

**Wiltshire Council**

**Children's Select Committee**

**October 25th 2022**

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**Update on Child and Adolescent Mental Health Services provided by Oxford Health NHS Foundation Trust**

**Executive summary**

This paper provides an update on the provision of Child and Adolescent Mental Health Services (CAMHS). This element of the paper focuses on the Wiltshire Local Authority commissioning of targeted and specialist CAMHS provided by Oxford Health NHS Foundation Trust (OHFT). It includes context, history, provision and outcomes. It should be noted that Oxford Health remain in a national critical IT incident in relation to access to their electronic patient administration system. This is currently impacting on the availability of information and data.

**Proposal**

That the committee:

- a) Note the update

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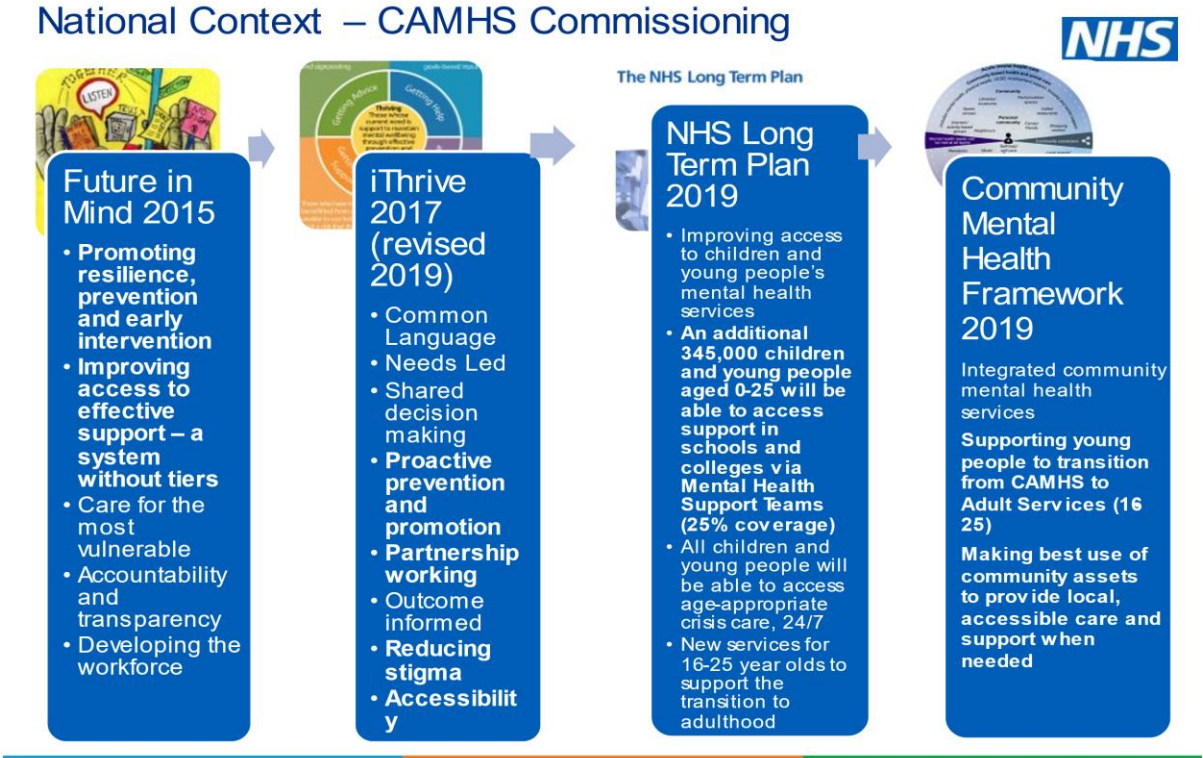
**Update on Children and Young People’s Mental Health**

**Purpose of report**

This report provides an update on the provision of Child and Adolescent Mental Health Services (CAMHS). It focuses on the provision part-funded by Wiltshire Local Authority with Oxford Health NHS Foundation Trust (OHFT) whilst also providing local and national context.

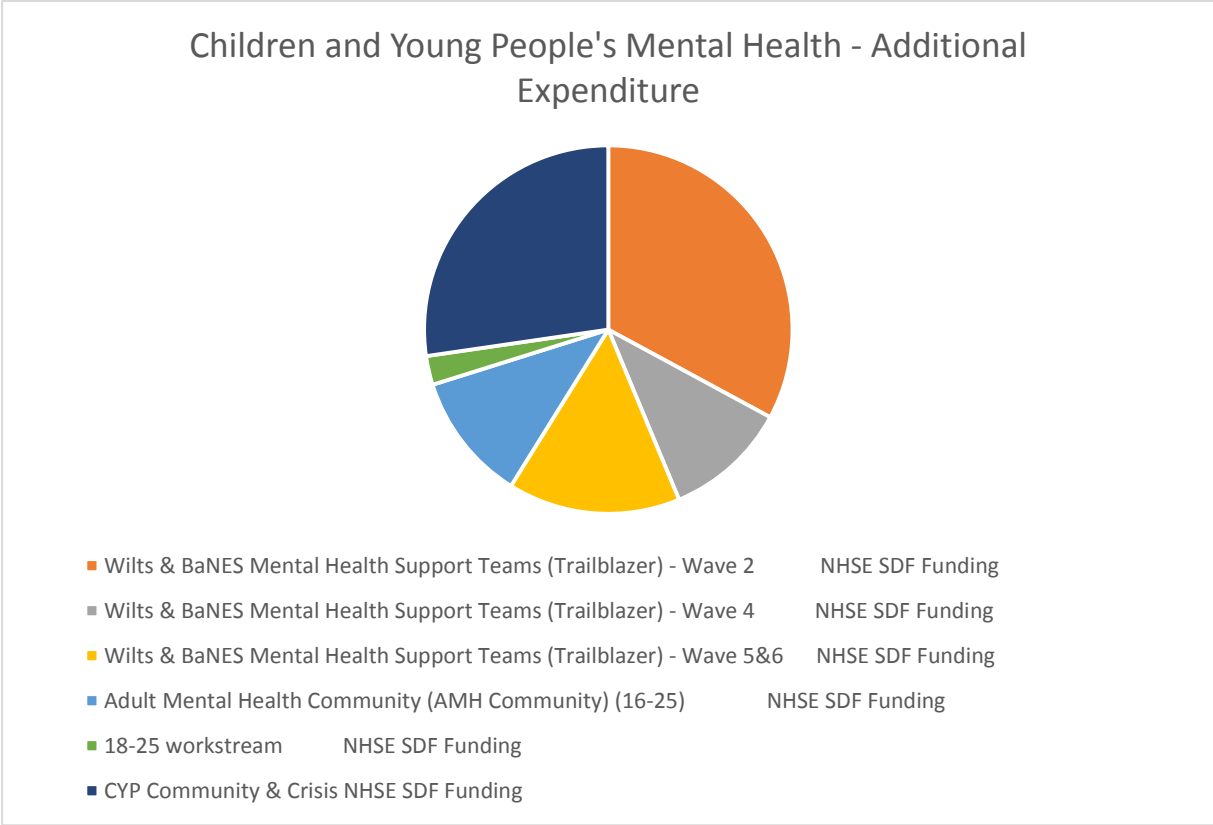
**1. Background**

The provision of children and young people’s mental health remains a local, regional and national priority. National policy changes in the last 5 years have reinforced the need for systems to provide earlier and increased access to evidence based treatment and interventions, as well as delivering new models of care that avoid fragmentation and ‘cliff edges’ in care pathways. These are summarised in the diagram below:



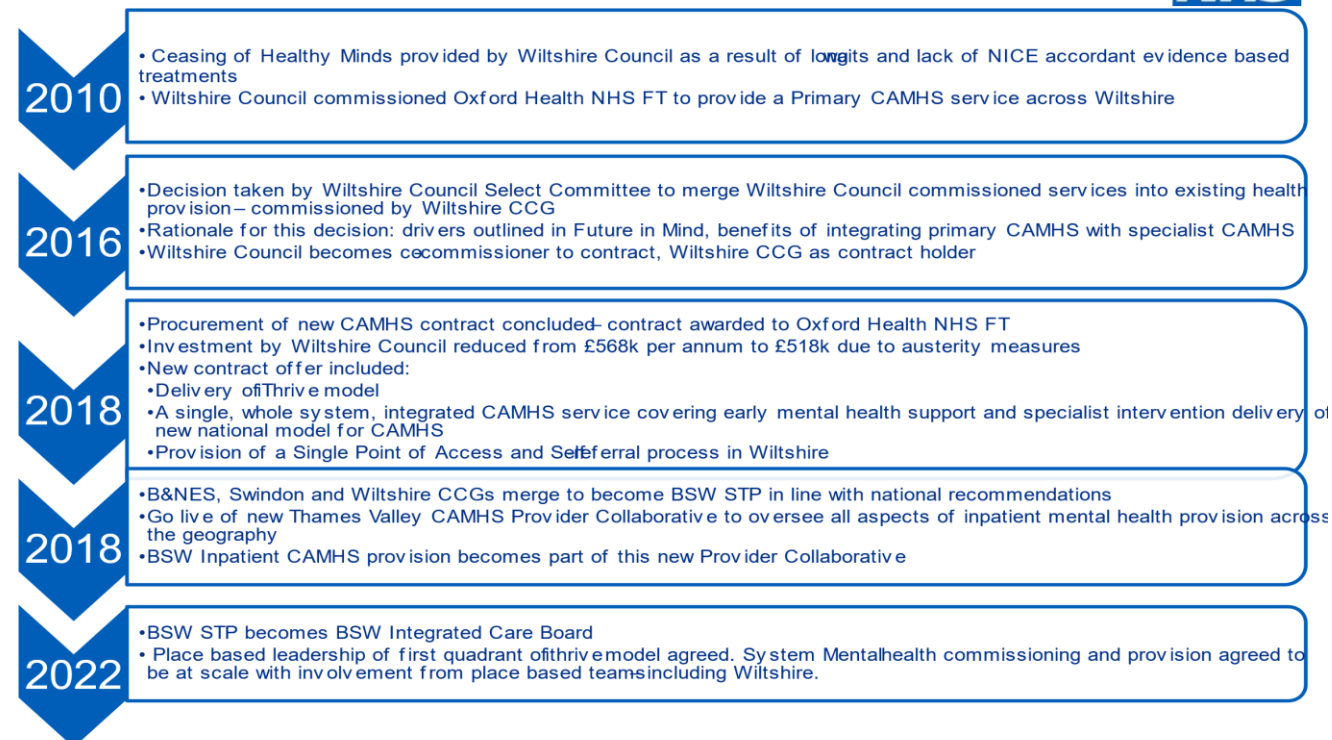
BSW Integrated Care Board (ICB) currently spends £19.24m on CAMHS services including CYP eating disorder services.

Of this £19.24m, £5.5m is allocated to Wiltshire services, with then further investments on top for specific service lines as outlined in the diagram below:



Mental Health Support Teams in Schools are commissioned against a national specification, with limited flexibility for local adjustment. Wiltshire Council provides £518k per annum to support children and young people’s mental health services.

The diagram below details a short history of the commissioning arrangements for Wiltshire in relation to the OHFT contract.



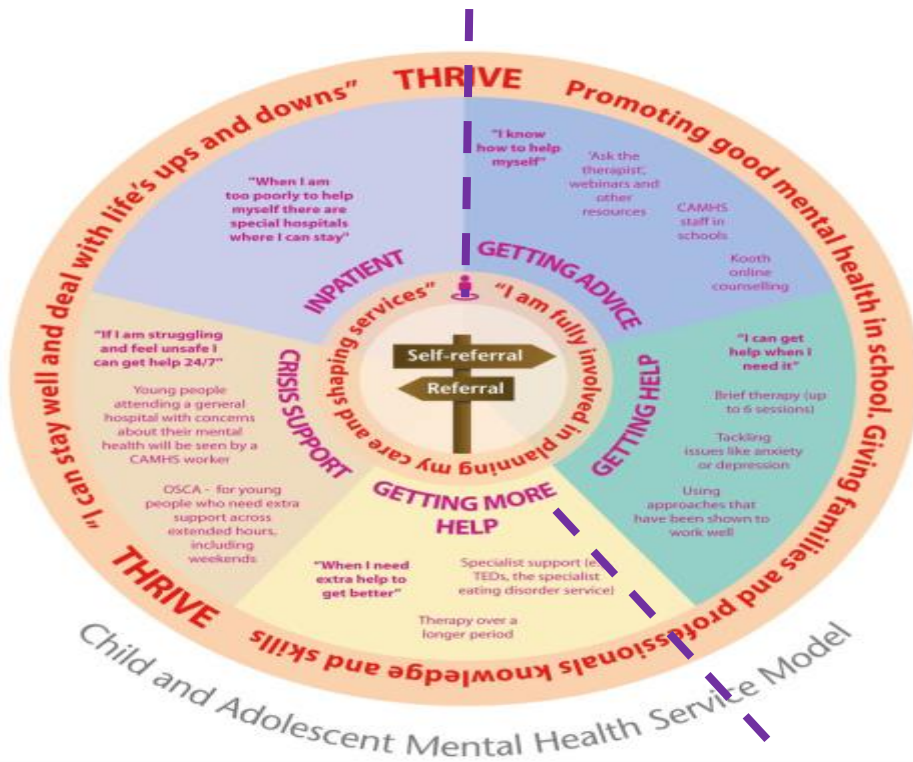
Bath & North East Somerset • Swindon • Wiltshire • Working together

As indicated in the diagram above, Wiltshire Council took a cabinet decision in 2018 to reduce funding for CAMHS by £50k. This was taken as a saving by the Council in light of nationally mandated austerity measures.

A deep dive review of children and young people’s mental health was undertaken in Wiltshire in 2019. The associated scrutiny report recommended the following, which have been updated with the actions undertaken:

- **Partnership with schools** – delivered through expansion of MHSTs
- **Online resources** – re-design of CAMHS website, self-help tools and resources co-produced with children and young people which have been deployed pan-system
- **Looked After Children and 16-25** – Dedicated BSW 16-25 community services framework in place (co-chaired by Wiltshire Council lead). Redesign of Outreach Service for Children and Adolescents (OSCA) and implementation of In-reach Expansion.

