

## Appendix 1: Health Overview & Scrutiny Recommendation Response Pro Forma

*Where a joint health overview and scrutiny committee makes a report or recommendation to a responsible person (a relevant NHS body or a relevant health service provider [this can include the County Council]), 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.*

*This template provides a structure which respondents are encouraged to use. However, respondents are welcome to depart from the suggested structure provided the same information is included in a response. The usual way to publish a response is to include it in the agenda of a meeting of the body to which the report or recommendations were addressed.*

### **Issue: CAMHS Services Update**

#### **Lead Cabinet Member(s) or Responsible Person:**

- Doreen Redwood - Health Commissioning Manager – Start Well.
- Daniel Leveson – BOB ICB Oxfordshire Place Director.
- Vicky Norman - Head of Service Oxfordshire CAMHS & Eating Disorders, Oxford Health NHS Foundation Trust.
- Katrina Anderson- Service Director, Oxfordshire, BaNES, Swindon & Wiltshire Mental Health Directorate Oxford Health NHS Foundation Trust.

The following list of individuals from Oxfordshire County Council may also wish to contribute to responding to any of these recommendations wherever it is felt that a systemwide response is appropriate.

- Cllr John Howson – Cabinet Member for Children’s Services.
- Cllr Kate Gregory – Cabinet Member for SEND.
- Ansaf Azhar – Corporate Director for Public Health.
- Caroline Kelly – Lead Commissioner, Start Well.
- Donna Husband – Head of Public Health Programmes- Start Well.

It is requested that a response is provided to each of the recommendations outlined below:

**Deadline for response:** Thursday 1<sup>st</sup> February 2024

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### Response to report:

*Enter text here.*

### Response to recommendations:

Recommendation	Accepted, rejected or partially accepted	Proposed action (including if different to that recommended) and indicative timescale.
1. For patients to receive effective and good quality aftercare upon being discharged from hospital; and for there to be close coordination with families as well as with other partners/services within the system for ensuring discharged patients receive adequate and sustainable support upon leaving hospital. It is also recommended that discharged patients and their families receive clear signposting to appropriate help.	Accept	We currently follow our 'The Core Clinical Standards in Mental Health and Learning Disability Care Policy' to ensure all young people have an appropriate keyworker at the right time and the young person are included in any discharge planning. The policy also outlines guidance for best practice when working with our partnership colleagues.

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<p>2. To ensure that children and their families who are on waiting lists for treatment receive appropriate communication as well as support so as to avert the prospects of their mental health declining further.</p>	<p>Accept</p>	<p>When a family receive a letter, if they have to wait for assessment or treatment this will include how to contact the team if they need support in a crisis or if things deteriorate. This also provides details of what the family can be focusing on while they wait to support the young person. It gives information about our 'Walking with You' support group, resources on our website and the list of up and coming digital webinars cover the most common mental health difficulties which any family can access.</p> <p>Mitigation calls are made to families as a check in to ensure nothing has changed.</p> <p>We are launching the SHaRON online peer support platform from Spring 24 where families will have monitored access to sharing their experiences with other families.</p> <p>The NDC team have a 'Living well' offer for any parents/carers waiting for an NDC assessment which offers support and provides Q&amp;A space for parents and carers.</p> <p>From Spring 24 Getting Help will be offering a similar offer.</p>
<p>3. For staff to receive adequate training that involves not merely guidance on how to interact with and treat individual patients, but that also involves guidance on how to support the families/carers of children. It is recommended that a review of existing training programmes is conducted with children and family stakeholders, with a view to all training being co-produced to</p>	<p>Rejected</p>	<p>We have mandatory training that all staff must complete. We then also have specialist training for different roles. We have recently reviewed our training offer for staff to ensure it complies with NICE guidance. We work closely with Reading University and Oxford University in terms of accessing training and have a good internal programme. Every clinical staff member requires to have a Personal Development Plan every year and this is when focus is given to their needs and development.</p>

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<p>support staff working with children and families.</p>		<p>Working with families/carers is part of core CAMHS, and included in our induction.</p> <p>We offer systemic skills (basic family therapy) to all CAMHS staff, alongside CBT and DBT skills.</p> <p>We have a new patient involvement lead, who is re-establishing contacts with existing parent organisations and is in the process of creating a Young Person board, where any service development will be discussed.</p> <p>In addition, we will develop a patient involvement manual to provide guidance and expectations to all CAMHS teams, to ensure that co-production is at the heart of every service development.</p>
<p>4. To work on improving communications campaigns to create a better understanding of the CAMHS service and how it also relates to any other early intervention services.</p>	<p>Accept</p>	<p>We are currently working on a communication strategy to ensure we are communicating to all our external stakeholders, especially sharing all the developments as well as our challenges, but also sharing all the successes and good practice.</p> <p>We are exploring communicating by different platforms e.g. newsletters, in person events, social media.</p> <p>Where appropriate we are working with our Childrens Social Care and our Community Health colleagues to ensure we are clear on roles and responsibilities pre CAMHS.</p>