

REPORT OF: THE JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE (HOSC):

Children's Emotional Wellbeing and Mental Health (EWMH)

Report by: Dr Omid Nouri, Health Scrutiny Officer, Oxfordshire County Council

Report to:

- Matthew Tait (Chief Delivery Officer, BOB ICB)
- Dan Leveson (BOB ICB Director of Places and Communities)
- Caroline Kelly (Head of integrated commissioning, Start Well)
- Donna Husband (Head of Public Health Programmes, Start Well)
- Ansaf Azhar (Director of Public Health, Oxfordshire County Council)
- Lisa Lyons (Director of Children's Services, Oxfordshire County Council)

INTRODUCTION AND OVERVIEW

1. The Joint Health and Overview Scrutiny Committee considered two reports on children's emotional wellbeing and mental health in Oxfordshire during its public meeting on 20 November 2025. The first report was an update on the Children's Emotional Wellbeing and Mental Health Strategy (a strategy launched by Oxfordshire's system partners); and the second was a report on School Health Nurse services.
2. The Committee would like to thank Caroline Kelly (Head of Integrated Commissioning, Start Well); Donna Husband (Head of Public Health Programmes, Start Well); Ansaf Azhar (Director of Public Health); Lisa Lyons (Director of Children's Services); Dan Leveson - Director of Places & Communities, BOB ICB); Mark Chambers (Head of Children's Community Services); Emma Leaver (Chief Operating Officer); Vicky Norman (Head of CAMHS); Katrina Anderson (Service Director, Oxfordshire, BaNES, Swindon & Wiltshire Mental Health Directorate); Janette Smith (Public Health Principal) for attending the meeting and answering questions from the Committee.
3. The topic of children's emotional wellbeing and mental health is of significant interest and concern to the HOSC given that it has a constitutional remit over health and healthcare services as a whole, and this includes the initiatives taken by the County Council and its NHS partners to support the emotional and mental wellbeing of children and young people in Oxfordshire. The Committee is also aware of rising demand for these services since the advent of the covid-19 pandemic.
4. Upon commissioning the reports for this item, some of the insights the Committee sought to receive were as follows:

- How the contributions of system partners align with the Emotional Wellbeing and Mental Health strategy's vision to place children at the centre of decision-making?
- How is the state of collaboration between the NHS and schools, and families being measured?
- What are the levers to collaboration and the barriers for each partner?
- How progress is being tracked against the strategy's priorities, including through the use of metrics or dashboards.
- The degree to which recent inspections and systemic challenges in Special Educational Needs (SEND) provision might be shaping emotional wellbeing and mental health services for children, and whether there are any strategy revisions accordingly.
- How data is being used, including through the Joint Strategic Needs Assessment (JSNA) or elsewhere, to shape actions being taken to address children's mental health.
- The extent to which children's mental health services align with or support Marmot principles.
- How vulnerable children are being identified and supported.

SUMMARY

5. During the 20 November 2025 meeting, the Head of Children's Community Services outlined recent developments, including the expansion of school health nursing to all secondary schools and colleges, with a particular focus on mental health support. The TellMi app had been successfully launched, showing strong uptake among LGBTQ+ youth. Family learning and support programmes were under review, and a new service for primary schools was due to launch. Progress was being monitored through data dashboards.
6. The Head of Oxfordshire CAMHS described several initiatives: the supportive steps model for parents, the SHaRoN online support platform, and increased neurodevelopmental assessments via external providers. AI tools were being used to triage referrals, and the Andy Clinic provided support for anxiety and depression. The Thames Valley Link programme engaged hard-to-reach young people. Work continued on transitions to adult services and collaborative projects with children's social care.
7. The Cabinet Member for Children was asked about the priority given to children's mental health and the requirements for effective, sustainable delivery of the emotional wellbeing and mental health strategy. This was against context of a then identified persistent gap in funding due to the national formula and long-standing historic under-funding (and the Committee's recommendation in November 2023 that the whole system continue to explore and secure specific resources to effectively deliver the strategy long-term).

