

# **Oxfordshire Child and Adolescent Mental Health Service (CAMHS)**

## **Members' briefing for Oxfordshire HOSC**

**November 2023**

### **1.0 Introduction**

This paper is providing data and development updates from Oxfordshire Child and Adolescent Mental Health Services (CAMHS). The aim of the paper is not to cover information already provided in previous updates.

Austerity over the last ten years, in all areas of life has reduced the resilience of families, communities and schools and their ability to support young people. Added to this the pandemic has resulted in a further increase in the mental health needs of young people. Prior to the pandemic 80% of young people were found to thrive, since the pandemic this has dropped to 60%. An already stretched CAMHS service has struggled to meet this increasing need as many young people who would previously have managed within their home, school and community are not longer doing so and seek our help. This is a national issue and is reflected in our local statistics. The total number of young people that we are looking after at any one time has doubled in the last five years.

We are a committed and passionate group of people and with the support of our partner agencies have worked hard to remain creative and change and adapt our services to try and meet the increasing and changing needs of young people. We are always looking to improve what we do and are confident that we are making the most efficient use of the resources that we have. It is increasingly hard to recruit and retain staff as the demands and expectations have increased so dramatically. In this report we describe the current situation and our efforts to adapt and meet the increasing complexity and need.

### **2.0 Update on Data Reporting**

Following the national cyber incident in 2022 and Oxford Health NHS Foundation Trust's subsequent move to new clinical information systems a reporting recovery project was initiated. That project is progressing, and the Trust was able to make a submission of a 'light' version of MHSDS for August 22 to March 23 to NHSE on 19<sup>th</sup> October 2023. The 'light' version supports calculation of some of the LTP indicators. We plan to start making fuller MHSDS submissions for 23/24 from November onwards, when we will flow September and October data. Over the coming months we will then refresh back for April to August 2023. The reporting recovery project also supports the provision of local reporting which is being reinstated in a phased way from November 2023 onwards.

### 3.0 Digital Working

As previously documented our response to response to COVID-19 meant that we as a Trust rapidly introduced digital consultations using Microsoft teams. This enabled service provision to continue through COVID-19 restrictions and has meant we have grown our digital offer over the last 4 years.

The CAMHS teams continue to embrace the digital working and we have positive feedback from young people and parent/carers. We recognize that it is not for everyone and will always continue to offer a blended approach especially in relation to risk.

We continue to provide a high amount of digital work seen in the table below.

Financial Year	Face to Face	Phone	Digital	Total Appointments
2019/20	28,696	13,928	2,574	45,198
2020/21	4,714	22,714	28,094	55,522
2021/22	12,631	17,708	27,088	57,427

This way of working received positive feedback from young people and parents who valued not having to travel to face-to-face appointments.

This approach is part of a wider plan at Oxford Health NHS Foundation Trust to embed digital transformation across the service so more young people and their families can benefit.

The redesign of the CAMHS website includes self-help resources for parents, carers and young people, and up-to-date information and support around common mental health issues for young people.

We continue to work in partnership with Helios to allow better access, an online provider which continues to allow better access to assessments and treatment for young people.

We have also been involved in trials of specific APPS which support mental health \*e.g. Sleepio (digital sleep-improvement program), and are continuing this with being part of a SPARXX trial (online digital therapy for depression).

We have funding to evaluate the online tool OVAAT (Oxford Virtual Autism Assessment Tool) which we developed during lockdown and enables the team to carry out Autism assessments digitally. We now have trust and ethics approval and are starting to recruit participants. This tool is unique as it is developing the evidence base for assessment of autism via digital means.








We have in addition developed a digital tool (the Berkshire Oxfordshire Buckinghamshire-Neuro Developmental Questionnaire-BOB-NDQ) to gather information about children and young peoples' development as part of our CAMHS Neuro Developmental Conditions (NDC) Service's autism assessments. We are working with academic partners to develop a Clinical

Decision Support Tool (CDST) that can analyse the BOB-NDQ information to triage cases and match the complexity of the case to the appropriate clinical assessment thus making the most effective and efficient use of the resources we have.

## 4.0 Referrals and waiting times/ Key Metrics

The below table shows the growth in referrals to Oxfordshire CAMHS over the years, there are seasonal dips each year which is common in CYP MH services. During 2020 the decrease in referrals is an impact of Covid and children not being in schools and less seen. Regular escalation meetings were setup with the Local Authority to ensure that concerns about young people were shared amongst partner-agencies. For the later part of 2020 the referrals started to increase again to pre Covid 19/20 monthly referral rates.

