Divisions Affected – N/A

OXFORDSHIRE JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE

20 November 2025

Children and Young People Scrutiny Paper to include:

CHILDREN AND YOUNG PEOPLE'S EMOTIONAL WELLBEING AND MENTAL HEALTH

CHILDREN AND ADOLESCANT MENTAL HEALTH SERVICE

Report by
Corporate Director of Children's Services
Corporate Director of Public Health & Community Safety
ICB Place Director for Oxfordshire
&
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1. RECOMMENDATION

The Committee is RECOMMENDED to acknowledge the

Progress on the actions within the Emotional Mental Health and Wellbeing Strategy action plan, note progress made with new CAMHS initiatives to address specific needs of children and their families.

2. Executive Summary

This document is a comprehensive report presented to the Oxfordshire Joint Health Overview and Scrutiny Committee on 20 November 2025, focusing on the emotional wellbeing and mental health of children and young people in Oxfordshire. It outlines progress on the Emotional Mental Health and Wellbeing (EMH&WB) Strategy, developments in the Child and Adolescent Mental Health Service (CAMHS), and addresses key system challenges, collaboration, and future plans.

3. Part 1 – Emotional mental health and wellbeing Strategy

The strategy which was launched in 2022 focused on the following elements:

- Provide early help and create supportive environments
- Develop a confident workforce
- Ensure positive transitions
- Improve Access to specialist services

The strategy is also embedded within the I-Thrive model of delivery of child and adolescent mental health services developed by Tavistock and Portman NHS Foundation Trust and the Anna Freud National Centre for Children and Families.

Following the launch of the strategy an action plan to address the gaps in the system was implemented and the key deliverable areas are as follows:

- Digital offer and directory of services
- Family Learning and support programmes
- Whole school wellbeing resilience programme
- Development of system performance dashboard to track progress of the implementation of the action plan
- 16-25 transition service
- Training Programme for the children and young people's workforce
- Wider determinants of health

4. Progress Update

We have taken a partnership approach to the development and implementation of the action plan to deliver on the aims and objectives within the strategy. This is to ensure that we make best use of public resources and working within set budgets across the system.

An overview of the progress made for each action in the action plan is as follows:

4.1 Digital offer and directory of services

The Tellmi Mental Health Service was commissioned in July 2024 to provide digital peer support and counsellor intervention (high risk flags only) to anyone aged 11 - 18 across Oxfordshire. The impact seen in the first year of a three-year contract is detailed below.

The first year has been dedicated to building the foundations of the Tellmi service in Oxfordshire. This has included connecting with key networks, engaging staff through training and beginning to work directly with young people. This has been a crucial step, ensuring the service is understood, trusted and ready to grow in its impact over the contract duration.

In year 1, Tellmi has provided a safe supportive space for 433 young people with good levels of engagement across gender and age. 75 young people have received support for high risk issues. This is 17% of Oxfordshire users.

Outputs

- Active users 433
- Female 65%
- Male 25%
- Non-binary 2%
- Age 11-13 46%
- Age 14-18 54%

Combined 2024 and 2025 impact surveys with 44 responses from users in Oxfordshire. The results resemble the results for other areas.

- Autism diagnosed 11%
- Autism undiagnosed (including on a waiting list for diagnosis) 27%
- ADHD diagnosed 9%
- ADHD undiagnosed (including on a waiting list for diagnosis) 32%
- Diagnosed Learning Difficulties (dyslexia, dyscalculia, dyspraxia, dysgraphia) 9%
- Undiagnosed Learning Difficulties (dyslexia, dyscalculia, dyspraxia, dysgraphia) 23%

Outcomes

- 77% of users feel less alone since using Tellmi
- For 32%, Tellmi is their only form of mental health support
- 85 have been using Tellmi for more than a month

Stakeholder engagement
Stakeholders across Oxfordshire have shown a genuine enthusiasm for implementing Tellmi within their communities.

- 71% of users came from school related activities
- 20% from the clinical pathway
- 83% of schools are engaged on some level in year 1
  - Of those, approximately 40% of schools have launched Tellmi
  - 23% have had further engagement such as staff training and awareness raising through assemblies and student workshops

The Tellmi Directory contains 700+ nationally available resources such as national support services, websites, books, apps, user stories and wellbeing quizzes. In Oxfordshire users also benefit from 23 local listings including Oxme, SeeSaw, Byhp, Here4Youth and Oxfordshire Mind. The Tellmi Directory has proven to be a valuable resource with. The positive uptake seen in Oxfordshire confirms the benefit of providing locally relevant resources.

There were:

- 3,8883 directory visits in year 1
- 160 (37%) users accessed 260 different resources in the directory
- The most popular directory resources were for anxiety and depression
- 25 local listings have been viewed 172 times
- The Oxfordshire CAMHS is the most popular local resource and was used 40 times

Transition to adulthood
Tellmi is only commissioned to provide our premium service to young people aged 11 - 18. Once they reach 19 years old they are no longer able to access the localised Directory or counsellor support for high risk users. However, these young adults can access the free version of Tellmi. Between August 2024 and July 2025 Tellmi supported 105 adults in Oxfordshire who were over the age of 18.