8. The Cabinet Member confirmed that children's mental health remained a top priority, though sustainable funding was challenging due to ongoing pressures. The Cabinet Member reaffirmed his commitment to the strategy, pledged to act on the Committee's recommendations, and highlighted opportunities for better service integration through family hubs and neighbourhood working. The Cabinet member highlighted rising demand, the lack of long-term sustainable funding for children's mental health was very challenging for all partners. In Oxfordshire County Council, the 2025-26 budget had required a £1.5 million reduction in children's services as part of every department budget cuts.
9. The Committee also enquired about and heard that there had been intensive whole system working focused on children with SEND. The Ofsted SEND report (2025) had found effective action had been taken to address their findings from the Local Area Partnership inspection in 2023.
10. Plans for an early review of the TellMi app and its evaluation were also discussed. Officers confirmed that contract monitoring was in place, with regular reports on user engagement and resource access. User feedback was being collected, including surveys and input from youth forums. The app had already undergone scientific evaluation by external organisations such as UCL, with positive results.
11. The nature of the new children's family hubs and provision for rural communities were discussed. Officers explained that the hubs would resemble children's centres but with a broader age range and a mix of universal and targeted services, including support for older young people. Existing public buildings and pop-up locations would be used to ensure accessibility, with agile and mobile support for rural areas.
12. The Committee were assured that Hospital admissions and length of stay statistics had reduced, which seemed to indicate improvement over the last five years. The Director of Public Health agreed to supply trend data on outcomes including suicides.
13. Barriers to school engagement with mental health support initiatives were discussed. Officers noted that engagement could be harder for very small rural schools due to capacity. Larger schools or those in multi-academy trusts often commissioned their own services, affecting referral patterns. Mapping and aligning programmes were considered important to ensure a core offer for schools, and future legislation might encourage greater cooperation.
14. Current referral waiting times for children's mental health services and support for those on waiting lists were considered. The eating disorder service met national targets, and crisis teams provided urgent support. Oxford Health NHSFT was concerned that the narrative that CAHMS waits could be up to five years was not based on fact. The Trust would be running a showcase cinema event to help improve the public understanding. The national target for waits was 72%. Oxfordshire CAMHS is 62%, with the last quarter showing a downward trend.

15. It was discussed that Neurodevelopmental assessment waiting times were a national issue, but local referrals had recently decreased. A thousand longest waits were being sent to a private provider, with 167 children now seen every month. Some children were already being seen by nurses, and many had improved or were signposted elsewhere during the wait.
16. The Committee also received evidence of and enquired about rising demand. The reasons for this were set out in the 2025 Director of Public Health Annual Report. They were complex and included impacts of the Covid-19 pandemic, increased prevalence and awareness of mental health and neuro-diversity. The aim was that all system partners used the Joint Strategic Needs Assessment (JSNA) as evidence of local population need. In addition, the Oxwell survey had included 9,000 children, and qualitative evidence included community insights and stories as part of the Marmot programme. It was agreed that there was a need to bring this evidence all together.
17. The Committee enquired about the availability of clinical workforce. Oxford Health NHSFT reported that clinical workforce issues for mental health illnesses were currently without huge challenges, and issues with retention issues were below the national average. There was no restriction on vacancies, and there were very few support staff without qualifications. Oxford Health NHSFT's "children's intensive care and inpatients" is an additional service that the Trust provides regionally as part of the provider collaborative of mental health Trusts. The service treats children with emotionally dysregulated behaviour, usually with history of trauma from family experiences. This was therefore an area where it was particularly hard to attract well qualified inpatient staff. The workforce issues here were improving and the Trust was using an apprenticeship scheme to grow their own team.
18. The discussion also revolved around communication with parents and families regarding the school health nursing service and the mental health support provided in this context. Multiple channels were used, including a chat health service, termly newsletters, and a bulk messaging system. The service ensured a presence in every secondary school at least once a week and sent introduction letters to families of electively home-educated children.
19. The Committee were also informed that Oxfordshire County Council's Children's services had commissioned OXMIND and the County Council's Wellbeing Services prioritised a pilot to expand youth work in partnership with the grass-roots voluntary sector, to include urban and rural areas in Oxfordshire. Oxford Health NHSFT gave evidence that their focus was necessarily on the resilience of the clinical sector to meet needs of people with mental illness. They did give the Thames Valley Link programme funding for a charity until 2029 to engage hard-to-reach youth.

KEY POINTS OF OBSERVATION:

20. This section highlights seven key observations and points that the Committee has in relation to Children's EWMH services in Oxfordshire. These seven key points of observation have been used to determine the recommendations being made by the Committee which are outlined below:

Evaluating deliverability of the EWMH strategy: Evaluation mechanisms are essential for ensuring that strategies are not only implemented as intended but are also effective in achieving desired outcomes. In the context of children's EWMH, this means:

- Tracking whether interventions reach the intended populations.
- Assessing whether services improve mental health outcomes.
- Identifying gaps, barriers, and areas for improvement.
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The Oxfordshire EWMH strategy, launched in 2022, is ambitious in scope — covering early help, workforce development, transitions, access to specialist services, and digital innovation. Without clear evaluation mechanisms, there is a risk that well-intentioned initiatives may not deliver meaningful change, or that resources may not be allocated efficiently.

Children's mental health needs are diverse and evolving. The main report submitted to the Committee for this item highlights rising complexity in mental health subsequent to the covid-19 pandemic; with increased presentations of anxiety, depression, neurodiversity, and safeguarding concerns. Effective evaluation would allow services to adapt to changing patterns of need, ensuring that interventions remain relevant and effective.

Nationally, the NHS Long Term Plan and Ofsted/CQC inspection frameworks emphasise the importance of outcome measurement, co-production, and evidence-based practice¹. Local authorities and NHS partners are expected to demonstrate impact, value for money, and continuous improvement. A good local example of this involves the SEND local area inspection in Oxfordshire, which led to a priority action plan with a strong focus on evaluation and data-driven decision-making.