**Table 1.** Performance Metrics - All Teams, excluding SPA - Oxfordshire CAMHS

Metric	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22	2022/23*	2023/24*	Trend	% Change Yr 1 to Yr 8
Mean monthly Referrals	476	547	538	519	474	544	513	446		8%
Mean monthly Caseloads	4927	5593	6515	7513	7497	8353	9832	10838		120%
Mean monthly Discharges	465	473	433	484	456	457	432	473		2%
Median Length on Caseload (current patients)	n/a	n/a	n/a	n/a	n/a	n/a	n/a	550	n/a	n/a
Median Length on Caseload (discharged patients)	209	204	228	276	283	420	262	376		25%
Mean appointments per episode	8	9	10	10	12	12	13			65%
DNA rate	7%	8%	8%	8%	7%	7%	7%			-6%
Cancelled by patient	6%	6%	6%	7%	4%	5%	6%			9%

There is no reportable waiting time data at present due to the cyber-incident outage and change in clinical system. There is work being completed at OHFT to develop the waiting list function within our new clinical system RIO that we hope to be in use in the new year.

## 5.0 Our Staff

The table below outlines the whole-time equivalents per service area in Oxfordshire CAMHS and current vacancies. The overall vacancy rate for the service is currently at 25%.

To support our recruitment, we have been attending recruitment fairs in Glasgow, Dublin and Belfast and are offering relocation packages as well as incentive payments.

Our staff turnover rate has reduced from 20% (October 2022) to 15.5% (October 2023).

### 5.1 Staff Training

All of our staff have robust mandatory training which we are currently at 85% compliance. We do an internal training programme for staff training in Cognitive Behavioural Therapy (CBT) skills, Solution Focused training, DBT skills, Family Therapy skills, gender identity and

specialised CAMHS risk assessment training. We train every year via the Charlie Waller Centre for various evidenced based training including CBT.

All of our staff have clinical supervision which is monitored and are at 94% completion rates for our Personal Development Plans which outlines each member of staffs training and development needs this year.

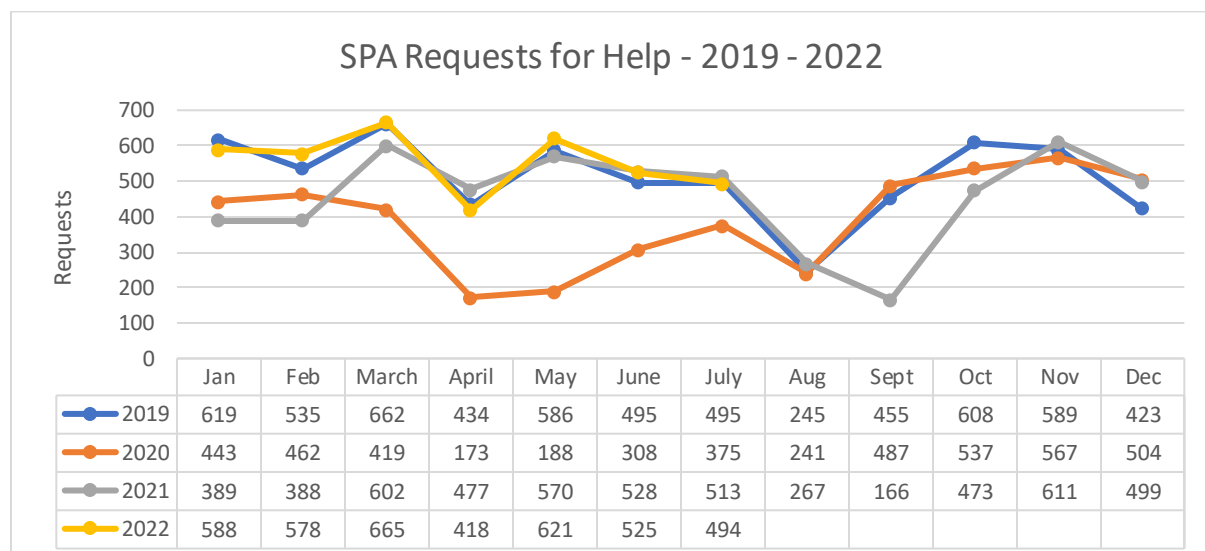
## 6.0 Children and Young People’s feedback and Participation.