Whilst the funding from Wiltshire Local Authority has been merged with the wider health contract, there is specific provision for Wiltshire. The IThrive model is the agreed delivery model both nationally and locally and features below:



The services summarised in the Getting Advice and Getting Help segments are those that were previously regarded as primary CAMHS provision, with a focus on early intervention and support available to all. Our iThrive service model for BSW has been co-produced with children, young people and families.

The diagram below details the offer across BSW ICB:

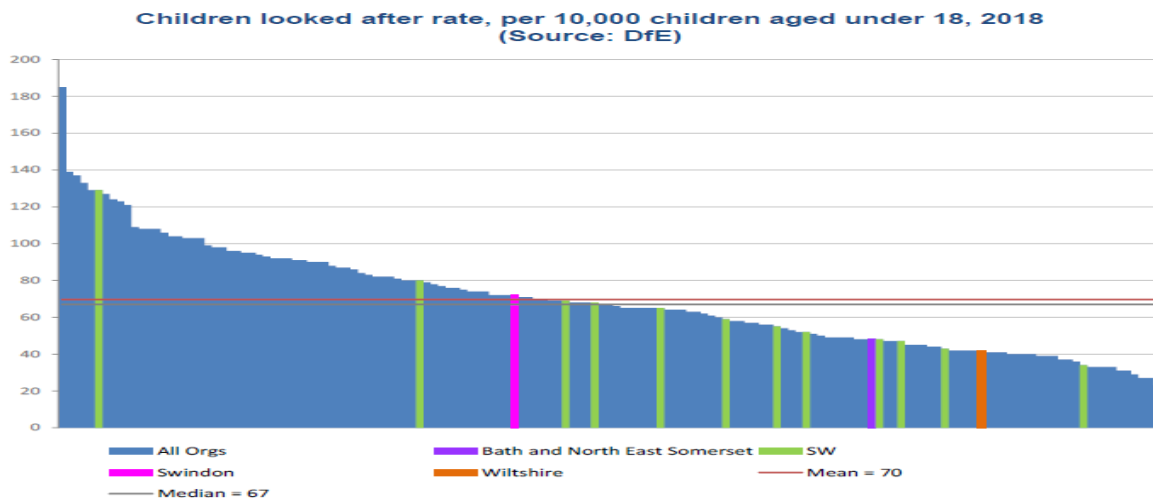


## 2. Wiltshire Delivery Model

Work has been undertaken since 2018 to review and refine the model in Wiltshire to implement IThrive. The current position is detailed below:

- Getting Advice and Getting Help provision implemented across Wiltshire
- Primary Mental Health offer enhanced through Mental Health Teams in Schools
- Wiltshire is now the best served locality in terms of provision with a dedicated Single Point of Access and in reach service
- The Single Point of Access is part of primary MH offer, with education consultation as well as direct support
- Getting Advice and Getting Help is not only provided by Oxford Health. Other providers also contribute in this space. Detail on these services, which are funded separately are included in a separate report.

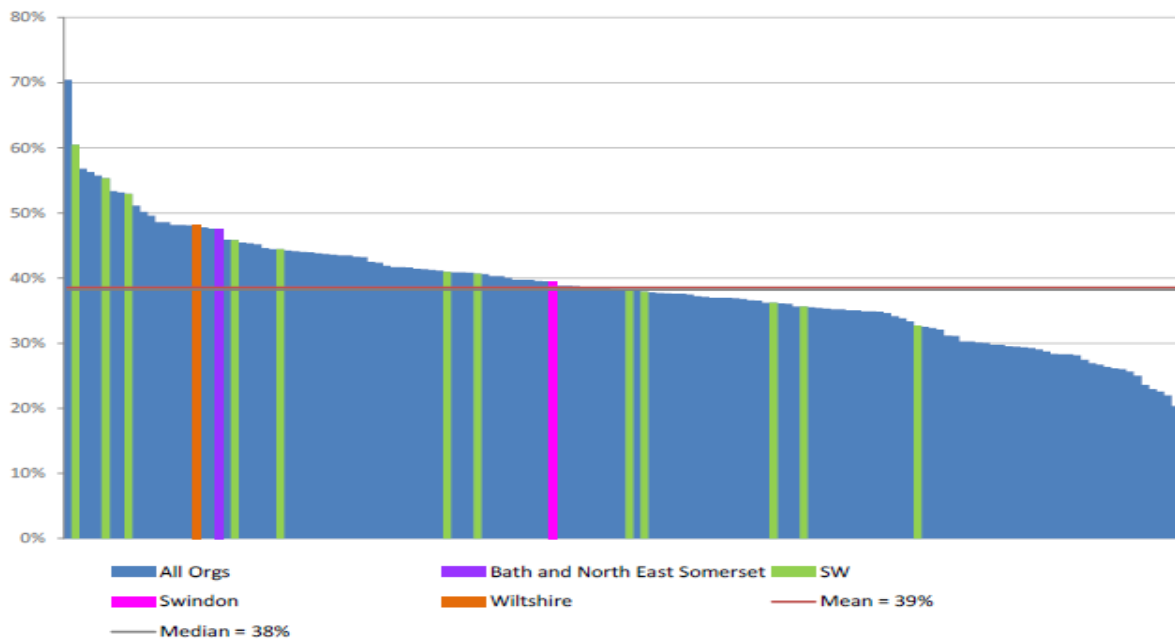
### Wiltshire In-reach Team



Although the number of children looked after in Wiltshire is well below the national average per 10,000 (as demonstrated in the graph above), the percentage of those children and young people whose emotional wellbeing is a cause for concern is well above the national average at 48% for Wiltshire young people.

This data is compiled from Wiltshire Council held information by the NHS Benchmarking Network. This could be reviewed in more detail should the Committee want to investigate further.

Percentage of looked after children (5-16 yrs) whose emotional wellbeing is a cause for concern, 2018/19 (Source: PHE)



In order to address this and provide earlier, multi-agency support, Oxford Health have established (with system funding and support) the Wiltshire In-Reach service. This is a community-based offer providing wrap around support for children and young people where there is already a multi-agency network in place, and where the needs of the child/young person and their family/carer would best be met by an integrated approach. Within Wiltshire, links have been established between this service and the Council's in-house Stronger Families team, as well as those children's services provided by HCRG Care Group.

The CAMHS team work in partnership with children's social care to provide a specialist mental health, multi-disciplinary input to vulnerable children and young people (and their families) who present with complex psychosocial and systemic issues, within a consultation framework.

The main benefits achieved as a result are:

- Shared understanding and formulation across agencies to wrap around the young person and their families/carers
- Direct interventions for children, young people and their families presenting with complex trauma and attachment issues, where there is also a mental health or significant wellbeing need and who are open to Children's Services
- Provision of a Risk Support function (in line with i-Thrive model) where children, young people and their families may be unable to benefit from treatment but who remain a significant concern and risk, giving psychological input to the wider professional network

This service has been in place since 2020 and a range of Key Performance Indicators (KPIs) are collected and will be reported on a quarterly basis. Reporting on contractual KPIs has been paused through the pandemic. We are now at the point of restarting this and we will be reporting these KPIs as part of our revised Contract

Reporting Meetings. We would be happy to share this information with Council partners.