Deliverability refers to the practical implementation of strategic intentions. For the EWMH strategy, this means ensuring that:

- Actions in the strategy are translated into operational plans.
- Resources (workforce, funding, digital tools) are in place.
- There is clear accountability for delivery across system partners.

¹ [NHS Long Term Plan](#)

The reports submitted for this item show that deliverability is tracked through action plans, dashboards (e.g., the JSNA Power BI dashboard), and regular board reviews with RAG ratings. However, the Committee is calling for these mechanisms to be explicit, comprehensive, and transparent.

For instance, the case of Greater Manchester's "Thrive in Education" programme is useful here. This system-level programme uses a multi-agency dashboard to track implementation milestones (including for mental health), workforce training, and school engagement, with regular public reporting. This transparency has helped to build trust and enabled timely course correction².

Furthermore, digital innovation is a key strand of the EWMH strategy, with platforms like Tellmi and ChatHealth providing new ways for young people to access support. It is crucial to evaluate deliverability of the strategy's aims and objectives in the context of the use of digital tools. This could be achieved through:

- Monitoring uptake and engagement (e.g., number of users, demographics, frequency of use).
- Assessing accessibility for vulnerable groups (e.g., neurodivergent children, those with SEND, digitally excluded families).
- Ensuring integration with other services (e.g., referral pathways from digital to face-to-face support).

The Tellmi app, for example, has been successful in engaging over 400 young people in its first year, with positive feedback and evidence of reaching neurodivergent users. However, ongoing evaluation is needed to ensure sustained impact and to address any emerging barriers. A systematic review by Hollis et al. (2017, *World Psychiatry*) found that digital mental health interventions for young people can be effective, but only when they are well-integrated into broader care pathways and subject to rigorous evaluation of engagement, outcomes, and equity³.

Evaluating efficacy is also key here. Efficacy refers to whether services achieve their intended outcomes. In children's EWMH, this could include:

- Improvements in mental health symptoms (e.g., anxiety, depression).
- Increased resilience and wellbeing.
- Reduced risk behaviours (e.g., self-harm, absenteeism).
- Positive feedback from children, families, and schools.

The reports submitted to the Committee describe the use of validated tools (e.g., RCADS, SDQ, Goal-Based Outcomes, True Colours platform) to measure outcomes at referral, during intervention, and at discharge. The Committee supports this and calls for routine and regular outcome

² [Greater Manchester i-THRIVE Programme | i-THRIVE](#)

³ Hollis, C., et al. (2017). Digital health interventions for children and young people with mental health problems: A systematic and meta-review. *World Psychiatry*, 16(3), 287–298.

measurements, and this can enable Children's EWMH services to demonstrate impact, compare performance, and identify areas for improvement. For instance, on a national scale, the Anna Freud Centre's "Measuring and Monitoring Children and Young People's Mental Wellbeing" toolkit is widely used across the UK to support consistent, evidence-based outcome measurement in schools and community settings⁴. Oxfordshire's system partners may wish to look into using this widely popular toolkit.

It is also crucial that any quantitative data that is used to evaluate the EWMH strategy and any associated services must be complemented by qualitative feedback from service users and their families. The use of platforms like "I Want Great Care" (IWGC) and engagement with the SEND Youth Forum can indeed help to ensure that the voices of children, young people, and families inform service development. However, the use of qualitative feedback should also be extensively utilised for digital services, where user experience and accessibility are critical.

Therefore, the Committee's recommendation to ensure clear mechanisms for evaluating the deliverability and efficacy of the EWMH strategy is both timely and essential. Robust evaluation can help to drive accountability and continuous improvement. It can also help to ensure that digital innovation delivers real benefits that also supports equity and inclusion. There is also a point about using evaluative mechanisms as a means to align children's EWMH services with national policy and inspection frameworks. By embedding evaluation at every stage—from strategy to service delivery, from digital platforms to face-to-face care—Oxfordshire can ensure that its EWMH services are effective, responsive, and sustainable. Learning from national best practice and academic research, and maintaining a focus on co-production and equity, will be key to success.

Recommendation 1: *To ensure that clear mechanisms are in place to evaluate the deliverability of the Emotional Wellbeing and Mental Health Strategy (including the use of digital platforms/apps), as well as the efficacy of Children's EWMH services more broadly.*

Securing sustainable funding: The EWMH of children and young people is a cornerstone of public health and social policy. Oxfordshire's EWMH strategy sets out ambitious aims: early intervention, improved access, digital innovation, and workforce development. However, the delivery of these aims is fundamentally dependent on the availability of sustainable funding. The Committee's recommendation to continue exploring and securing sustainable sources of funding is not only prudent but essential for the long-term success and resilience of the strategy and any associated services for children and young people.

⁴ Anna Freud Centre. (2016). Measuring and Monitoring Children and Young People's Mental Wellbeing: Toolkit for Schools.

According to a study and publication by the *Centre for Mental Health*, recent years have seen a marked increase in the prevalence and complexity of mental health needs among children and young people⁵. The reports submitted to the Committee for this item highlight rising referrals to CAMHS, increased safeguarding concerns, and a surge in presentations of anxiety, depression, and neurodevelopmental conditions. Nationally, the NHS Long Term Plan recognises children's mental health as a priority area, with demand outstripping supply in many regions⁶. Without sustainable funding, services risk being overwhelmed, leading to longer waiting times, reduced access, and poorer outcomes.