During November we will be welcoming our new Participation lead who will continue to work with our young people and families to gather feedback and input for our service and future developments.

All of our teams gather feedback from children & young people, families and from professionals we work with. We have included examples throughout the report and included more within Appendix 1.

## 7.0 Challenges for CYP and CAMHS

We are currently experiencing an increase of referrals and calls to our Single Point of Access team. We never refuse a referral always giving consultation and advice if CAMHS is not the best service to meet the young person’s needs. This is not always easy to manage in terms of the volume of calls from families as well as professional referrers. We receive on average 55 phone calls a day.



The request for Neuro Developmental Assessments continues to be high, the service is commissioned to provide 50 assessments per month and currently receiving 150 referrals per month. However we have implemented a living well programme for all families so they can learn about the conditions and adapt the way they respond to their child if they believe they have a neurodiversity. Initially this wasn’t taken up a lot by families, but we have since been offering webinars jointly with the Parent Carer Forum (PCF) which have been more popular.

The key pressures across our services are being addressed by the service developments detailed in the CAMHS Development section below:

Current Pressure	Service Developments
Continued demand for NDC services across Oxfordshire.	<ul style="list-style-type: none"> <li>• Creation and development of the OVATT Tool</li> <li>• Implementation of a 'Living well' offer to families and working in partnership with the PCF</li> <li>• Contract with Owl Centre to support assessment</li> <li>• Developing our triage tools and process to increase efficiency of processing and assessment times</li> </ul>
Increased waiting times within GH and GMH.	<ul style="list-style-type: none"> <li>• Large scale improvement project</li> <li>• Helios contract</li> <li>• Caseload Review / Waiting List structure</li> <li>• Autism Champions Contract</li> <li>• Walking with You</li> <li>• Outreach Service (OSCA) Developments</li> <li>• Recruited to Parent Engagement Worker to focus on development of getting help offer and support for families waiting</li> <li>• Recruiting to 2 Parent Peer Support workers</li> </ul>
Previous shortage of Tier 4 Mental Health inpatient beds for young people who require hospital admission.	<ul style="list-style-type: none"> <li>• Partnership working with OUH continues to go well and evidence of quicker discharges for young people when presenting with mental health difficulties.</li> <li>• Meadow Unit, 8 bedded Psychiatric Intensive Care Unit has opened and is based at the Warneford Hospital site.</li> </ul>

## 8.0 Tier 4 Inpatient Admissions

Oxford Health NHS Foundation Trust (OHFT) is the Lead Provider for the, Thames Valley CAMHS Provider Collaborative (TVPC), who is the responsible commissioner for CAMHS Tier 4 Mental Health inpatient provisions for the children and young people populations for the following ICB's and for Tier 4 Community Forensic CAMHS:

- BOB (Buckinghamshire, Oxfordshire, Berkshire (West))
- Gloucestershire
- BSW (Bath and North East Somerset, Swindon and Wiltshire)
- Frimley (East Berkshire)

Across the TVPC footprint there are the following providers:

- Berkshire Healthcare NHS Foundation Trust
- Oxford Health NHS Foundation Trust

Provider Collaboratives are an important change in the way services are planned, funded and

provided, those that use the services and the clinicians, in partnership, have greater influence and involvement. The key aims of TVPC:

- To jointly commission high quality, seamless pathways for those children and young people who may require Tier 4 care.
- Improved provision of care closer to home through reduced out of area placements.
- Improved clinical outcomes and reduced length of stay for children and young people.
- Improve the patient experience, making sure we involve people in service review design and listen to their views.
- Improve the quality of care and experience for young people and families.
- Work as a system, redesigning our services to fit the needs of people.

