research Nursing, lets talk trials, valid informed consent, DeNDRON rater training, PANSS rater training.

The Trust welcomes applications from appropriately qualified clinicians who would like to work with the BRC, CLAHRC or CRN as part of their agreed job plan.

Trust has recently set up a Centre for Patient Safety and Quality. There will be opportunities for medical input into this Centre.

## **10. EXTERNAL DUTIES AND RESPONSIBILITIES**

The Trust actively supports the involvement of the consultant body in regional and national groups subject to discussion and approval with the medical director and, as necessary, the chief executive officer.

## **11. PROVISIONAL JOB PLAN AND TIMETABLE**

Post holder will work 10 programmed activities over 5 days. The overall split of the programmed activities is 75% to be devoted to direct clinical care and 25% to supporting professional activities (as per the Royal College of Psychiatrists recommendation). The timetable is indicative only. A formal job plan will be agreed between the post holder and associate medical director or clinical manager three months after commencing the post and at least annually thereafter.

**(Timetable example – to be negotiated)**

	Morning (09.00 - 1.00)	Afternoon (1.00 - 5.00)	DCC	SPA
Monday	Assessments	Follow Ups	2	
Tuesday	Assessments	Follow Ups	2	
Wednesday	SPA	Duty/ Admin	1	1
Thursday	SPA/Admin	Team meetings	1.5	0.5
Friday	Assessments/Follow ups	SPA	1	1

The above Job Plan is a starting point. Oxford Health is an ambitious Trust dedicated to innovating, evaluating and implementing new treatments, procedures and services. As such we particularly welcome applications from clinicians who would like to negotiate dedicated PAs for clinical leadership, research, training or other areas of special interest.

Formal job planning will be carried out after starting in post in conjunction with the Medical Lead and according to the Oxford Health Job Planning Policy

## 12. ON CALL AND COVER ARRANGEMENTS

- Consultant will participate in the CAMHS on-call Consultant rota for Child Psychiatry. The on-call Consultant rota for Oxfordshire and Buckinghamshire, approximately 1 in 21 with prospective cover (A band 3 % allowance). The rota runs from 5pm – 9am weekdays and all day/night for weekends and bank holidays. OOH psychiatric assessments in general hospitals, police stations and the Adolescent unit may be requested. OOH referrals are made through the Trust's Single Point of Access in each county.
- To provide reciprocal cross cover for Consultant Psychiatrist colleagues in CAMHS for annual leave, unplanned leave and for short term sickness etc, and in the normal working week to ensure that:
  - Each Consultant has protected time for Continuing Professional Development and other agreed activities.
  - A Consultant is available during office hours for psychiatric emergencies. Mental Health Act assessments and other necessary consultation.
- Cross cover with Consultant colleagues will be arranged on an equal basis and endorsed by the Clinical Director.
- Urgent and emergency clinical work is undertaken by the whole multi-disciplinary team, including the Consultant, during normal working hours. The Consultant provides senior medical cover, together with the other Consultants for the sector/service.

## 13. MENTAL HEALTH SERVICES IN BUCKINGHAMSHIRE AND OXFORDSHIRE

The total populations served by the Trust are 533,000 in Buckinghamshire and 630,000 in Oxfordshire. Both counties are regarded as prosperous with relatively low socio-economic deprivation and associated morbidity indices. However, this general picture disguises significant pockets of deprivation and associated psychiatric morbidity in the urban centres of Aylesbury and Wycombe in Buckinghamshire, and of Banbury, Bicester, Didcot and Oxford in Oxfordshire. In each of these urban centres are populations characterised by relative socio-economic deprivation and higher psychiatric morbidity.

These include ethnic minority communities and significant numbers of refugees in some settings.

Inpatient psychiatric facilities for Oxfordshire are provided in Oxford City at the Warneford Hospital (two acute adult wards, regional adolescent unit, and specialist adult eating disorders inpatient unit), 2 Older people wards and at the Littlemore Mental Health Centre (adult acute ward, psychiatric intensive care unit, medium and low secure forensic mental health units) on the southern edge of Oxford City. Community mental health teams for children and young people, adults, and older people operate from Oxford City and a number of the market towns in Oxfordshire.