Short-term or fragmented funding can undermine strategic planning and innovation. The Oxfordshire EWMH strategy includes the development of digital platforms (such as Tellmi), whole-school approaches, and new models of care. These require multi-year investment, not just to launch but to evaluate, refine, and scale. Sustainable funding enables the system to invest in prevention, early help, and workforce development, rather than being forced into reactive crisis management.

Sustainable funding is vital to ensure that services reach all children, including those who are most vulnerable or marginalised. The reports submitted to the Committee emphasise the importance of targeted support for children with SEND, those from disadvantaged backgrounds, and those at risk of digital exclusion. National research shows that funding cuts disproportionately affect these groups, widening health inequalities⁷.

The Committee understands that funding for children's mental health comes from multiple sources: NHS England, Department for Education, local authorities, and the voluntary sector. While this diversity can be a strength, it can often lead to fragmentation, short-term grants, and uncertainty about future provision. For example, digital platforms like Tellmi and training programmes for school staff have been funded through time-limited grants, raising questions about sustainability once initial contracts end.

Other areas have adopted innovative approaches to securing sustainable funding:

- *Greater Manchester's Thrive in Education Programme:* This multi-agency initiative is funded through a pooled budget from the NHS, local authorities, and schools, enabling long-term planning and shared accountability⁸.

⁵ [CentreforMH MappingTheMentalHealthOfUKYoungPeople.pdf](#)

⁶ <https://www.longtermplan.nhs.uk/online-version/chapter-3-further-progress-on-care-quality-and-outcomes/mental-health/>

⁷ Marmot Review, <https://www.oxfordshire.gov.uk/residents/social-and-health-care/public-health-and-wellbeing/oxfordshire-marmot-place>

⁸ <https://www.gmhsc.org.uk/our-priorities/thrive-in-education/>.

- *London's Healthy Schools Partnership:* London boroughs have used joint commissioning and social impact bonds to fund whole-school mental health programmes, with payments being linked to specific outcomes⁹.

Furthermore, academic research consistently finds that sustainable funding is associated with better outcomes in children's mental health. A systematic review by McDaid et al. (2019, *BMC Psychiatry*) concluded that "stable, multi-year funding is a prerequisite for effective, integrated mental health services for children and young people"¹⁰. The Anna Freud Centre's work on whole-school approaches also highlights the need for ongoing investment to embed and sustain change¹¹.

Securing sustainable funding is not just about keeping services running; it is about enabling strategic transformation. Oxfordshire's EWMH strategy aims to shift from crisis response to prevention, from siloed services to integrated pathways, and from one-off interventions to sustained support. This requires investment in workforce, digital infrastructure, evaluation, and partnership working. Without sustainable funding, these ambitions cannot realistically and effectively be realised.

Investing in children's mental health also yields significant economic returns. The *Centre for Mental Health* estimates that every £1 invested in early intervention saves at least £8 in future costs to health, education, and social care¹². Sustainable funding enables services to plan for efficiency, avoid duplication, and leverage additional resources (such as matched funding, social investment).

The recommendation to continue to explore and secure sustainable sources of funding for the EWMH strategy is both necessary and justified. Sustainable funding is the foundation for effective, equitable, and innovative mental health services for children and young people. By learning from national best practice, leveraging academic evidence, and building strong local partnerships, Oxfordshire's system partners can ensure that the EWMH strategy delivers lasting impact for all children.

Recommendation 2: *To continue to explore and secure sustainable sources of funding for the delivery of the aims and objectives of the EWMH strategy.*

Support for those awaiting diagnosis/treatment: The journey for families seeking diagnosis and treatment for children's EWMH needs is often fraught with uncertainty, anxiety, and long waiting times. In Oxfordshire, as in many parts of the UK, demand for neurodevelopmental and mental health assessments has surged, leading to significant delays. The Committee's recommendation to scale up "Supportive Steps" and

⁹ <https://www.healthyschoolslondon.org.uk/>

¹⁰ <https://bmcpsy psychiatry.biomedcentral.com/articles/10.1186/s12888-019-2237-4>

¹¹ <https://www.annafreud.org/schools-and-colleges/resources/measuring-and-monitoring-children-and-young-peoples-mental-wellbeing-a-toolkit-for-schools/>.

¹² <https://www.centreformentalhealth.org.uk/publications/children-and-young-peoples-mental-health>

similar programmes countywide, with a focus on proactive communication and interim support, is both timely and essential.

The reports submitted to the Committee highlight the increasing complexity and volume of referrals to CAMHS and neurodevelopmental pathways, particularly for autism and ADHD. Families often wait months, sometimes years, for assessment and treatment. As a result, during this period, children's needs may escalate, parental stress could intensify, and families can feel isolated and unsupported.