TVPC commissioners a range of services for CAMHS Tier 4 across the footprint, through go live and sustaining the provider collaborative, TVPC has developed a strategy and annual commissioning intentions to sustain the range of services to meet the needs of locality populations. The below table illustrates the range of service provision commissioned during 2023/2024:

<b>Provider</b>	<b>Tier 4 Unit/Service</b>	<b>Capacity</b>
Oxford Health NHS Foundation Trust	Highfield GAU	18 beds
Oxford Health NHS Foundation Trust	Marlborough House GAU	12 beds
Oxford Health NHS Foundation Trust	CYP ED Hospital@Home	12-16 places
Oxford Health NHS Foundation Trust	Meadow PICU*	8 beds
Active Care Group	Taplow Manor ED **	20
Active Care Group	Taplow Manor GAU**	11
Active Care Group	Taplow Manor PICU**	29
Berkshire Healthcare NHS Foundation Trust	Phoenix Service	16 places
*Meadow Unit Open November 2023 with phased capacity		
**All Active Care- Taplow Manor provision ceased July 2023		

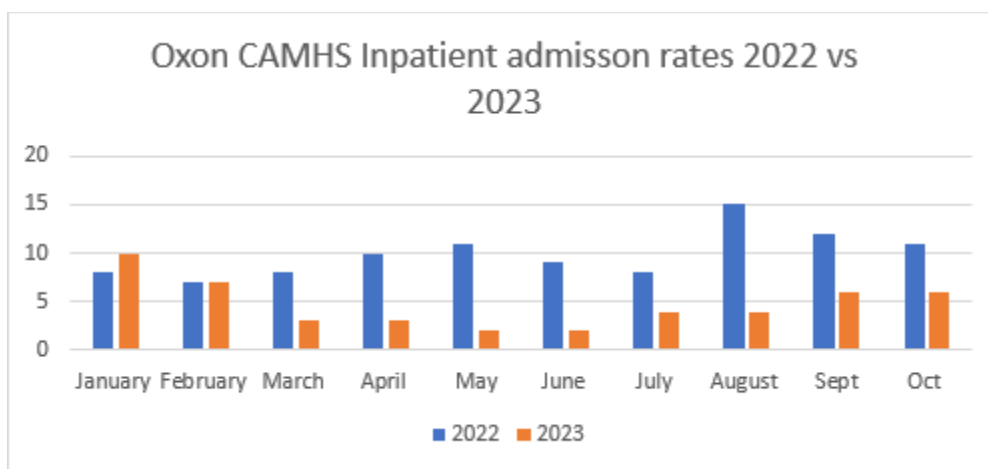
Active Care Group gave notice on ceasing all CAMHS inpatient provision at Taplow Manor, Maidenhead from the 31st May 2023. The unit officially closed on the 17th July 2023, when the last remaining patient was transferred to alternative provision. The loss of the 60 beds within the South East region has left a huge capacity gap in the market, the Provider Collaborative averaged a third of the Taplow usage. The Provider Collaborative is currently working on investment plans across the collaborative footprint to increase Tier 4 capacity.

The current workstreams include:

- Commissioning the new Meadow PICU Unit Oxford- open November 2023, will absorb the PICU demand for Thames Valley, further reducing out of area PICU placements.
- Developing business plan and capital funding for a new Tier 4 Day Hospital in Buckinghamshire, which will increase capacity for GAU and ED.

- Developing business plan and capital funding for Tier 4 day provision in Gloucestershire, will increase capacity for GAU and ED and bring equitable Tier4 access across the footprint.
- Developing clinical model and service for LD&A Hospital@Home, aligned to Transforming Care Agenda and reducing the number of CYP inpatients for LD&A. BOB is a national outlier for high numbers admitted. Pilot launching 2024.

The graph below outlines the reduction of inpatient Tier 4 beds within the last year. We have an excellent Crisis and Home Treatment team as well as the Enhanced Care Pathway within our eating disorders service who we believe have contributed to this reduction in the use of inpatient admission.



## 9.0 CAMHs Developments to Date

### 9.1 Neuro Developmental Conditions (NDC)

The demand for neurodevelopmental assessments continues to increase. The team's capacity to assess new cases has decreased as the caseload of young people being cared for has increased. The average wait for an ASD assessment with the CAMHS NDC pathway is 3.5 years.

### 9.2 'Living Well with Neuro Diversity' Offer

Over the last year the team have worked hard to implement a pre assessment offer to families. In collaboration with Autism Oxford and NDC CAMHS we have developed the Living Well with Neurodiversity support service.

This service is for young people and families who are on the waiting list for assessment or accessing treatment with Oxfordshire CAMHS NDC and Neuropsychiatry service. The offer involves Monthly "parents evening" style advice for parents pre and post assessment and support groups for parents who are waiting for a diagnostic assessment. Families are provided with a link to the website and a code. They can then book onto the support independently and access a range of resources/information.