4.2 Family learning and support programmes

A piece of work to understand the current family learning and support programmes[1] was completed throughout 2024-25 which undertook a mapping exercise and a survey was completed with parents and carers and providers of parenting support programme. This information then supported the development of a gap analysis to support any new commissioning proposals of new family support programmes . The implementation of any new programmes will be part of the Family Hub programme whereby we aim to provide resources to families within their communities as well as digitally. We also plan to provide a multi-disciplinary team function of clinical and non clinical staff as part of the NDC re-design project to support families in caring for neurodivergent children, this will aim to address the gap for sensory knowledge and support which was identified during this commissioning exercise.

4.3 Whole school wellbeing resilience programme

The aim of this project was to work with schools to map out resources available to embed good Mental Health and wellbeing practices to pupils and for schools to be aware of resources they can signpost children too if and when required. CAMHS hosted a all day IThrive workshop in November 2023 to map out the resources across Oxfordshire although the engagement from schools across Oxfordshire was relatively low the feedback received was positive. It was felt that It was felt that schools would benefit more from direct work on skilling up the workforce within schools to adopt a Whole School Approach (WSA). This has been lead by the CAMHS MHST's which have delivered the following during 2024/25:

- 203 WSA activities delivered
- 6462 children reached directly

[1] Appendix 1 – overview of parenting support programmes

- Set up 5 WSA champions across Oxfordshire
- parental feedback re: workshops was unanimously positive ("extremely helpful")

Overview of the WSA programme delivered by MHST's in CAMHS can be found in Appendix 2[2]

4.3.1 CAMHS Mental Health support in schools project:
Within the CAMHS transformation programme there is a workstream on Mental Health support to schools the objectives for this workstream are as follows:

- For schools to be able to better support CYP Mental Health needs in schools and build resiliance to address concerns without the need for specialist service input
- Roll out 100% of MHST's county wide by 2029
- Clinical input into MHST's
- Oxfordshire Well Schools – Public Health
- Support the Emotional school based avoidance cohort and increase up take in school attendance
- Emotional Mental Health and Wellbeing resources to Oxfordshire Primary Schools – Public Health

The project team meets monthly to track progress across all the objectives and reports progress to the CAMHS project board which feeds into the SEND Transformation Programme.

4.3.2 The OxWell Survey [1] is a large-scale bi-annual survey designed to measure wellbeing (health and happiness) of children and young people aged 9–18-year-olds. Oxfordshire participates in this survey and data is made available to participating schools and the public health team in Oxfordshire County Council. The questions and participation rate is different for each survey, therfore it is difficult to make direct comparisons.

In the 2023 survey 7,133 students took part in Oxfordshire from 12 out of 245 primary schools, 15 out of 43 secondary schools, and all 3 Further Education colleges. Key findings included bullying in primary school, loneliness and body image. Sleep quality and sleep problems were widely reprorted due to worries about the climate/environment, their family not having enough money, and worry about what is going to happen.

The data for the primary schools that took part in 2025 has not yet been fully cleaned and added to the dashboard. The participation rate was much higher this year due to targeted comms. The data from the secondary school that took part in the 2025 survey shows that:

- **Mental health:** The percentage of students with a high severity of depression and anxiety symptoms (above clinical threshold range) according to

[2] Appendix 2 – MHST Whole School approach presentation

the Revised Child Anxiety and Depressions Scale (RCADS25) slowly increases year on year (from 8% in year 7 to 12% in year 11).

- **Neurodiversity:** 19% of secondary students identified as either having ADHD, being autistic, or neurodivergent in another way. Of these, 57% identified as having ADHD (or ADD), and 33% as having autism. Only 18% of those who identified as having ADHD/ADD were diagnosed by a healthcare professional, and this figure was just 16% for those with autism.
- **Gender Diversity:** Those who identified as gender diverse (1% of pupils in secondary school) were less likely to feel safe at home, and substantially more likely to worry about going to school. They are more likely to have been bullied in the past couple of months, and face more bullying incidents through a greater number of methods than the Oxfordshire baseline.
- **Bullying:** Less than 1/3 of secondary students feel that their school deals well with bullying (31%).
- **Feelings of belonging:** 52% of secondary students agree that they feel that they are a part of their school, however current and previous CWCF, those who identify as neurodivergent, and those with SEN/EHCP were more likely to disagree.
- **Ethnic groups:** Secondary students from minority ethnic groups were more likely to feel unsatisfied with what it is like to be a student at their school, disagree that their school deals well with bullying, and disagree that their school deals well with racism compared to Oxfordshire baselines.
- **School Support:** The most common forms of semi-formal support used by secondary students were form tutors (12%), other school staff (6%) and other teachers (10%). Support from school staff was reported by students to be helpful, with year 7 most likely to rate form tutors as helpful (17%).