Nationally, the *NHS Digital Mental Health Survey (2023)* found that one in six children in England has a probable mental disorder, with many experiencing delays in accessing specialist care¹³. The *Marmot Review* and *Centre for Mental Health* have repeatedly emphasised that long waits without interim support can worsen outcomes and increase health inequalities¹⁴.

Providing structured support while families await diagnosis and treatment is crucial for preventing escalation of needs. The Oxfordshire "Supportive Steps" programme, as described in the reports, offers workshops, peer support, solution-focused interventions, and signposting to resources. The Committee supports these initiatives as they can help families to manage challenges, build resilience, and access practical advice. In addition, academic research supports this approach. A systematic review by O'Connor et al. (2018, *Child and Adolescent Mental Health*) found that parent-focused interventions during waiting periods reduced parental stress, improved child outcomes, and increased engagement with services¹⁵.

Interim support programmes can empower families to understand and manage their child's needs, even before a formal diagnosis. The "Supportive Steps" model includes psychoeducation, peer support, and practical strategies for behaviour, sleep, and emotional regulation. This can not only help families cope but also build capacity for self-management and advocacy. Nationally, the Anna Freud Centre's "Family Support" toolkit and the Early Help Partnership in Manchester have demonstrated that structured interim support leads to better outcomes and reduced reliance on crisis services¹⁶. Structured interim support is particularly important for families who may face additional barriers—such as those with SEND, from disadvantaged backgrounds, or with limited digital access. The "Supportive Steps" programme and similar initiatives can be tailored to reach these groups, ensuring that no family is left behind. Nationally, the "Waiting Well" programme in Kent and the "Autism

¹³ <https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-of-children-and-young-people-in-england/2023>

¹⁴ <https://www.oxfordshire.gov.uk/residents/social-and-health-care/public-health-and-wellbeing/oxfordshire-marmot-place>;

¹⁵ <https://onlinelibrary.wiley.com/doi/full/10.1111/camh.12289>

¹⁶ <https://www.annafreud.org/parents-and-carers/>;
https://www.manchester.gov.uk/info/500361/early_help.

in Schools” project in North East England have shown that targeted interim support (including mental health support) reduces inequalities and improves engagement¹⁷.

Proactive communication is essential for maintaining trust and engagement. Families need regular updates on waiting times, next steps, and available support. The Committee wishes to see stronger emphasis on providing clear, structured and proactive communication—through phone calls, emails, digital platforms, and face-to-face contact. Academic evidence shows that proactive communication reduces anxiety, increases satisfaction, and improves outcomes (Baker et al., 2020, *British Medical Journal Open*)¹⁸. The “Supportive Steps” programme includes dedicated communications, signposting to resources, and opportunities for peer connection. Families awaiting diagnosis and treatment should be signposted to a range of interim support options—parenting programmes, peer support groups, digital resources, and community services. Nationally, the “Signposting Project” in Birmingham and the “SEND Local Offer” in London have demonstrated that effective signposting increases uptake of support and reduces isolation¹⁹.

Therefore, scaling up “Supportive Steps” and similar programmes countywide ensures that all families, regardless of location or background, receive consistent, high-quality support. This requires investment in workforce, training, digital infrastructure, and partnership working. The Committee’s recommendation to provide clear and structured support for families awaiting diagnosis and treatment, with a countywide scale-up of “Supportive Steps” and similar programmes, is strongly justified by local evidence, national best practice, and academic research. Structured interim support prevents escalation, empowers families, reduces inequalities, and improves outcomes. Proactive communication and signposting are essential for maintaining trust and engagement. Countywide scale-up ensures consistency, equity, and sustainability. By investing in these approaches, Oxfordshire can ensure that every family receives the support they need, when they need it—regardless of waiting times or diagnosis status.

Recommendation 3: *To provide clear and structured support for families awaiting diagnosis and treatment. It is recommended that there is a scaleup of “Supportive Steps” and similar programmes countywide, ensuring proactive communication and signposting to interim support.*

Clear communication and unified navigation hub: Children’s emotional wellbeing and mental health (EWMH) services are increasingly complex, with a growing array of digital platforms, local resources, and professional pathways. In Oxfordshire, services such as

¹⁷ <https://www.kentcht.nhs.uk/service/waiting-well/>; <https://www.northeastautism.org.uk/autism-in-schools>

¹⁸ <https://bmjopen.bmj.com/content/10/7/e037674>

¹⁹ https://www.birmingham.gov.uk/info/50224/send_local_offer/;
<https://www.london.gov.uk/programmes-strategies/health-and-wellbeing/mental-health/send-local-offer>

Tellmi (a digital peer support app), SHaRON (a parent/carer peer support platform), and a wide range of local offers have expanded access and choice. However, families and professionals often struggle to navigate this landscape, leading to confusion, missed opportunities, and inequitable access. The Committee's recommendation to develop a unified navigation hub is a strategic response to these challenges, aiming to improve communication, transparency, and outcomes for children and families.