### 3. Mental health Support Teams in Schools

Mental Health Support Teams in Schools (MHSTs) were initiated in 2018/19 as part of the Government’s commitment to transform the mental health and wellbeing of children and young people. 58 ‘Trailblazer’ teams were established in the first year, from which the final, nationally agreed specification was produced and implemented in 2019/20. A further 125 teams were established in that year (of which the Wiltshire teams were a part) with a further 104 commissioned in 2020/21.

Wiltshire currently has 4 teams (one of which covers some B&NES schools as well due to geography) covering a number of primary and secondary schools. A summary of the current provision in schools features below. Schools were nominated based on demography and need in collaboration with Wiltshire Council.

## Mental Health Support Teams in Schools



### Meet the Wiltshire Team

The Wiltshire MHST comprises of a Clinical Lead, Clinical Team Manager, Deputy Team Manager, Supervisor Practitioners, Educational Mental Health Practitioners (EMHPs) and trainee EMHPs.

The EMHPs form the core part of the MHST service and are split into four teams to work closely with participating schools in different areas within the Wiltshire:



### Participating schools

North	East	South	West
<b>Wootton Bassett</b> <ul style="list-style-type: none"> <li>Bradon Forest School</li> <li>Longlease Primary School</li> <li>Royal Wootton Bassett Academy</li> <li>St Bartholomew's Primary Academy</li> </ul>	<b>Melkham</b> <ul style="list-style-type: none"> <li>Melkham Oak Community School</li> <li>River Mead School</li> <li>Seend CofE Primary School</li> <li>The Manor CofE VC Primary School</li> </ul>	<b>Salisbury</b> <ul style="list-style-type: none"> <li>Harnham CofE Junior School</li> <li>Harnham Infants' School</li> <li>Manor Fields Primary School</li> <li>Pembroke Park Primary School</li> <li>Salisbury Sixth Form College</li> <li>Sarum Academy</li> <li>Sarum St Paul's CofE Primary School</li> <li>St Joseph's Catholic School</li> <li>St Mark's CofE Junior School</li> <li>St Mark's CofE VA Primary School</li> <li>St Oswald's Catholic Primary School</li> <li>St Peter's CofE Primary Academy</li> </ul>	<b>Trowbridge</b> <ul style="list-style-type: none"> <li>Bellefield Primary and Nursery School</li> <li>Holbrook Primary School</li> <li>Newtown Community School</li> <li>Oasis Academy Longmeadow</li> <li>St Augustine's Catholic School</li> <li>The Clarendon Academy</li> <li>The Grove Primary School</li> <li>The John of Gaunt School</li> <li>Plecroft Primary School</li> <li>St John's Catholic Primary School</li> <li>Stadley Green Primary School</li> <li>Wiltshire College Trowbridge Campus</li> </ul>
<b>Chippenham</b> <ul style="list-style-type: none"> <li>Charter Primary School</li> <li>Frogwell Primary School</li> <li>Hardenhulsh School</li> <li>Ivy Lane Primary School</li> <li>St Mary's Catholic Primary School</li> <li>St Paul's Primary School</li> <li>St Peter's CofE Academy</li> <li>Wiltshire College Chippenham Campus</li> </ul>	<b>Devizes</b> <ul style="list-style-type: none"> <li>Devizes School</li> <li>Five Lanes CofE VC Primary School</li> <li>Lavington School</li> <li>Pewsey Primary School</li> <li>Pewsey Vale School</li> <li>Southdown Infants' School</li> <li>Southdown St James Academy</li> <li>St Joseph's Catholic Primary School</li> <li>The Trinity CofE Primary Academy</li> <li>Wootton Bassett School</li> </ul>	<b>Salisbury</b> <ul style="list-style-type: none"> <li>Wiltshire College Salisbury Campus</li> <li>Woodlands Primary School</li> <li>Wyndham Park Infants</li> <li>Wyvern St Edmund's Learning Campus</li> </ul>	<b>Westbury</b> <ul style="list-style-type: none"> <li>Bitham Brook Primary School</li> <li>Dilton Marsh CofE Primary School</li> <li>Mottravels School</li> <li>Westbury CofE Junior School</li> <li>Westbury Infant School</li> <li>Westbury Leigh CofE Primary School</li> </ul>
<b>Calne</b> <ul style="list-style-type: none"> <li>Kingbury Green Academy</li> <li>Marden Vale CofE Academy</li> <li>Priestly Primary School</li> </ul>	<b>Chippenham</b> <ul style="list-style-type: none"> <li>Abbeyfield School</li> <li>Sheldon School</li> <li>St Nicholas CofE VC Primary School Bromham</li> <li>Queen's Crescent School</li> </ul>		

- 32% coverage for schools across Wiltshire
- Above Long Term Plan target of 25%



# Mental Health Support Teams in Schools



- 1-1 Evidence based treatment provided by Educational Mental Health Practitioners (EMHPs) using Low Intensity Cognitive Behavioural Therapy (LI -CBT) for children and young people with mild to moderate mental health difficulties
- 1-1 evidence based treatment for parents and carers of primary school children, using LI-CBT to enable them to support their child
- Targeted groups for 6 -8 children including:
  - Anxiety group (4x1 hour sessions)
  - Self-esteem group (4x1 hour sessions)
  - Body image group (4x1 hour sessions)
  - Mind and mood – for low mood, stress and/or anxiety (6x1 hour sessions)
- Universal groups covering exam stress, friendships and relationships, transitions to secondary school
- Audits of Whole School Approaches (WSA) to mental health and wellbeing

The summary above provides an overview of the support delivered by MHSTs. It is important to note that the team provides a blend of 1:1, group and universal offers to reach as many children and young people as possible at the point of presentation. In addition, the MHSTs provide support to the schools themselves – helping them to implement school wide approaches to mental health and wellbeing that support children and young people to thrive.

NHS England gathers performance information regarding MHSTs as part of its national data collection (the Service Delivery Framework return) on a quarterly basis. In Quarter 4 2021/22 referral rates were as set out below:

# Mental Health Support Teams in Schools



QUARTER 4 2021/22	Wiltshire 1	Wiltshire 2	Wiltshire and B&NES	Wiltshire 3
	2	2	4	6
How many education settings have you delivered a <b>MHST service</b> to in this quarter? <b>(per MHST site)</b> <i>Guidance: this includes delivering work across the three core MHST functions, as per the MHST Operating Manual</i>	18	24	15	20
Out of these settings, how many made a referral this quarter? <b>(per MHST site)</b> <i>Guidance: Please record locally any settings who haven't made a referral for discussion as part of regional/national support calls</i>	16	15	10	0
<b>Calculated field:</b> Proportion of education settings making a referral this quarter	16 out of 18 education settings made a referral = 88.9%	15 out of 24 education settings made a referral = 62.5%	10 out of 15 education settings made a referral = 66.7%	0 out of 20 education settings made a referral = 0.0%
Number of Children and Young People in the reporting period being supported by each MHST <i>Guidance: Count of CYP with an open referral. To be answered per wave, per site</i>	116	125	79	1

- Increasing skills of practitioners to meet the needs of SEND schools which form part of the wave 2 and wave 4 list.
- Additional staff to support improving access for targeted groups including attending school council sessions, attending focus groups with CYP to understand how to ensure the service is being inclusive, linking with other MHSTs to research best practice
- OHFT running the Education 'engagement meetings'
- Bi-monthly engagement meetings with schools in place. Focus of sessions (adapted from school feedback)
  - How to recognise anxiety
  - Referral form completion
  - Decision making re suitability of referral for CAMHS/MHST
  - Operational delivery of services

Although data has been collected for quarter 1, referral rates are much lower due to the numbers of children and young people who are out of the school setting as a result of exams. Consequently Q4 performance is a better measure of how many schools are referring and the numbers of children and young people using this service.