This is data from the OxWell dashboard which currently includes over 16,000 responses (out of over 20,000) from secondary school pupils whose data was able to be cleaned and added to the dashboard. The data from the survey is still undergoing validation and therefore the exact figures may be subject to change.

[1] Publications : OxWell

4.3.3 Well Schools Programme

Well Schools is a national movement of over 2,000 schools and trusts taking positive action to improve education outcomes by supporting the health and happiness of their staff and pupils across the UK. In Oxfordshire, a partnership has been formed to respond to local need, collaborate to share best practice, and overcome challenges together — ensuring that wellbeing remains a central driver for school improvement.

At its heart, Well Schools is a school improvement tool – designed to help schools place wellbeing at the centre of everything they do, recognising that when pupils and staff are physically and emotionally well, great things happen. The framework focuses on four interconnected pillars:

- **Well Culture:** *putting wellbeing at the heart of school life so that everyone can thrive and achieve their potential*.

- **Lead Well:** *empowering staff and pupils to shape and lead their school through strong voice, workload support, professional development and wellbeing governance*.
- **Move Well:** *ensuring every pupil is prepared physically and mentally for learning and for life through high-quality PE, extracurricular opportunities, active travel and daily physical activity.*
- **Live Well:** *equipping pupils with the essential skills to thrive in a digital world, through leadership, volunteering, educational visits and a strong health and wellbeing curriculum.*

4.3.4 Public Health Emotional Mental Health and Wellbeing Offer to primary schools

The development of a new public health approach to mental health for primary schools in Oxfordshire began in July 2025 in response to the increasing need for a preventative approach for CYP and school. Working in partnership, an intervention will be available to all primary schools in Oxfordshire from 2026 to support good mental health in children and provide schools with the training, tools and resources to wellbeing as they support children to transition to secondary school and beyond.

The project will include analysis of the bi-annual OxWell data and the production of detailed comms and reports to schools to inform appropriate tailoring of the intervention. It will enable public health to fully engage and support schools to review the information and support school staff to embed initiatives aligned to individual school needs. It will also work closely with a research partner to fully evaluate the project.

A full-time project coordinator be employed for the duration of the project to work with schools and existing services in Oxfordshire, including mental health support teams, CAMHS, school health nurses, school sports partnership and community development staff to ensure partnership working and maximise the potential of the project.

The proposed intervention in schools will include a professional development programme to empower staff (teachers, pastoral care workers, support workers and senior leaders) to deliver a universal evidence-based psychological intervention for children, focusing on movement and mental health promotion activities for CYP, with training for school staff to deliver the intervention, and additional training for parents, teachers and support staff.

In addition, an early targeted intervention for children who need more help such as those with poor attendance or a risk of exclusion and to tackle health inequalities will be included. A suite of training for parents/carers, and trusted adults will provide the support and training to help them support their children’s physical and mental wellbeing.

The next steps are to commission a provider organisation early 2026 to deliver a 3+1-year programme for all schools in Oxfordshire, gradually building the

delivery over a three-year period. A proposed offer to secondary schools is currently being reviewed for further development in 2026.

4.4 Development of system performance dashboard to track progress of the implementation of the action plan

This work has been consumed by the creation of a SEND data dashboard whereby CAMHS services are being tracked via the SEND improvement work. The BOB ICB also track performance on all CAMHS services across the region which feeds into NHSE data sets so we can compare neighbours and see where Oxfordshire are ranked nationally.

Progress on all workstream within the EMH&WB strategy action plan are reviewed a the EMH&WB board bi-monthly and RAG rated to support any delays.

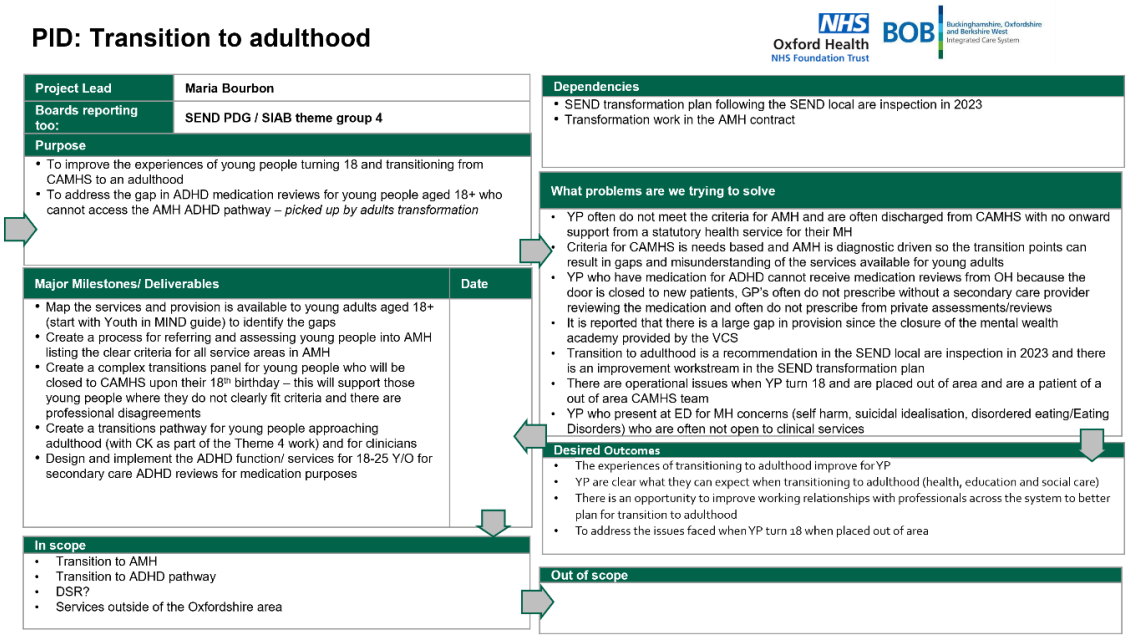
The JSNA provides a good dashboard that is automated by power BI Children and Young People dashboard in the JSNA. The dashboard is used to identify and clarify need, and we used it to develop interventions, projects and any business cases. It is used to continually review service provision across our CYP contracts and adjust according. In addition to quantitative data there are bi-annual OXWELL survey's published to children and young people to gain their views on health, including their Mental Health and emotional wellbeing.