The reports submitted for this item highlight the proliferation of digital and community-based EWMH resources. While this diversity is a strength, it can also create challenges. Parents may be unaware of available support, professionals may struggle to signpost effectively, and young people may not know where to turn in a crisis. Nationally, the *Children's Commissioner's "Mental Health Services: A Guide for Parents"* (2022) found that families often experience "a maze of services, with little clarity on how to access help or what is available"²⁰. Academic research echoes this, with Ford et al. (2021, *British Medical Journal Open*) noting that "navigation difficulties are a key barrier to timely and effective mental health support for children"²¹.

A unified navigation hub can bring together disparate resources into a single, accessible platform. This can improve communication by providing clear, consistent information and guidance. It enhances transparency by making pathways visible and understandable, reducing the risk of families "falling through the cracks." This approach is supported by national best practice, such as the "MindEd" portal, which offers a unified gateway to mental health resources for families and practitioners²².

The Oxfordshire SEND local offer, Early Help Strategy, and JSNA dashboard provide a wealth of information on local services. However, these resources are often siloed, with different entry points and inconsistent guidance. The unified navigation hub should aggregate these offers, presenting them in a user-friendly format with search and filter functions.

Nationally, the "Birmingham Local Offer", and "Healthy Schools London" are examples of unified platforms that bring together digital, community, and statutory resources, improving access and transparency²³.

Furthermore, parents need clear, jargon-free guidance on what services are available, how to access them, and what to expect. The navigation hub should include FAQs, step-by-step pathways, eligibility criteria, and contact details. It should be accessible in multiple formats (web, app, print) and languages, with options for those with additional needs.

²⁰ <https://www.childrenscommissioner.gov.uk/report/mental-health-services-a-guide-for-parents/>).

²¹ <https://bmjopen.bmj.com/content/11/3/e043273>

²² <https://www.minded.org.uk/>,

²³ <https://www.localofferbirmingham.co.uk/> ; <https://www.healthyschoolslondon.org.uk/>

Additionally, professionals require up-to-date information on referral pathways, eligibility, and service capacity. The hub should include professional guidance, referral forms, training resources, and feedback mechanisms. Integration with digital platforms (e.g., Tellmi, SHaRON) would enable professionals to signpost confidently and track outcomes. Academic research by Reardon et al. (2017, *BMC Health Services Research*) found that “clear, accessible guidance for professionals is associated with increased referral accuracy and reduced waiting times”²⁴.

Recommendation 4: *To improve communication and transparency on Children’s EWMH services. It is recommended that a unified navigation hub is developed which links Tellmi, SHaRON, and local resources and services, with clear guidance for parents and professionals.*

Embedding the Whole School Approach: Children’s EWMH is a critical determinant of educational attainment, social development, and lifelong health. Schools are uniquely positioned to promote mental health because they are environments where children spend a significant portion of their lives. It is the Committee’s understanding that the Whole School Approach (WSA) is an evidence-based framework that integrates mental health into every aspect of school life—from leadership and culture to curriculum and community engagement.

The reports submitted to the Committee for this item highlight increasing rates of anxiety, depression, and emotional distress among school-aged children, as evidenced by the OxWell survey and CAMHS data. Also, nationally, NHS Digital reports that one in six children in England has a probable mental disorder, with prevalence rising post-pandemic²⁵. Schools are often the first point of contact for these children, making them critical in early identification and intervention.

The WSA is endorsed by the Department for Education (DfE) and Public Health England as a best-practice model. Research by the *Anna Freud Centre* and the *Education Endowment Foundation* shows that WSA improves resilience, reduces stigma, and enhances academic outcomes²⁶. Additionally, a meta-analysis by Weare and Nind (2011) found that whole-school mental health programmes significantly reduce behavioural problems and improve emotional wellbeing²⁷.

The Committee understands that the WSA is not a one-off intervention but a cultural shift that involves:

- Leadership commitment to mental health.
- Staff training and wellbeing support.

²⁴ <https://bmchealthservres.biomedcentral.com/articles/10.1186/s12913-017-2546-2>

²⁵ NHS Digital (2023). *Mental Health of Children and Young People in England*.

²⁶ <https://www.annafreud.org/schools-and-colleges/whole-school-approach/>

²⁷ https://academic.oup.com/heapro/article/26/suppl_1/i29/580631

- Integration of mental health into curriculum and policies.
- Engagement with parents and communities.
- Access to specialist support when needed.

Whilst the report submitted for this item shows that there is progress through the use of Mental Health Support Teams (MHSTs) and Well Schools initiatives, the geographical coverage of these initiatives remains uneven across the County.

The DfE offers grants for training senior mental health leads, yet uptake in Oxfordshire is only 55%, below the national average of 60%²⁸. A trained lead provides strategic oversight, coordinates interventions, and acts as a liaison with external services. Without this role, WSA risks being fragmented and ineffective.

Furthermore, accountability drives improvement. Annual reporting ensures schools reflect on progress, share best practice, and identify gaps. It also provides data for local authorities to monitor trends and allocate resources effectively. Such reporting should ideally include:

- Staff training completed.
- Pupil wellbeing metrics (e.g., OxWell survey data).
- Interventions delivered and outcomes achieved.