The diagram above also includes a summary of additional work Oxford Health is undertaking to engage with schools, and in particular how they are acting on feedback from schools themselves about what they would like to know more about to be able to support young people. This work continues.

## 4. Wiltshire Single Point of Access (SPA)

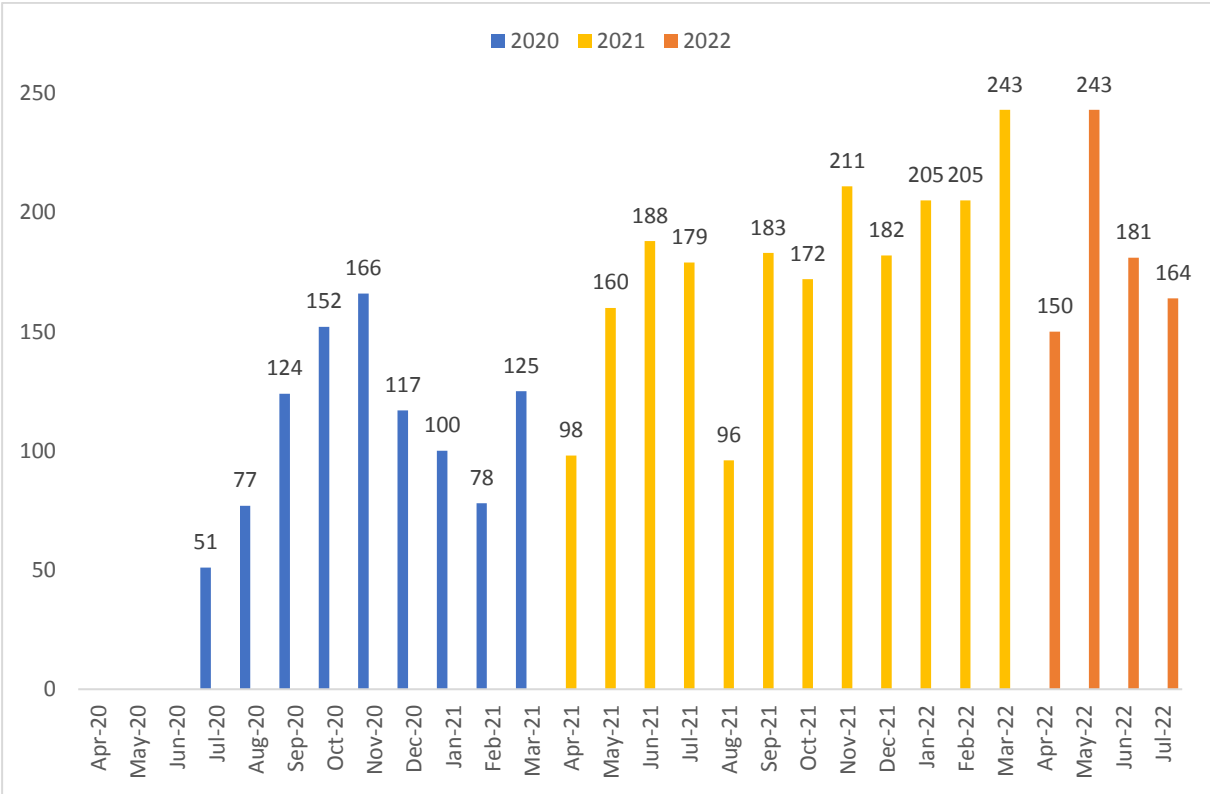
Our Single Point of Access (SPA) for CAMHS is a key point of contact for children, young people, carers, GP's, schools, health and social care professionals who are concerned about the emotional and mental health of those under eighteen years of age. The service can be accessed by telephone or via an electronic referral form. We encourage and accept self referrals from any young person, these self referrals are prioritised to ensure that young people received an immediate response.

Our SPA is delivered by a team of CAMHS professionals working 9am-5pm Monday to Friday. All referrals are screened by a member of the team and a decision is made on how to proceed. Occasionally the information in the referrals provides us with enough information to make a decision straight away an example of this is a referral

for a young person with an eating disorder who needs to be referred to our eating disorders service or a young person who requires an Autism Spectrum Condition (ASC) assessment will be supported to access HCRG. The majority of referrals require the SPA team to carry out an assessment of the young persons needs, this phone call takes place at a time convenient to the young person and their family or carers. It is also common practice that professionals known to the family also need to be contacted to gain sufficient information to support the family effectively. Once the information is gathered a decision will be made and communicated to the family and network including the GP. The outcome will be either a transfer into our CAMHS service or support for the family to access other services outside of CAMHS such as HCRG, school nurse, Barnardos, school counsellor etc.

If the outcome of the referral is that they need to be signposted to another service the family will receive written information about what service will best meet their needs. We will often support families to access these services if required, for example helping them in completing referral forms, liaising with the appropriate service etc.

The graph below details referral rates for the Wiltshire SPA:



Approximately a third of referrals received in the SPA are what would be termed preventable. The majority of these preventable referrals come from carers who struggle to know where to go to access the support they need for their young person.

Work force nationally is very challenging for the NHS and the SPA has not been immune to this. The vacancy rates for the Wiltshire SPA are as follows:

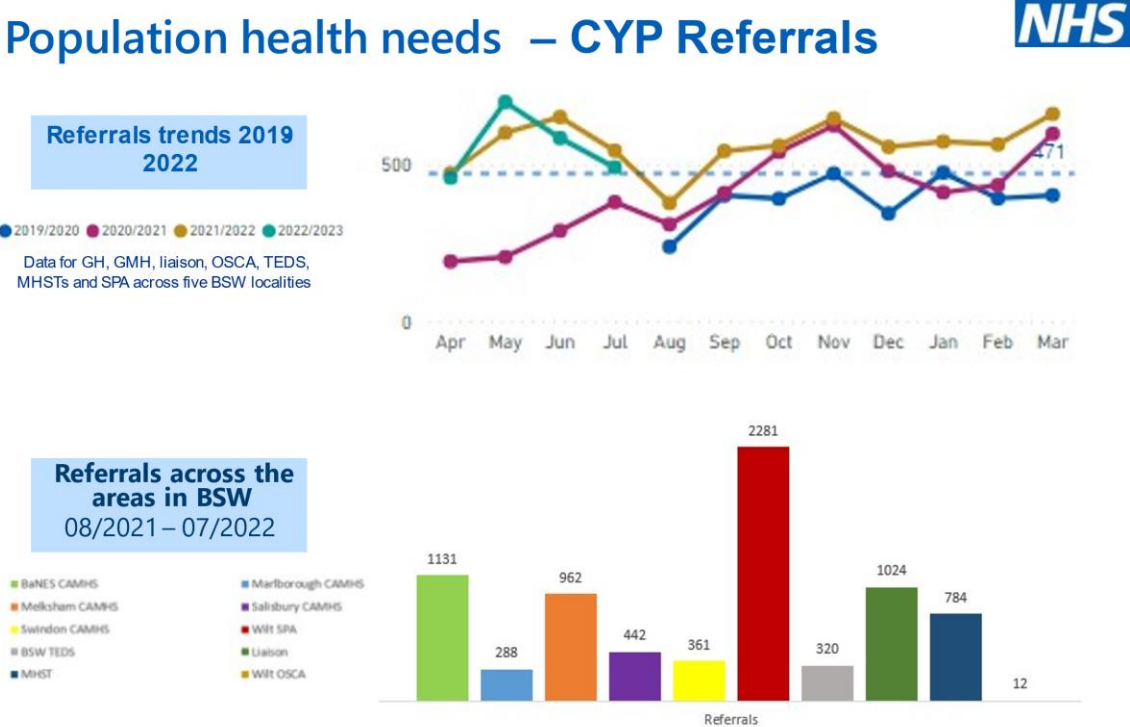
- October 2021 35.5%
- October 2022 19%

We have made progress in addressing these recruitment challenges, however we know there is more work to be done. ICB leads continue to review our CAMHS workforce and we have recently established a whole system Mental Health Workforce Planning Oversight Group (reporting through our ICB agreed governance structures) to ensure that we are making and taking opportunities to develop new roles, and maximising our offer to staff who may wish to come and work in our area.

Due to vacancies associated with workforce supply issues in healthcare alongside increased demand (and complexity) the Wiltshire SPA has needed to prioritise resources on providing timely screening, triage and signposting of referrals. This has meant changes to the offer provided to schools, with all schools able to access information and advice via the Single Point of Access. Overall support to schools in Wiltshire has been significantly enhanced since 2018 with the roll out of mental health teams in schools.

**5. Monitoring Delivery and Outcomes**

The table provides an analysis of referral volumes across Oxford Health teams.



As the data demonstrates, referral rates are rising across BSW. More work is required to understand the reasons behind this, however we know that the following are likely to be significant factors (based on national evidence):

- The national children and young people’s prevalence survey reveals that the number of children and young people with a diagnosable mental health need has risen from 1 in 8 to 1 in 6

- The impact of Covid on the mental health and wellbeing of children and young people, manifesting through sleep difficulties, issues at school and disordered eating (this is not the same as eating disorders)<sup>1</sup> as evidenced through Pulse surveys carried out by Kooth during the pandemic period
- The impact of increasing cost of living, particularly for those children who are at or below the poverty line. Although we know that the number of Wiltshire children and young people living in poverty is significantly lower than the national average, the economic downturn will still have an impact on them.
- The wider international context – the war in Ukraine has affected children and young people either directly through the resettlement scheme or indirectly through news and media
- Due to nationally driven austerity measures, reductions in early help services such as youth service provision, children’s centre provision

Despite this increased demand, waiting times remain better than the national mean, with particularly strong performance in the time between first and second appointments. This is good as it means we are ensuring that children and young people are progressing through their treatment pathway effectively.

## Performance Waiting times CYP

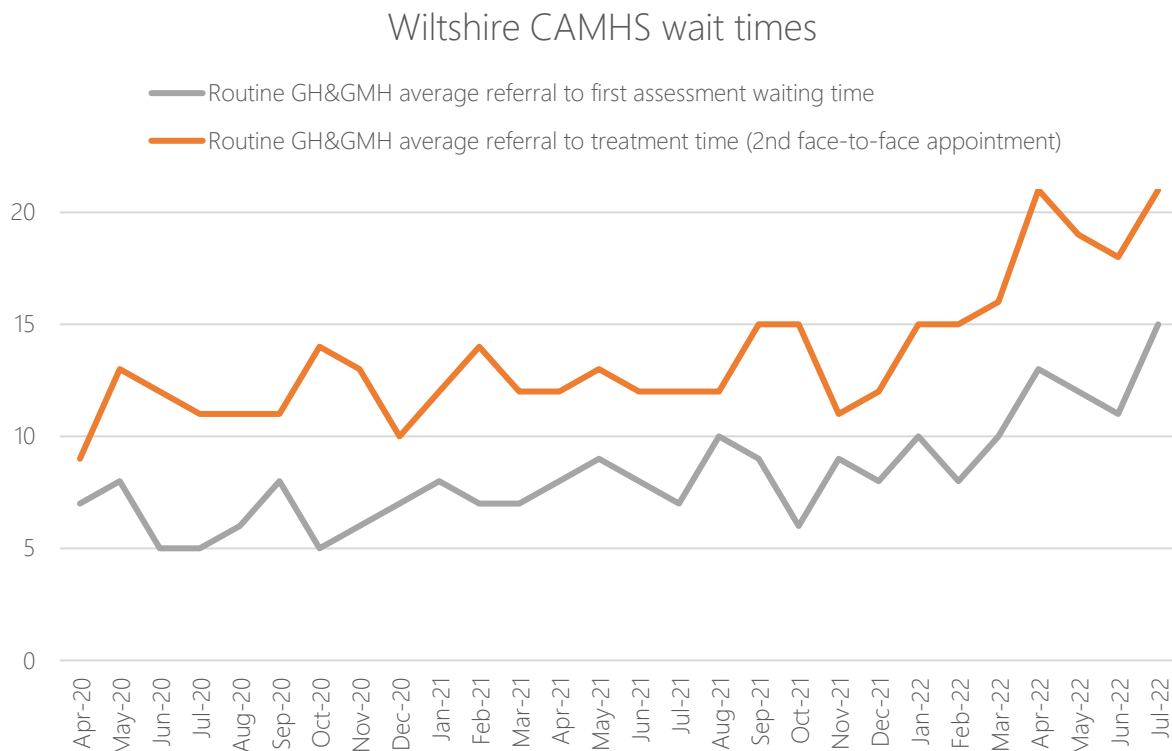


2021/22 Benchmarking results – BSW compared to the national mean

Wait times	National Mean 20/21	BSW CAMHS 21/22
Mean waiting time to 1st appt (weeks)	8	7.3
Mean waiting time to 2nd appt (weeks)	14	11
Waiting list to 2nd appt at 31st March per 100,000 pop	462	259
% of patient whose RRT was less than 4 weeks	32%*	35%
% of patient whose RRT was 18+ weeks	24%*	15%

<sup>1</sup> *Disordered eating is a term that is used where individuals have an atypical relationship with food intake, often to maintain low weight or as a result of temporary stressors or triggers in their lives. Eating Disorders are psychiatric conditions where individuals present with extreme and continuous levels of body dissatisfaction, alongside long term eating patterns that affect how the body functions – with typical behaviours being extreme reduction or avoidance in food intake; obsessive levels of exercise and vomiting (eg anorexia nervosa, bulimia, binge eating disorder, avoidant restrictive food intake)*