SEND CYP group – plan to talk to children in primary and secondary schools and want to put a survey or poll on tellmi to gather qualitative views.

4.5 16-25 transition service

To support a better transition to adulthood for young people open to CAMHS we have created a transformation workstream that is part of the new CAMHS contract that went live in 2025 to address the transition process for young adults when they turn 18.

The Project Initiation Document:



PID: Transition to adulthood

Oxford Health NHS Foundation Trust | BOB Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System

Project Lead	Maria Bourbon
Boards reporting too:	SEND PDG / SIAB theme group 4

Purpose

- To improve the experiences of young people turning 18 and transitioning from CAMHS to an adulthood
- To address the gap in ADHD medication reviews for young people aged 18+ who cannot access the AMH ADHD pathway – *picked up by adults transformation*

Major Milestones/ Deliverables | **Date**

- Map the services and provision is available to young adults aged 18+ (start with Youth in MIND guide) to identify the gaps
- Create a process for referring and assessing young people into AMH listing the clear criteria for all service areas in AMH
- Create a complex transitions panel for young people who will be closed to CAMHS upon their 18th birthday – this will support those young people where they do not clearly fit criteria and there are professional disagreements
- Create a transitions pathway for young people approaching adulthood (with CK as part of the Theme 4 work) and for clinicians
- Design and implement the ADHD function/ services for 18-25 Y/O for secondary care ADHD reviews for medication purposes

In scope

- Transition to AMH
- Transition to ADHD pathway
- DSR?
- Services outside of the Oxfordshire area

Dependencies

- SEND transformation plan following the SEND local are inspection in 2023
- Transformation work in the AMH contract

What problems are we trying to solve

- YP often do not meet the criteria for AMH and are often discharged from CAMHS with no onward support from a statutory health service for their MH
- Criteria for CAMHS is needs based and AMH is diagnostic driven so the transition points can result in gaps and misunderstanding of the services available for young adults
- YP who have medication for ADHD cannot receive medication reviews from OH because the door is closed to new patients, GP's often do not prescribe without a secondary care provider reviewing the medication and often do not prescribe from private assessments/reviews
- It is reported that there is a large gap in provision since the closure of the mental wealth academy provided by the VCS
- Transition to adulthood is a recommendation in the SEND local are inspection in 2023 and there is an improvement workstream in the SEND transformation plan
- There are operational issues when YP turn 18 and are placed out of area and are a patient of a out of area CAMHS team
- YP who present at ED for MH concerns (self harm, suicidal idealisation, disordered eating/Eating Disorders) who are often not open to clinical services

Desired Outcomes

- The experiences of transitioning to adulthood improve for YP
- YP are clear what they can expect when transitioning to adulthood (health, education and social care)
- There is an opportunity to improve working relationships with professionals across the system to better plan for transition to adulthood
- To address the issues faced when YP turn 18 when placed out of area

Out of scope

To support this work the transition process was mapped out with Adult Mental Health (AMH) colleagues and based on learning from real case examples and feedback from young people and their families improvements were made to this process which includes a new Transitions Panel to discuss with AMH colleagues Young People turning 18. Of which in the last year there were 1500 young people had turned 18. The new panel has been running for the last 3 months, with good feedback from clinicians and managers in both CAMHS and AMH services.

Wider 18-25 y/o work to start in December - scope and outputs will include recommissioning of non-clinical services through VCS, that better meet the needs of this client group.

The BOB ICB and OHFT also are working on a ADHD medication review service for 18-25 as this is currently a gap and area of need to diagnosed young people with ADHD who require medication.