Moreover, other regions throughout the country have also successfully been adopting the WSA.

- *Greater Manchester Thrive in Education*: Is a region-wide WSA programme with dedicated mental health leads in schools and robust evaluation. Outcomes include improved attendance and reduced exclusions²⁹
- *London Healthy Schools Programme*: Embeds mental health into school improvement plans, with annual self-assessment and accreditation³⁰.
- *Wales' Whole School Approach Framework*: Mandates mental health integration across all schools, supported by government funding and monitoring³¹.

These national examples demonstrate that the WSA is scalable and effective when supported by leadership, training, and accountability.

Recommendation 5: *To embed the Whole School Approach (WSA) across all Oxfordshire schools, and to strongly encourage all schools to have a trained senior*

²⁸ <https://www.gov.uk/guidance/senior-mental-health-lead-training>

²⁹ <https://www.gmhsc.org.uk/our-priorities/thrive-in-education/>.

³⁰ <https://www.healthyschoolslondon.org.uk/>

³¹ <https://gov.wales/whole-school-approach-mental-health-and-well-being>

mental health lead and for schools to report annually on WSA implementation and impact.

Sexual Health Provision: Sexual health provision in schools is not only about preventing sexually transmitted infections (STIs) and unintended pregnancies; it is also a critical gateway to supporting young people's emotional wellbeing and mental health. Adolescents often experience anxiety, stress, and low self-esteem related to relationships, sexuality, and body image. These issues can significantly impact mental health if left unaddressed. Research by the World Health Organization (WHO) and Public Health England (PHE) confirms that comprehensive sexual health services reduce psychological distress by promoting confidence, autonomy, and informed decision-making³².

Schools provide a trusted environment where young people can seek confidential advice. The Committee appreciates that Oxfordshire's school nursing teams already integrate emotional wellbeing checks into sexual health consultations, offering brief interventions or referrals to CAMHS and counselling services when needed. This dual approach can ensure that sexual health provision becomes a point of early mental health intervention. Rural communities face unique barriers including:

- Limited access to clinics and mental health services.
- Transport difficulties for young people seeking confidential care.

School-based provision mitigates these barriers by embedding services where young people already are. However, without advanced training and investment, nurses may lack the skills to address complex emotional issues alongside sexual health needs³³. Advanced training equips nurses not only to prescribe contraception but also to:

- Deliver trauma-informed care.
- Recognise signs of anxiety, depression, or coercive relationships.
- Provide brief mental health interventions and signposting.

The Faculty of Sexual and Reproductive Healthcare (FSRH) emphasises that sexual health practitioners must be trained in safeguarding and mental health awareness to provide holistic care³⁴.

Furthermore, in terms of monitoring the efficacy of sexual health services and their impact on children's EWMH, this should go beyond counting contraception consultations. It should include: uptake of emotional wellbeing support during sexual health visits, referrals to mental health services from sexual health consultations, and feedback from young people on whether they felt supported holistically. In essence, data-driven

³² WHO, 2021: <https://www.who.int/news-room/fact-sheets/detail/adolescent-health>; PHE, 2015: <https://www.gov.uk/government/publications/promoting-children-and-young-peoples-emotional-health-and-wellbeing>

³³ Oxfordshire JSNA: <https://data.oxfordshire.gov.uk/jsna/children-and-young-people/>.

³⁴ <https://www.brook.org.uk/>

evaluation can help to ensure that sexual health provision contributes meaningfully to mental health outcomes.

Other regions around the country have also sought to integrate school nursing and sexual health provision with mental health and emotional wellbeing support for children:

- *Cornwall*: In Cornwall, local system partners integrated sexual health and mental health support in school clinics, with nurses being trained in motivational interviewing and anxiety screening³⁵.
- *Cumbria*: In Cumbria, a “Hub and spoke” model was utilised which linked rural schools to specialist nurses and mental health practitioners via telehealth³⁶.
- *London Boroughs*: Across London Boroughs, the Whole School Approach programmes embedded sexual health within mental health strategies, ensuring joined-up care³⁷.

Therefore, the recommendation to maintain and enhance sexual health provision in schools, particularly in rural areas, through advanced nurse training and monitoring uptake is vital. By embedding mental health support within sexual health services, Oxfordshire’s system partners can deliver holistic, accessible care that addresses both physical and emotional wellbeing. This approach reduces inequalities, safeguards young people, and promotes lifelong health.

Recommendation 6: *To maintain and enhance sexual health provision in schools, particularly in rural areas, through continued investment in advanced training for nurses and monitoring service uptake.*

Integrating Family Hubs with the Whole System Approach: Children’s emotional wellbeing and mental health (EWMH) is shaped by a complex interplay of family, school, and community factors. Fragmented services can often lead to gaps in support, delayed interventions, and increased stress for families navigating multiple systems. Currently, families often encounter siloed services—health, education, social care—each with separate referral pathways and eligibility criteria. The reports submitted for this item highlight that while Family Hubs aim to provide “one-stop” early help, mental health services for children remain dispersed across CAMHS, schools, and voluntary organisations. Therefore, further integration of separate services would help to ensure that emotional wellbeing is not treated as an isolated issue but is embedded within family support structures.