## 6. Wiltshire waiting times



*Key: Left axis demonstrates number of weeks*

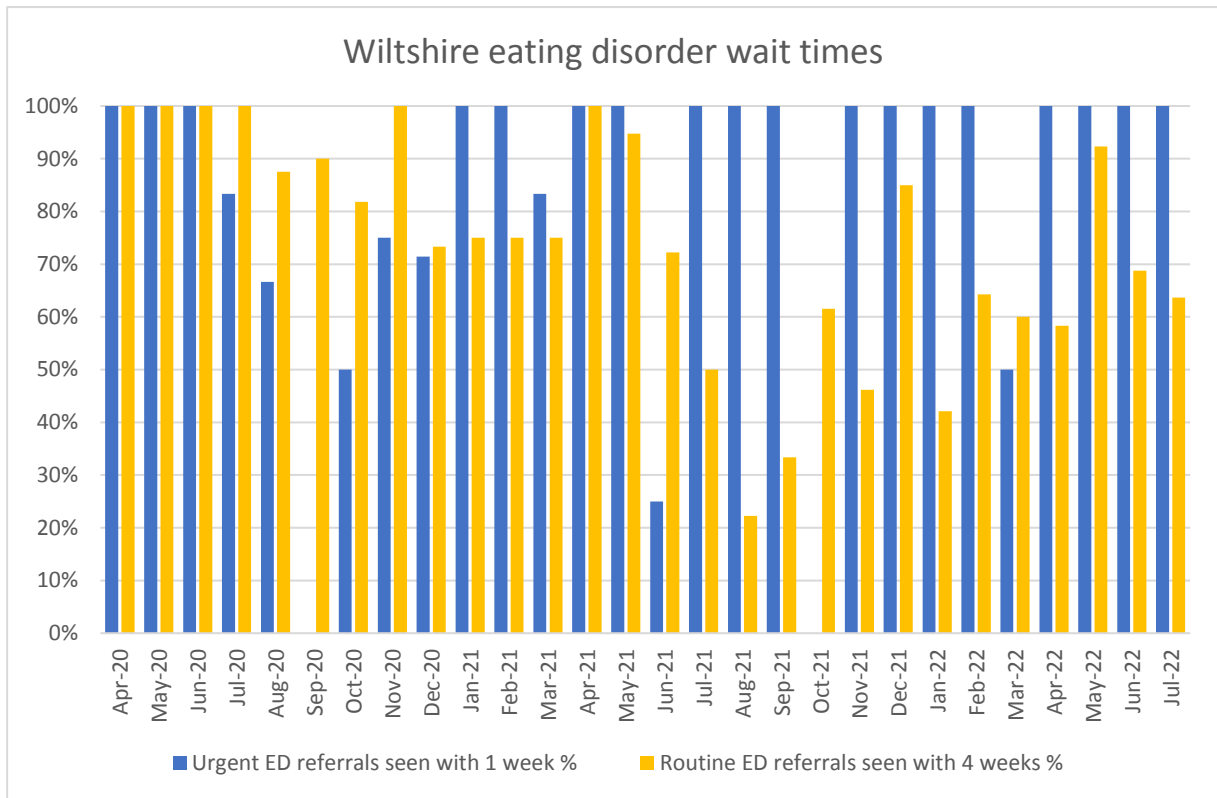
There are no nationally mandated targets for Getting Help and Getting More Help however we do monitor waiting times and activity in each of these areas to ensure that we continue to provide a responsive service for children, young people and their families.

Routine waiting times have been increasing for Getting Help and Getting More Help in line with the national trend, reflecting increasing demand as a result of previously stated reasons. For the period April 21 to July 22, the average waiting time to assessment for children and young people in Wiltshire for routine referrals was 9.5 weeks. The national rate is c. 9 weeks.

The average wait from referral to treatment for Wiltshire children and young people during the same period was 14.9 weeks.

Oxford Health continues to fully achieve national wait time targets in relation to emergency and urgent referrals. Emergency referrals are responded to within 24 hours (as per national standard). The average wait time to assessment for urgent referrals was 1 week (national standard is 1 week) for the time period above and the wait time to treatment 5.7 weeks.

There are nationally set waiting times targets for children and young people's eating disorders. 95% of urgent referrals should be seen within 1 week and routine referrals within 4 weeks. Oxford Health performs well against these targets. Between April 2021 and Jul 2022 the average wait time for urgent referrals was 1 week and the average for routine referrals was 3.2 weeks. Drops in performance are normally attributed to patient choice where parents/carers cancel appointments.



Alongside this, we also gather information on routine outcome measures for children and young people, which demonstrate that we achieve complete recovery for c. 50% of children and young people against a national average of 34-44%. It must be recognised that for a number of children and young people complete recovery will not be achieved and they will continue to have mental health needs into adulthood. For those children and young people, we are developing a new model of provision for 16-25 year olds to support them in transition from CAMHS into adult services more effectively and seamlessly.

### Performance - Routine Outcome Measures

Key findings from recent ROMS audit into average pre and post interventions ratings:

Reduction in symptoms on all measures	For 50% of CYP this reduction is large and indicates a complete recovery*	Rates are similar / slightly better than the national average
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\*National average recovery rate = **34% – 44%**

For children and young people with more complex and urgent presentations, we are currently reconfiguring our crisis and home treatment offer. In partnership with the Thames Valley Provider Collaborative (responsible for commissioning all inpatient CAMHS provision across the geography) we have delivered a 10-15% reduction in admissions, as well as provided earlier supported discharge enabling more children

and young people to continue their treatment at home with their families and carers. For children and young people with more complex psycho-social needs, we are reconfiguring our outreach service for children and adolescents. This will work in close partnership with local authorities to provide intensive assertive outreach support for vulnerable children with a particular focus on those Looked After and those with SEND.

As outlined, we know that the number of children and young people experiencing issues with eating has increased and we have seen a significant rise in the number of children and young people presenting with eating disorders. Our specialist eating disorder provision is currently one of only two services nationally to have been formally accredited by the Royal College of Psychiatrists.

## 7. Understanding if we are making a difference

Oxford Health teams are working with children and young people across Wiltshire to listen and hear feedback on provision. The image below details the work in Wiltshire including conversations in Melksham and Salisbury.

### Participation



- Hearing feedback from children and young people is an integral part of service development and improvement – with a dedicated CAMHS Participation Lead in post
- Engagement activities underway pan -BSW, with specific groups convened in Salisbury and Melksham
- How children and young people feel about the services they receive has been an area of focus for the Melksham group:



- There are further activities planned and the following key topics identified and actioned through engagement with children and young people include:
  - Social media – co-developing guidelines for children and young people to support healthy use of social media
  - Art therapy event supported by CAMHS professionals
  - Managing the challenge of school holidays and relaxation of Covid restrictions
  - Considering how we can develop ‘passports’ for children and young people under the care of CAMHS that describe their experience and journey in their own way
  - Bullying and developing a whole school approach to address bullying – led by one of our young people



- Rolling out our co-designed survey of children and young people who have used the Single Point of Access – supporting research and further improvement work
- Talking about Suicide event led by members of Oxford Health participation group, helping professionals think differently and providing a training resource for all staff

The following is a feedback quote from a young person in relation to their experience with BSW Oxford Health CAMHS services:

## What it means to our children and young people

“As humans it is so easy to focus on the negatives, in this case the young people that have died by suicide. But when was the last time you stopped yourself and thought of all of the people you have helped? The people that are now out there living their lives to the full thanks to the help that you provided. There will be people who - thanks to you - have gone on to now have a career they love, a family of their own or are just generally in a better place. Whilst at the time the young person may have resented being helped, may not have been grateful that they were still alive - years down the line once they're out of that dark place I can almost certainly guarantee that they will think back and be so thankful. Thankful for you. I know this because it's how I think. I think back to the help and support that was given to me and there aren't enough words to convey my gratitude, granted maybe not all the time(!), but I am still so appreciative. From the bigger life saving interventions to the small details, being given a space that felt relatively safe when my world was unbearable is something I will always remember. Next time you either find yourself in the awful situation of losing a young person to suicide, or generally thinking negatively about the things you don't think you've done right - please remember there will always be more positives. The care and support you all provide isn't really able to be described in words! So thank you. Thank you for all you do. No one is perfect but if there were more kind, compassionate people like you all, the world would be a better place.”