4.6 Training Programme for the CYP workforce

In November 2023, Public Health commissioned Oxfordshire Mind to deliver mental health and suicide prevention training to professionals and volunteers across the County. The training provision is targeted to the CVS, and other small organisations. In the first year of delivery of the contract, Oxfordshire Mind trained a total of 609 individuals across their core offer of training courses which included general mental health awareness, suicide awareness and 2 mental health and suicide prevention courses aimed specifically at staff working with children and young people. These were:

CYP courses run

Youth Mental Health First Aid – 9 courses to date
Youth Champion – 3 courses to date

SPEAK training – 4 courses to date

2024-2025
Youth Mental Health First Aid – 89 attendees
Youth Champion – 13 attendees
SPEAK - 46 attendees

2025-2026
Youth Mental Health First Aid – 5 attendees
Youth Champion – 16 attendees
SPEAK – 15 attendees

The contract includes funding for a co-ordinator role who identifies individuals/organisations/communities in need of training and matches them up with appropriate evidence-based training. The co-ordinator role also ensures that the training available is meeting the needs of the local staff and volunteers and also is targeted to those supporting Oxfordshire residents most at risk of poor mental health and wellbeing.

Feedback on the courses has been consistently positive and and the provider continually strives to improve the service based on feedback and local need. For example, a recent review of the suicide prevention course aimed at staff working with children and young people concluded that the course content could be more specific to young people. In response to this, Oxfordshire Mind have partnered with Nai's House to make improvements to the course and ensure it's fit for purpose. This partnership will ensure the course is co-designed with young people and utilising suicide prevention expertise from Nai's House.

Making Every Contact Count (MECC) Training has been delivered to primary schools and early years settings. It is an approach that uses evidence-based behaviour change techniques to help everyday conversations with people to improve their health and wellbeing. Key issues being raised in these training sessions by attendees include food banks, housing, cost of living, sleep routines for children.

Other training Initiatives

The Department for Education[3] is offering a grant of £1,200 for eligible state-funded schools and colleges in England to train a senior mental health lead to develop and implement a whole school or college approach to mental health and wellbeing. This training is not compulsory, but it is part of the government's commitment to offer this training to all eligible schools and colleges by 2025. The latest figures show take-up across Oxfordshire is 55%, compared to 62% across South-East, and approximately 60% nationally. We are keen to encourage further take up of the grant across the county, as having a trained senior mental health lead in a setting plays an important role in the whole school/college approach and therefore the mental health and wellbeing support available to children and young people. This is a great opportunity for schools and colleges

[3] https://www.gov.uk/guidance/senior-mental-health-lead-training

to access funded training which offers full flexibility to meet the needs of the individual setting. We will continue to promote this opportunity locally.

The Department for Health and Social Care have also produced resources[4] for education settings for staff to teach mental wellbeing topics to both primary and secondary students, with flexible, ready-to-use content co-created with teachers and young people.

Mind-Ed[5] is a free, multi-professional online training resource on the mental health of children, young people, adults and older peopled, developed by Health Education England in partnership with the NHS and professional bodies including Royal College Psychiatry and Royal College of Paediatrics and Child Health. It includes sessions on a number of topics relevant to early years mental health as well as a specific public mental health training module.

4.7 Wider determinants of health

The wider determinants of health are a diverse range of social, economic and environmental factors which influence people's mental and physical health. The quality of the built and natural environment such as air quality, the quality of green spaces and housing quality also affect health. Good level of development and educational attainment is linked to health behaviours and outcomes throughout a person's life and varies considerably by socioeconomic position.

4.7.1 CIPS/CHDO/Grants

Publication of Community Insight profile reports for all 14 areas was concluded in June 2025 and can be accessed here alongside an interactive dashboard Oxfordshire Data Hub – Health and Social Care – Community Insight Profiles. To support taking forward actions arising from the Community Insight report recommendations, Community Health Development Officer posts have been funded for each of the areas where a profile has been developed. Along with a small grants scheme to support community projects that help deliver the recommendations from the community profiles.

The CHDO (and ICB funded Well Together programmes) in the first 10 areas where a Community Insight Profile was produced are being jointly evaluated by the University of Oxford as part of the Oxfordshire Health Humanities Project. The first phase of the evaluation took place between January to December 2024 and focussed on an evaluation of the roles within each programme and the processes involved with setting up the grant schemes. A second phase is now under way and due to be completed in March 2026 which will go into greater depth around the value of longer-term investment in this type of approach and the impact of the programmes that have been grant funded and facilitated by the roles. The phase 1 report can be accessed here: Oxfordshire Health Humanities Project | TORCH | The Oxford Research Centre in the Humanities

4.7.2 Food Poverty - *Good Food Oxfordshire*
4,400 views of the **community food map** it continues to be updated and shared (cooking, growing spaces, markets, community food service, markets).

Review and refresh of pledges for the Food Poverty Action Plan. Since 2021, over 40 organisations have pledged nearly 70 actions addressing food poverty through emergency provision, building resilience, and prevention , more information **here**.

Trained 40 frontline workers from 27 organisations through MECC-based workshops to better support those experiencing food poverty.