### **9.3 Owl Centre**

We have been able to gain additional monies to purchase 350 assessments from the Owl Centre (a private provider that offers Neuro Developmental Conditions assessments) to help with the service demand. During the contract work up, CAMHS NDC and the Owl centre were able to align the digital assessment structure being offered. So that we can ensure an equitable experience for our families, whether the assessment was offered by the Owl centre or NDC.

### **9.4 Single Point of Access (SPA) / Getting Help / Getting More Help:**

We are currently in the process of conducting a large-scale service improvement project which will be reviewing the following areas:

- The current GH / GMH model.
- Our internal processes
- The package of support offered to young people and their families and initial universal and targeted offer
- The initial assessment offer
- Staff development and training needs

Upon launch, the purpose of this project was to identify any overlaps, gaps, and duplications in our processes and also the provision we offer to ensure teams are working collaboratively (releasing capacity) where appropriate to reduce our waiting times. We also wished to address feedback that systems were often difficult to navigate.

Specific work is also being undertaken regarding CYP who may be neurodiverse. Work within the service to address demand continues.

### **9.5 SPA Triage**

For Children we Care for, children on a Child Protection plan or young people who are highlighted as concerning from a referring professional. The SPA team will triage these cases using 2 domains: complexity and contextual problems and using a tool we rate cases as:

Moderate – severe: THESE ARE **URGENT RED 0- 4 WEEKS**

Mild-moderate – THESE ARE **TO BE SEEN SOON AMBER 4-8 WEEKS**

None – mild – THESE CAN BE **ROUTINE GREEN 8-16 WEEKS**

### **9.6 Walking with you**

“Walking with you” is a support group open to any parents or carers who are supporting children up to the age of 25 years with difficulties around their mental health. It is run with educational information as well as parents sharing their lived experience.



### **9.7 Outreach Service for Children and Adolescent's (OSCA)**

The Outreach Service for Children and Adolescent's support young people whose level of complexity requires more intensive services than can be offered with the Community Child and Adolescent Mental Health Services (CAMHS) out-patient services. The service aims to meet the needs of those young people who are treatment resistant due to their Complex and Chronic Mental Health Needs. Outreach offers intensive individualised treatment packages based within the community that generates change and reduces the risk of escalation, underpinned by psychological interventions and an attachment-based model.

#### **The core offer of the service is:**

- Wraparound Community Support which offers increased levels of support for targeted interventions, whilst working alongside the young person's Core CAMHS team.
- Assertive Outreach, focusing on developing and maintaining engagement with services to assess and address their chronic, complex Mental Health Needs and professional systems, where other Teams within CAMHS have been unable to engage the young person and the system involved with the young person.
- Dialectical Behaviour Therapy (DBT) treatment, a treatment pathway within Outreach, which is a specific intervention for young people with emerging Emotionally Unstable Personality Disorder (EUPD), or who have emotional dysregulation.

Working with our voluntary sector partner Response we have introduced 5 Community In Reach Workers within the team as of the 1<sup>st</sup> February 2023.

We are developing the service, implementing a new trauma approach which will provide intervention and support for complex young people currently sitting in GMH. This will reduce the number of cases within GHM and allow more time for the team to focus on treatment.

### **9.8 Partnership working with the OUH**

We continue to develop good working relationships with our acute hospital colleagues at the OUH and since August 2023 we have appointed a further Liaison post to join the Clinical Transitions Manager.

The team will work with those who present to A&E by triaging and discussing all young people in hours with EDPS and support with formulating a discharge plan from A&E in a prompt and timely manner. This has significantly reduced the times that young people have had to stay in hospital and means follow up plans are made directly with the right team when needed.

- If a child is presenting with more complex needs then multi agency meetings are called to work through care and discharge planning.
- These roles in addition work closely with their colleagues at our Place of Safety to ensure that all young people gain a personalised care plan during their stay and timely professional meetings where needed.

The Oxfordshire Improvement Partnership Board continues to run bi-monthly and now includes representatives from our social care colleagues. It is a space for building relationships as well as learning from incidents and good practice.