Inpatient psychiatric facilities in Buckinghamshire are provided currently in Aylesbury at The Whiteleaf Centre, which opened in February 2014, (two acute adult wards, one rehabilitation ward, one ward for older people and a low secure forensic unit), Sue Nichols Centre (CAMHS) and at the general hospital site in Milton Keynes (medium secure forensic unit). Community teams operate from sites in Aylesbury, Amersham and Wycombe.

The Trust provides community Child and Adolescent Mental Health Services (CAMHS) in Swindon, Wiltshire and NE Somerset, and there is an inpatient adolescent unit in Swindon.

#### **14. UNIVERSITY LINKS**

Oxford Health, with Oxford University Hospital NHS FT, Oxford University and Oxford Brookes University is a core partner of the Oxford Academic Health Sciences Centre (AHSC).

The Oxford University Department of Psychiatry comprises a world-leading group of investigators. Expertise within the Department spans the full basic to clinical spectrum and includes pre-clinical research into disease mechanisms, neuroimaging, epidemiological studies, psychopharmacology, forensic psychiatry, experimental medicine, clinical trials, and psychological therapies research. The Department holds a range of major research funding, including four current Wellcome Trust Strategic Awards, and Wellcome Principal and Senior Fellows. The Department is an integral part of Oxford Neuroscience, and as such is closely integrated with the wide range of research – from genetics to systems and clinical neuroscience - in the University. Our emphasis on teaching is highlighted by the fact that Oxford is rated the top medical school in the world in the latest THES ratings, and Psychiatry is rated by students as being the best specialty rotation on the course. Oxford medicine was the highest rated undergraduate course in medicine in the National Student Survey 2013, and indeed the highest rated of any undergraduate course in any subject area in the UK, with 99% satisfaction. Oxford has a track record of encouraging medical students to pursue psychiatry as a career, with 7% of graduates citing psychiatry as their first choice career, equal highest of any UK medical school. Oxford has a superb track record of preparation for practice, with the highest marks in postgrad exams of any UK medical school.

There are unparalleled opportunities for candidates with strong academic track records to negotiate combined academic and clinical roles. Interested candidates should contact Professor John Geddes.

Oxford University accredits a Doctoral programme in Clinical Psychology. Oxford Brookes University and Luton University host well-established courses in mental health nursing, social work occupational therapy, and psychotherapy.

Because Oxford Health is a teaching and research Trust, the Consultant appointed to this post will be expected to play an active role in teaching medical undergraduates and postgraduates. Postgraduate medical training is achieved through both didactic teaching in the Oxford University MRC Psych courses and potentially through educational supervision of trainees at foundation and specialist training (ST1-6) levels. The Consultant may also contribute, directly and indirectly, to the training of students and qualified staff in other mental health professions.

**15. GENERAL**

- The successful applicant will be required to maintain registration with the General Medical Council and may be required to undergo a medical examination prior to taking up the post.
- Three referees are required, one of which should be from the Clinical or Medical Director relating to the applicant's current appointment. The Trust reserves the right to seek a reference from any former employer.

**16. CONTRACT AGREEMENT**

The post will be covered by the terms and conditions of service for Hospital Medical and Dental staff (England and Wales) as amended from time to time. Contracts have been agreed with the BMA local negotiators, but individuals may wish to discuss this further before acceptance.

**17. DATE WHEN POST IS VACANT**

The post is vacant now.

**18. INQUIRIES AND VISITING ARRANGEMENTS**

Dr Joe Clacey, CAMHS Associate Medical Director, Buckinghamshire Mental Health Directorate, 01865901337.

Dr Tina Malhotra, Interim Clinical Director, Buckinghamshire Mental Health Directorate, 01865901337.

Donna Clarke, Service Director, Buckinghamshire Mental Health Directorate, 01865901337.