Direct feedback from young people in Wiltshire includes 'friendly understanding SPA' and 'the SPA clinician was helpful with advice they gave'. Overall feedback indicates that YP feel listened to with an overall positive experience of the SPA and the outcome it has had.

The SPA also launched a bespoke feedback tool at the end of August 2022 so that we can better capture the voice of those using the service. This tool was co-produced with young people.

Further quality information is provided in summary below, with further detail set out in the Quarter 1 2022/23 Quality Report, supplied by Oxford Health.

**Wiltshire and BaNES CAMHS In Reach 'I Want Great Care' findings:**

- Overall, how would you rate the service you received? 4.75 Star Average Rating out of 5

- Overall, how was your experience of our service?

89 Responses (64% Wiltshire and 36% BaNES) :

- Very good – 77
- Good – 12
- Neither Good nor Poor – 0
- Poor – 0
- Very Poor – 0
- Don't know – 0

#### Item 4: Patient experience – Quarterly monitoring

Patient Experience	
Standard	<p>Quarterly 'Patient Experience' reports to include evidence of patient experience activities and:</p> <ul style="list-style-type: none"> <li>The number of comments, Concerns (PALS contacts), complaints and compliments (4c's) and Ombudsman cases by month and YTD trend.</li> <li>themes and learning across the trust, by team level developing from comments, concerns (PALS contacts), complaints, compliments and Ombudsman cases by month and YTD trend</li> <li>service developments and quality improvement plans resulting from team level comments, concerns (PALS contacts), complaints, compliments and Ombudsman cases by month and YTD trend</li> <li>triangulation of patient experience monitoring with other data sources, including but not limited to complaints, serious incidents and workforce data.</li> <li>Compliance with NHS Friends &amp; Family survey and provide associated quarterly quality improvement plan to commissioners. % response rate and recommended rate to be included within bi-annual quarterly patient experience report.</li> <li>Provider to share with the commissioners at CQRM a minimum of 2 patient stories per year which have resulted in a change to service delivery or quality 1 story per quarter</li> <li>Outcomes and examples of 'You said, We did'</li> </ul>

The Trust collects patient feedback using the I Want Great Care system. The results of feedback during quarter 1 are presented below.

#### BSW Community CAMHS – all teams

	Q4 20/21	Q1 21/22	Q2 21/22	Q3 21/22	Q4 21/22	Q1 22/23
<b>Parent/Carer responses</b>	15	11	5	3	5	15
<b>Young people's responses</b>	19	29	8	2	4	5

BSW GH and GMH CAMHS	Q3 20/21	Q4 20/21	Q1 21/22	Q2 21/22	Q3 21/22	Q4 21/22	Q1 22/23
	Out of a possible 5 stars:						
<b>Parent/Carer questions</b>							
<b>Were you (parent/carer) treated with dignity and respect?</b>	5	4.93	4.9	4.96	3.67	4.4	4.86
<b>Was your child treated with dignity and respect?</b>	4.9	4.87	4.27	4.98	3	4.8	4.86

<b>Did you feel involved enough in decisions made about your child's care and treatment?</b>	<b>4.9</b>	<b>4.4</b>	<b>4.27</b>	<b>4.9</b>	<b>3.3</b>	<b>4</b>	<b>4.6</b>
<b>Did you receive timely information about your child's care and treatment?</b>	<b>4.7</b>	<b>4.47</b>	<b>4.36</b>	<b>4.86</b>	<b>3.3</b>	<b>3.6</b>	<b>4.8</b>
<b>Was your child treated well by the staff looking after him/her?</b>	<b>5</b>	<b>4.93</b>	<b>4.91</b>	<b>4.94</b>	<b>4</b>	<b>4.2</b>	<b>5</b>
<b>Was the location suitable for your child's needs?</b>	<b>4.45</b>	<b>4.53</b>	<b>4.63</b>	<b>4.88</b>	<b>4.67</b>	<b>4.8</b>	<b>4.8</b>
<b>Overall, how was your child's experience of this service?</b>	<b>4.64</b>	<b>4.56</b>	<b>4.45</b>	<b>4.7</b>	<b>2.675</b>	<b>4.2</b>	<b>4.65</b>
<b>Young person questions</b>							
<b>Overall, how was your experience of this service?</b>	<b>n/a</b>	<b>4.54</b>	<b>4.65</b>	<b>4.7</b>	<b>5</b>	<b>5</b>	<b>4.65</b>
<b>Did people listen to you?</b>	<b>n/a</b>	<b>4.15</b>	<b>4.48</b>	<b>4.83</b>	<b>4.5</b>	<b>4.5</b>	<b>5</b>
<b>Were the people looking after you kind?</b>	<b>n/a</b>	<b>4.46</b>	<b>4.65</b>	<b>4.88</b>	<b>5</b>	<b>5</b>	<b>4.6</b>
<b>Did you feel safe?</b>	<b>n/a</b>	<b>4.23</b>	<b>4.55</b>	<b>4.82</b>	<b>5</b>	<b>5</b>	<b>4.2</b>
<b>Did people help you to understand what was happening?</b>	<b>n/a</b>	<b>3.77</b>	<b>4.24</b>	<b>4.73</b>	<b>4.5</b>	<b>4.5</b>	<b>4.2</b>

## **8. Next steps**

The key areas of focus for the coming months will be to continue the implementation of NHS Long-Term Plan and Community Mental Health Framework ambitions for children and young people, which includes:

- Improving access
- Enhancing eating disorder services
- Integrating our offer for 16-25 year olds

We will also be working with place based partners to embed fully the national i-Thrive model for CAMHS. This will provide a system-wide and consistent approach to meeting children and young people's mental health and wellbeing needs at place level, alongside more specialist provision delivered consistently at system level (eg crisis service provision, specialist CAMHS provision).

Working with Oxford Health colleagues and partners in Local Authorities, we have established a new Children and Young People's Mental Health Oversight Group. This is aligned with the Children and Young People's Programme Board (Director of Children's Services from Wiltshire Council is a standing member of this Board) and the Thrive Mental Health Programme Board, ensuring that we maintain strong links between both the mental health agenda and also priorities for children and young people's services overall.

We recognise that workforce challenges represent one of the biggest risks to delivery of our existing and future models. We are working pan-system and within mental health to ensure that we are making and taking opportunities to recruit new staff including: development of Clinical Associate Psychologist (CAP) roles; developing

new Multi-Professional Approved Clinician roles; considering the use of family support workers in services. All of these initiatives are held within our Mental Health Workforce Planning Group and contribute to our system wide capability planning in partnership with HR Directors and the BSW Academy.

We know that children and young people's mental health has been affected by the pandemic, and continues to be challenged as they return to school and re-establish their lives. Much work is underway to support this and we look forward to developing and embedding increasingly integrated service provision in partnership with our Councils to support this wide-ranging and critical agenda.