### **9.9 Mental Health Support Team (MHST):**

The Oxfordshire MHST is a jointly delivered service between Response and OH who deliver Child and Adolescent Mental Health Services (CAMHS) in Oxfordshire. Response is commissioned to deliver the support roles within the team to complement the work of the Education Mental Health Practitioners (EMHPs) and expand the MHST service offer available to schools. We now cover 282 schools out of 364.

We now have two teams in each of the South, City, west and North localities. A structural review took place in the summer of 2022 with each of our localities now being led by a deputy team manager. The permanency of a clinical team manager has continued to add stability to the overarching service and has proven to strengthen relationships with our school colleagues.

MHST well-being youth workers will continue to support schools more broadly in their approach to mental health and well-being and will run well-being groups as identified by schools. When working with a young person, the MHST well-being youth worker may also do some work with parents/ carers to build their confidence and awareness at supporting their child with their well-being and will also support young people to access services in the community.

During the summer of 2022 – we held an away day for MHST, school health nurses, LCSS and Targeted youth team. The aim of the day was to support the team to network and to better understand each other's roles within the school setting. The day also focused on collaborating with one another and school colleagues to complete informed and meaningful strengths and needs assessments.

### **9.10 School In-reach Service**

This service exists to offer input to schools which are not 'MHST' schools as there is not complete coverage across the county. This year (September 2022 – July 2023) has been the busiest year to date for the school in-reach service. We have delivered a total of;

51 therapeutic groups for young people,  
36 mental health assemblies,  
988 parents have attended mental health awareness sessions  
957 staff trained in various mental health topics over the school year

What's gone well?

- Having a full-staffed enthusiastic and dedicated team who after induction are all fully trained and ready to deliver our interventions.
- A busy year, lots of engagement from schools in a variety of activities. Schools invite us to their policy development, or mental health planning for the school, and invites to events such as student workshops or carousel events tend to stem from these.

- Most secondary schools have been affected with teacher strikes; often the whole school has closed. Despite this we have been able to continue our groups with only one being rescheduled to next year.
- The Connections Group (developed last year) has been rolled out in most schools to good effect.
- Fully established with our training through the OSCB training platform, and recent quality assurance audit went well – we now offer 3 courses delivered this way reaching a wider-range of professionals working with young people.
- Good attendance at our county-wide staff training events and positive comments received. The topics covered appear to be at the right level for our audience, delivered in a useful way.
- Increased awareness with other services, increased attendance at CASO's and word of mouth recommendations.
- Other projects; new ideas have taken shape during the year, especially with our two OTs who have been able to see additional needs in our young people. This has resulted in two new courses being prepared for delivery from September 2023.
- Winning Oxford Health's Exceptional Team award in June 2023 has been a tremendous boost for the team after their hard work this year.

To support young people and families whilst waiting for our service, the School In-Reach team is holding several webinars for parents over the coming year. These awareness sessions are part of our early intervention offer and contain useful information about how to support your child with some of the commonly seen emotional and mental health concerns.

The webinar format allows parents to join from home. Cameras and microphones will be off, but questions can be asked through the chat function with handouts being sent on afterwards.

### **9.11 Eating Disorder (ED) Service**

The Eating disorders community team have made a significant improvement with their waits for the service. In the past year they have reduced their waits for routine referral down to under the national target of 4 weeks. As part of the long-term plan, they have developed the Enhanced Community Pathway (ECP) which is a new clinical pathway within the Oxfordshire CAEDS.

- Eating Disorder Awareness Week: We successfully held a countywide event in February 2023 which was attended by 83 attendees and received excellent feedback. We are hoping to repeat the event again next year.
- ROMS. Return rate of our discharge Routine Outcome Measures (ROMS) has improved from 6.4% in 2022 to 46.8% in 2023.
- We have no waiting list for short-term psychological interventions, such as distress tolerance, body image work, anxiety management and self-esteem work.

### 9.12 Enhanced Community Pathway

The Enhanced Community Pathway has been developed to maximise the 4-week window in which research demonstrates that if there is positive behavioural change and weight restoration within 4 weeks then the longer-term prognosis is improved. The ECP aims to achieve the following.

- Provide a minimum of three weekly contacts tailored to the young person and their families' needs and goals for
- Reduce the referrals for crisis and home treatment interventions.
- Prevent admission to pediatric and psychiatric inpatient beds.
- Improve treatment outcomes.
- Support quicker discharges.
- Monitor outcomes and outputs as well as identifying risks and potential benefits of enhanced care.