Training videos on Food Poverty and Healthy Start achieved over 500 views and 64 team pledges.

4.7.3 Healthier food environment

Bite Back report "Everywhere We Go We're Surrounded; young people (aged 16-18) explore how to make the food system healthier in Oxfordshire" share their stories and evidence on junk food advertising and food available in Local Authority owned spaces across Oxfordshire for example leisure centres. Video is available to watch **here** (3 minutes) and full report **here**. Recommendation for local authorities to bring in a healthier advertising policy to promote healthier food options over junk food.

4.7.4 Healthier vending machine project underway working with Serco the provider of Oxford City leisure centres in 5 locations. It involves funded healthier stock drops e.g fruit and nut snack, messaging highlighting new options, free tasters, and training for leisure centre staff on understanding health and food.

4.7.5 Air Quality – Sustainable School Streets Strategy has been adopted and a pilot looking at green infrastructure to help reduce air pollution in school playgrounds and raise awareness of the school run via cars plays a part. The results of the School Streets report has been completed and the next phase of School Streets are being planned. A tool and associated modelling is now available to inform policy options which may increase or decrease air pollution, by quantifying the impact on health in terms of health conditions and cost to the NHS and social care.

4.7.6 Green Spaces and access to nature – CAG Oxfordshire has been supporting at least two community gardens in areas of deprivation. The Berinsfield community garden has involve working with young families and school children, providing access to nature and wellbeing support.

Training in Green Social Prescribing has been commissioned for health and care practitioners to support social prescribers and others working with adults and families increase their confidence in making referrals to nature based interventions.

4.7.7 Housing

A Housing Health Needs Assessment has been completed, which has identified the impacts of housing in Oxfordshire on children and families health, with recommendations made. The Better Housing Better Health service continues to support families staying warm in the winter and cool in the summer.

A project with Oxfordshire Community Rail Partnership to support confident travel to green spaces for wellbeing or jobs for employment for young people, in the first instance, Care Leavers.

5. Emotional Mental health and Wellbeing HOSC questions

5.1 How the contributions of system partners align with the strategy's vision to place children at the centre of decision-making.

Following the launch of the Children and Young People Emotional Mental Health and Wellbeing Strategy there have been new forums for system partners across health (including public health), education and social care to come together to track progress on the action plan and assess the impact this has made to children. Substantial progress has been made with the action plan as outlined in this report and the impact has been measured via feedback from children, their families and services they access. However this has been particularly challenging in a cost recovery climate both within Oxfordshire County Council and the BOB ICB where new opportunities to gain additional funding to support new initiatives has been difficult. Despite this resources from Public Health has provided much needed support to children and young people which was reflected in the 2024-25 Director of Public Health's annual report.

In 2024 a new SEND Youth Forum made up of children and young people with SEND who work with leaders to co-produce new services, system changes to improve the lives of children with SEND. A new initiative is being discussed to recognise services that actively support children with SEND whereby services will be offered a seal of approval from the SEND Youth Forum which can be promoted digitally and in the centres the services operate. The Oxfordshire Parent / Carer Forum OXPCF are members of the boards to track progress on all the actions and are involved in the individual workstreams to ensure they are co-produced and that children are at the centre of both the design and decision making of service improvements.

5.2 How do you measure the state of collaboration with the NHS and with schools with families ?

The Oxfordshire CAMHS service, delivered by Oxford Health Foundation Trust completed a wide independent engagement piece of work with children, their families and system partners including schools and social care services during July- August 2025. This involved using several targeted surveys and conducting 16 focus groups. Schools feedback areas to improve such as the referral form, inconsistent communications about services and misinterpretation of CAMHS messaging, the need for clearer pathways and team roles and barriers to

digitally excluded families. Oxford Health have taken this feedback on board and have a plan to address the areas of concern and ideas on how to improve the perception of the service:

Next steps following the engagement piece of work:

- **Oct** 25 – Feedback sessions and analysis
- **Oct** 25 – Convert to comms actions, operational actions, strategy agreement
- **Nov** 25 – strategy creation
- **Dec** 25 – strategy delivery and implementation

In relation to the emotional mental health and wellbeing of young people with SEND, there is a comprehensive structure for collaboration across the local area partnership. The ICB, health providers, local authority, education and parent carer forum work together through a robust governance structure to deliver against the SEND Local Area Inspection Priority Action Plan. Positive feedback has been received from both the Department for Education and OFSTED on the opportunities that have been created through new governance arrangements to improve system working. There is tracking of KPIs, audits and reflective sessions to measure the impact of this partnership working.

5.3 What have you learnt are the levers to collaboration and the barriers for each partner.

To address the gaps and needs for Children and Young People emotional mental health and wellbeing we need to include a wide range of stakeholders across the health, education and social care system which is often referred to as the Special Educational Needs and Disabilities (SEND) system. Levers to collaboration relies heavily on effective collaboration between schools and early year settings, health professionals, local authorities, parents, and the young people themselves. This collaboration is essential for delivering the best possible outcomes for children and young people. However, achieving successful partnership working can be complex, with various factors acting as levers (enablers) or barriers (obstacles).