Family Hubs are designed to deliver universal and targeted support for families, including parenting programmes, health advice, and SEND

³⁵ Cornwall Council, 2022: <https://www.cornwall.gov.uk/>.

³⁶ Cumbria Partnership NHS, 2021.

³⁷ Healthy Schools London: <https://www.healthyschoolslondon.org.uk/>.

support. By linking these hubs with the Whole System Approach (WSA) for mental health, professionals can identify emotional needs early and provide timely interventions. Research by Public Health England confirms that integrated early help reduces escalation to specialist services and improves long-term outcomes³⁸.

The WSA emphasises collaboration across education, health, and community sectors to create environments that promote resilience and mental wellbeing. Oxfordshire's strategy already includes Mental Health Support Teams in schools, digital tools like Tellmi, and workforce training. Integrating these elements into Family Hubs could:

- Provide families with a single access point for emotional wellbeing and practical support.
- Enable professionals to share information and coordinate care.
- Reduce duplication and improve efficiency.

Furthermore, there are some key benefits of Family Hubs with the WSA. Firstly, this can help improve accessibility and equity. Family Hubs are locally based and designed to be inclusive, reducing barriers for disadvantaged or rural families. Integration can ensure that mental health support is available alongside other services, avoiding the stigma often associated with standalone mental health clinics. Secondly, such integration can help create holistic support.

Mental health challenges rarely occur in isolation; they are often linked to housing insecurity, financial stress, or parenting difficulties. Integrated hubs can allow professionals to address these interconnected issues through a "Think Family" approach, improving outcomes for children and parents alike. Thirdly, increased integration can contribute to workforce development. Bringing together staff from health, education, and social care within Family Hubs fosters shared learning and consistent practice. Indeed, the reports submitted for this item also highlight the success of multi-agency training in improving confidence and competence in supporting emotional wellbeing.

On a national scale, there are examples of good practice where Family Hubs have been integrated into a WSA to mental health:

- *Greater Manchester Family Hubs Model:* Combines early years support, parenting programmes, and mental health practitioners under one roof, with strong links to schools and CAMHS. Evaluation shows improved engagement and reduced waiting times for mental health support³⁹.

³⁸ PHE, 2015: <https://www.gov.uk/government/publications/promoting-children-and-young-peoples-emotional-health-and-wellbeing>

³⁹ <https://greatermanchester-ca.gov.uk/news/family-hubs-to-support-children-and-families-across-greater-manchester/>

- *North Yorkshire*: Integrated hubs provide parenting advice, SEND support, and emotional wellbeing services, supported by digital tools and community partnerships⁴⁰.
- *London Borough of Tower Hamlets*: Family Hubs act as gateways to mental health services, with co-located practitioners and shared referral systems, reducing duplication and improving family experience⁴¹.

In essence, the recommendation to integrate Family Hubs with the WSA to Children's EWMH is strongly justified. It addresses fragmentation, enhances accessibility, and delivers holistic, family-centred care. By learning from national best practice and embedding evidence-based principles, Oxfordshire can create a sustainable model that supports children and families effectively.

Recommendation 7: *To work toward integration of Family Hubs with the Whole System Approach to Children's Emotional Wellbeing and Mental Health. It is also recommended that consideration is given to the need for integrating the children's voice together in any future independent patient voice arrangements for Oxfordshire.*

Legal Implications

21. Health Scrutiny powers set out in the Health and Social Care Act 2012 and the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 provide:
 - ☐ Power to scrutinise health bodies and authorities in the local area
 - ☐ Power to require members or officers of local health bodies to provide information and to attend health scrutiny meetings to answer questions
 - ☐ Duty of NHS to consult scrutiny on major service changes and provide feedback on consultations.
22. Under s. 22 (1) Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 'A local authority may make reports and recommendations to a responsible person on any matter it has reviewed or scrutinised'.
23. The Health and Social Care Act 2012 and the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 provide that the Committee may require a response from the responsible person to whom it has made the report or recommendation and that person must respond in writing within 28 days of the request.

⁴⁰ <https://www.northyorks.gov.uk/children-and-families/family-hubs>

⁴¹ https://www.towerhamlets.gov.uk/ignl/education_and_learning/early_years__childcare/family_hubs.aspx

24. The recommendations outlined in this report were agreed by the following members of the Committee:

Councillor Jane Hanna OBE – (Chair)
District Councillor Dorothy Walker (Deputy Chair)
Councillor Ron Batstone
Councillor Judith Edwards
Councillor Gareth Epps
Councillor Emma Garnett
District Councillor Katharine Keats-Rohan
District Councillor Elizabeth Poskitt
City Councillor Louise Upton
Barbara Shaw
Sylvia Buckingham

Annex 1 – Scrutiny Response Pro Forma

Contact Officer: Dr Omid Nouri
Health Scrutiny Officer
omid.nouri@oxfordshire.gov.uk
Tel: 07729081160

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