We have early evidence of the positive impact that the ECP is having on reducing patient admissions and the need for crisis support. In the last 5 months the average number of young people being supported across the CAED and the crisis team has reduced from 10 to 2 at any one time.

Our key achievements:

- We have treated 13 young people in our first year.
- Weight increased on average by 7.5% from 84% to 91.5% Weight for Height.
- Number of ED patients under crisis has gone from 16 in March 2022 to 3 in March 2023.
- Crisis caseload was 7 in September 2023 but only two were receiving an active intervention (the other 5 were inpatients).
- Out of the 13 ECP patients only 1 required an inpatient admission.
- All routine outcome measures improved apart from one measure on risk (due to the very small number of returned questionnaires and one young person presenting with a non-ED crisis) and parental efficacy for dads (again the number of returned questionnaires was very small and the data possibly skewed).

"I couldn't fault the team and I felt they had x's best interests at heart and knew her well. I am so grateful for the care we have received" and "The amount of time given as a team was good and we could never have afforded the same care had we gone privately"

### 9.13 PEACE Pathway

Oxfordshire is the lead provider and part of this innovative work across the Thames Valley region that is piloting a new pathway for CYP called the 'Peace Pathway'. This is a service for young people who have an eating disorder and Autism (or suspected autism). The service is offering a range of interventions, including adapted treatment approaches and low intensity interventions, direct and indirect work, a wide online training offer to all staff working with CYP with eating difficulties and autism, including education, early help services, and CAMHS. A

screening tool is being implemented for any CYP coming into services, to ensure that early identification and support is recognised. A newsletter with details of all developments is available, and is widely circulated to colleagues working in this area (issue 3 of this newsletter has been published as a separate file as appendix 2 of this report).

- We are the only service in the UK doing this
- Improved identification, recognition and referral within community CAMHS of children & young people with eating difficulties/disorders
- Enhance pre-assessment and post-assessment support for those at high risk of developing an eating disorder or those already receiving eating disorder treatment in the community.
- Respond to the urgent need to identify and support children (and their parents/families) who have/may develop an eating disorder/disordered eating and are diagnosed with or suspected to be autistic
- To support any young person on a needs-led basis with or without an autism diagnosis.

Overall 46% (289 children) of cyp screened by the team using the AQ10 (screening tool for autism) met the threshold for autistic characteristics (an indicator for full assessment)

**60%** (Bucks), **38%** (Oxford) **27%** (Berkshire) of ED cases of young people with diagnosed or suspected autism have received PEACE support (e.g., consultation, assessment, interventions).

The project is in its third and final year and is producing some very promising outcomes, with positive feedback from staff, parents, carers and young people.



PEACE PATHWAY  
 NEWSLETTER- Issue 3

“Laura is an incredible psychologist- she is the first clinician to help (child) progress in a positive direction”

At last (child) feels that has found someone who truly understands her needs”

“She caused my daughter to say to me at home: “I really like Kim, she’s lovely. I don’t think anybody would be able to make me feel good about myself, or about my body, but she did. I though it would be impossible. But Kim managed it. She’s really good. I like her a lot. I’m really looking forward to seeing her again”

### 9.14 Thames Valley Link Programme

#### ‘Supporting children & young people in complex situations’

In February 2022 Oxford Health as lead provider was successful in the bid for the Framework for Integrated Care. The vision, principles, and intended outcomes of the Framework for

Integrated Care and the services it will underpin, have been developed as a response to the NHS England & NHS Improvement Long Term Plan (LTP) commitment to provide additional support for the most vulnerable children and young people with complex needs across multiple domains between the ages of 0-18.

Our vision is to support children and young people with complex needs (CYP) in the Thames Valley (TV) to thrive in the community. We are committed to collectively improving our approaches to identifying and supporting these CYP early, to engaging them and their families (incl. carers) in creative ways to access the care they need, to support and work with professionals across settings and to provide care that is integrated, trauma-informed and systemic. We will achieve this by building upon the existing TV infrastructure, making it easier to navigate and access support.

The Oxfordshire based team went live on 12<sup>th</sup> December 2022 and have worked with 170 cases up to October 2023, and are offering advice, consultation, assessment and direct interventions. Berkshire team are due to go live January 2024 and Buckinghamshire are due to go live November 2023.