5.3.1 Levers (Enablers) of Successful Collaboration:

- **Clear Communication**: Open, honest, and consistent communication between all parties ensures that everyone is well-informed, expectations are managed, and misunderstandings are minimised, this has been supported by the SEND communication strategy and newly revised Memorandum of Understanding (MOU) with the Oxfordshire Parent/ Carer Forum, SEND Together Annual conference and termly SEND conversations with parents and carers.
- **Shared Vision and Goals**: When all stakeholders have a common understanding of the desired outcomes for children and young people with SEND, collaboration becomes more purposeful and focused. This has been achieved by working together to address the Priorities in the Priority Action Plan, development of the new SEND strategy and creation of the revised MOU.
- **Strong Leadership**: Leaders who champion collaborative approaches and foster a culture of partnership can drive positive change and encourage

buy-in across services. This has been achieved with having all system partner leaders attend SIAB meetings, chaired by the Independent Chair – Steve Crocker.

- **Joint Training and Professional Development:** Opportunities for multi-agency training help build mutual understanding, respect, and shared expertise, breaking down professional silos. This has been achieved through various workshops to share expertise and learning from each other across the system. Another example is the free training for Speech, Language and Communication offered to Early Year settings and Primary Schools delivered by the SALT service and SEND Advisory Teacher service.
- **Co-production with Families**: Involving parents, carers, children and young people in decision-making ensures that services are tailored to individual needs and that families feel valued and empowered. This is demonstrated via EHCP annual reviews on an individual child level and also by including parent / carer representatives on commissioning bords to be part of the commissioning process.
- **Effective Use of Resources**: Pooling resources and sharing information can lead to more efficient and coordinated support for children and young people. This is an area we are aiming to address via the County Council's S75 with the BOB ICB.
- **Supportive Policy and Legislation**: National and local policies that prioritise collaboration and provide clear guidance can set the tone for effective partnership working. This is demonstrated through the SEND OFSTED/CQC inspection framework and we look forward to reviewing the new SEND white paper to further support collaboration.

5.3.2 Barriers to Successful Collaboration

- **Poor Communication**: Inconsistent or unclear communication can breed mistrust, confusion, and disengagement among stakeholders. This was the case prior to the 2023 SEND local area inspection however now we have a robust project management resource and commitment from system leaders to share regular updates this is no longer a barrier.
- **Resource Constraints**: Limited funding, staff shortages, and time pressures have restricted opportunities for joint working and have affected the ability to address certain weaknesses in the system such as addressing long waits for health services. There are inconsistencies to joint funding of health services across the BOB region which has led to a post code lottery and cross boarder disputes between NHS trusts.
- **Cultural and Organisational Differences**: Differing priorities, values, and working practices between agencies (e.g., education vs health) have at times hindered collaboration. However the SEND Priority Action Pan has addressed this and all partners have understood the priorities that need to be jointly addressed.
- **Inflexible Systems and Processes**: Bureaucratic procedures or rigid eligibility criteria can prevent timely and responsive support this can be seen in health services for instance. There have also been barriers to successful collaboration with obtaining data and creating dashboards across the system. However the commitment to partnership working has meant that sharing data is still supported however this is a manual process.

5.4 How actions undertaken by system partners support the Health and Wellbeing Board's "Start Well" domain.

The Director of Children's Services wrote the Health and Wellbeing Strategy Start Well paper in June 2025 to the Health and Wellbeing Board outlining the programme of work.

The Family Hub and Neighbourhood Health Teams will play an important role in addressing the two Start Well priorities in the Health and Wellbeing Strategy. The following initiatives are also supporting these priorities:

5.4.1 Strengthening the whole school approach:

Tellmi, School Health Nurses and the MHST's have continued to strengthen whole-school mental health cultures across Oxfordshire by working collaboratively with schools, staff and parent communities.
A key example of this is the growing relationship with the Oxford Parent Carers Forum (OxPCF), which demonstrates how Tellmi actively supports parents to confidently nurture their child's mental health and actively complements the work taking place in schools.

5.4.2 Collaborative parent engagement and education:

Tellmi has established a positive relationship with OxPCF, enabling direct engagement with parent carers across Oxfordshire. In partnership with the forum we have distributed educational resources for parents to support their children in digital and physical formats that are easy to use. We delivered an online webinar designed to help parents understand safe online behaviours and how peer support services like Tellmi can support their child's wellbeing. Following very positive feedback, Tellmi has been invited to deliver a second webinar, demonstrating strong parental engagement and the value of this approach.

5.4.3 Strengthening the school-home-digital support triangle:

The development of Family Hubs will include a digital Family Hub covering emotional health and wellbeing services.
The OxPCF webinar model supports the development of a nurturing culture by aligning messages between school staff, parents and the digital support children access outside of school via Tellmi. Parents reported feeling more informed and reassured about how Tellmi operates safely, which helps build trust and encourages conversations at home about mental health. Schools benefit from this increased parental understanding, as it reinforces a joined up approach to student support, resilience and early intervention.