Andy Fitton, Head of Service, CAMHS, 01865901337

**19. Approval of this job description by the Royal College of Psychiatrists**

This job description and person specification was approved by the Royal College of Psychiatrists' regional advisor on 23/09/2020. (Only changes staff names and some service details since this date)



## PERSON SPECIFICATION / SELECTION CRITERIA

### Post: Consultant in Child and Adolescent Psychiatry

Requirements	Essential	Desirable
<b>Qualifications/Training</b> a) What professional qualifications are needed?  b) What general provisional training is needed?	<ul style="list-style-type: none"> <li>Eligibility for Section 12 (Mental Health Act 1983) Approval and Approved Clinician status.</li> <li>Eligible for Inclusion on the GMC Specialist Registrar in a psychiatric speciality; OR within six months of achieving registration at the time of interview.</li> </ul>	<ul style="list-style-type: none"> <li>Higher degree/diploma or equivalent in relevant field of medical or psychological studies.</li> <li>Higher specialist training in Child and Adolescent Psychiatry in approved training post for a minimum of three years and/or previous consultant experience.</li> <li>Sub-specialty or other specialist clinical training relevant to post.</li> <li>Membership or Fellowship of The Royal College of Psychiatrists</li> </ul>
<b>Experience</b> a) What work experience is needed?	<ul style="list-style-type: none"> <li>Excellent knowledge in Child and Adolescent Psychiatry.</li> <li>Experience of effective multidisciplinary team working.</li> </ul>	<ul style="list-style-type: none"> <li>Application of evidence-based practice and interest in clinical and policy developments for this care group.</li> <li>Development of multidisciplinary teamwork, close</li> </ul>

	<ul style="list-style-type: none"> <li>• Experience of effective multiagency partnership at work.</li> <li>• Experience in management of children and young people with complex needs spanning multiple agencies, with emerging personality disorders, conduct and behavioural problems.</li> <li>• Experience and familiarity with UK health systems and CAMHS services</li> <li>• Ability to undertake full range of Consultant responsibilities.</li> </ul>	<p>collaboration with Primary Care services, and working with a multiagency approach, including education, health and social care.</p> <ul style="list-style-type: none"> <li>• High training placement in Adolescent Psychiatry.</li> </ul>
<p><b>Skills and Knowledge:</b></p> <p>a) Leadership skills</p> <p>b) Organisation/Management Skills</p>	<ul style="list-style-type: none"> <li>• Ability to work within a collaborative multidisciplinary framework, and to share leadership responsibilities with senior colleagues of other professions. The ability to assume a medical leadership role within the team and to work closely with senior managers to implement trust objectives</li> <li>• Ability to understand how organisations work most effectively.</li> <li>• Commitment to multiagency partnership</li> <li>• Ability to promote effective team working</li> <li>• The ability to prioritise workload and</li> </ul>	<ul style="list-style-type: none"> <li>• Relevant experience of administrative and management role or senior medical staff.</li> </ul>

<p>c) Communication skills</p> <p>d) Teaching</p> <p>e) Personal attributes</p>	<p>respond in a timely, flexible manner to requests for consultation from colleagues</p> <ul style="list-style-type: none"> <li>• The ability to use electronic records and diaries</li> <li>• Clinical audit.</li> <li>• Must have excellent skills in communication with patients, relatives/carers, colleagues and staff of other organisations.</li> <li>• Experience of Undergraduate and postgraduate medical teaching.</li> <li>• Must be skilled in professional collaboration.</li> <li>• Experience in supervising basic level psychiatric trainees</li> <li>• Must have an interest in and commitment to Child and Adolescent Psychiatry.</li> <li>• Honesty and integrity</li> <li>• Flexibility to cope with service change and demanding clinical challenges</li> </ul>	<ul style="list-style-type: none"> <li>• Teaching qualification.</li> </ul>
<p><b>Other Requirements</b></p> <p>a) GMC Registration</p> <p>b) transport</p>	<ul style="list-style-type: none"> <li>• Full registration</li> <li>• Meet specifications set out in the GMC</li> <li>• Independently mobile to travel between base and clinic sites</li> </ul>	<p>.</p>