We have procured a third sector organisation 'RAW' to work in partnership with us to provide youth workers within the county-based teams.

"It is such a great space to discuss the risky/in between patients that feel a bit tricky. The team are so knowledgeable and helpful in unpicking complex cases and providing advice on next steps. Great team, great service."

"The Link Team have put actions in to place swiftly which has had a direct positive impact on the young person"

"Before I had a youth worker I didn't really like my life very much and I struggled to leave the house. I found school really difficult and stopped attending."

"I now leave the house more. I feel more confident to go outside and spend time with other young people. I am going to school more and don't feel as anxious about being there."

### **9.15 Keyworker (Learning Disability & Autism Community Liaison Service):**

The service aims to develop greater resilience across services/agencies and improve outcomes and experiences for young people with Autism and/or LD, their families and carers. The service has been immensely successful at preventing admissions, reducing inappropriate admissions as well as at reducing the length of admissions.

We are currently actively working with 37 young people and their families as well as offering consultation and support to other organisations, including CAMHS, social care and the JR, on numerous others. During the last 12 months, the team has supported 48 young people, and offered consultation and support to other organisations, including CAMHS, social care and the JR, on numerous others.

During 2022 the service implemented Personal Health Budgets working with Continuing Health Care colleagues. The team have supported 10 young people with activities and equipment via the Personal Health Budgets, providing a range of activities and equipment that is bespoke to the young person inc. 1-1 support, sport club membership, cinema.

**9.16 Autism Champions and Response Partnership working:**

We continue to work in partnership with Response who are providing Social Prescribers who work within GMH and Autism Champions continue to provide some specialist Autism interventions which will help the recovery of young people with ASD that also present to mainstream CAMHS services.

**Katrina Anderson, Service Director**

**Vicky Norman, Head of Service**

**Emma Fergusson, Associate Medical Director**

**09/11/2023**



## Appendix 1 – Feedback

# PEACE PATHWAY PARENT FEEDBACK

“Laura is an incredible psychologist- she is the first clinician to help (child) progress in a positive direction”

“For the first time in two years we are talking about a future, which is incredible for us as a family”

“We fully support the programme and shall be working hard to ensure that this model is replicated nationally”

“These Sessions have been invaluable and have been a significant part of (child’s) steps towards recovery”

“No one else, including me, would have identified (child’s potential autism)”

At last (child) feels that has found someone who truly understands her needs”

“The involvement of the team has been key to successful outcome”.

“She caused my daughter to say to me at home: “I really like Kim, she’s lovely. I don’t think anybody would be able to make me feel good about myself, or about my body, but she did. I though it would be impossible. But Kim managed it. She’s really good. I like her a lot. I’m really looking forward to seeing her again”

# Thames Valley Link Programme

## Youth Worker Feedback

**Can you tell us about some of the things that you do with your youth worker?**

"My youth worker has started taking me to the gym which I really enjoyed. Although I think he struggled a bit with it and needs to work on his fitness! "

"Every week he takes me to do a different activity. My favourites have been Crazy golf and bowling. We have also been to a trampoline park, played golf at a driving range and sometimes we also go out to get food or a drink."

"My youth worker has taken me bowling and trampolining this week. He also picks me up from school and spends time with me in the afternoon before dropping me home. I'm trying really hard at school because we're going to do a bigger

**Before you met your youth worker were you finding anything in your life difficult**

"I had stopped attending school as I found the work too difficult and didn't get along with any of the teachers or other students. I felt a bit like I didn't belong there."

"My attendance at school was really low and when I was there, I was struggling to behave and do what the teachers asked me to do."

"Before I had a youth worker I didn't really like my life very much and I struggled to leave the house. I found school really difficult and stopped attending."

**Since having a youth worker would you say anything has changed in your life?**

"My attendance at school has got better and I have only missed a few days this term. I am also trying hard to work on my behaviour at school and at home."

"I now want to return to education. I have applied to go to college to study computer science, Math and English. I think with my youth workers support I will continue to be able to do that."

"I now leave the house more. I feel more confident to go outside and spend time with other young people. I am going to school more and don't feel as anxious about being there."

**What is it that you have liked about having a youth worker?**

"My youth worker is fun, has time for me and he also has a nice car!"

"I like that he has time to listen to me. I know he will be there every week."

"He has really helped me to attend my school more and I like that he takes me to do activities I wouldn't normally get to do."