5.4.4 Empowering staff to support students with confidence:
83% of schools in Oxfordshire have engaged with the service on some level, and 40% have fully launched the service. Schools participating in the Tellmi service receive guidance through resources and training on how to communicate with students, staff and parents about the benefits of peer support and safe spaces like Tellmi. This contributes to a more nurturing culture where staff feel supported in responding to student needs and know that similar messages are being reinforced at home.

5.4.5 Inclusive, needs-led support for the SEND Community:
Working with OxPCF ensures the needs and voices of parents of children with SEND (often the parents themselves are SEND) are heard and embedded in our approach. This inclusive engagement model helps schools strengthen their nurturing culture by ensuring mental health support is accessible and appropriate for all families. The repeat invitation to host a webinar to parent carers at OxPCF demonstrates trust and recognition that Tellmi offers safe, relevant and valued support for young people, including those with additional needs.

5.4.6 Wellcomm roll out
Wellcomm: a speech, language and communication screening and intervention tool has been rolled out across 419 Early Years settings including 381 childminders to offer targeted early help to children 0-5 years old. In March 2025 a pilot across 45 primary schools was launched which has been incredibly successful whereby 1045 children have been screened and progress is been made with 145 children upon their second screening. This cost effective tool has been received well and supports priority 1: children receive the best start in life.

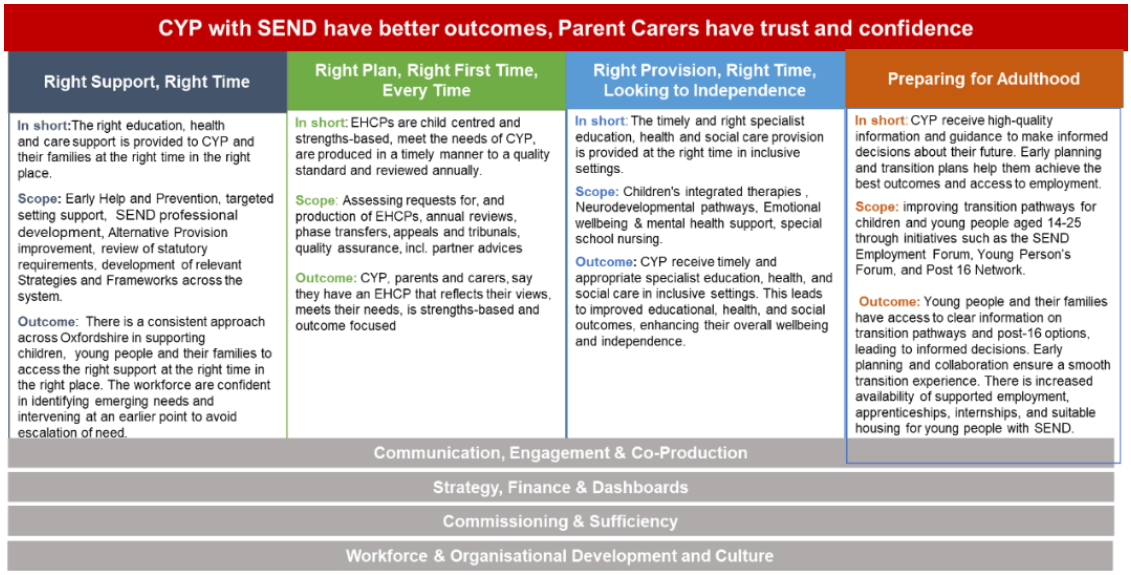
5.5 Outline how progress is being tracked against the strategy's priorities. Include any metrics or dashboards.

The Children's Emotional Mental Health and Wellbeing board meets bi-monthly and tracks progress on the strategy action plan. Specific reports and presentations are shared to board members which outline progress and impact to Children and Young People. Progress and any delays are tracked at the SIAB meeting whereby CYP emotional mental health and wellbeing is a workstream within Theme 3 – Right Provision, right time, looking to independence' via highlight reports which are RAG rated for SIAB board members to reflect on.
There is also a CAMHS project board which meet monthly to track progress on the 4 CAMHS transformation projects (NDC re-design, Transition to Adulthood, mental health support in schools and the complex children framework) also feeds into SIAB via the Theme 3 group.

There is also a SEND dashboard that report KPI's to SIAB, examples include therapy and CAMHS waiting times[6] and access rates.

5.6 How recent inspections and systemic challenges in SEND provision might be shaping emotional wellbeing and mental health services for children, and if there are any strategy revisions accordingly.

The SEND local area inspection in July 2023 resulted in a priority action plan to address 5 key priorities. Since 2023 we have worked hard as a local area partnership to make progress in these areas. Ongoing feedback and deep dive and review has been undertaken by the Department for Education which has confirmed incremental progress and improvements. We await the findings of our recent monitoring visit (September - October 2025). We are also in the process of updating our partnership SEND strategy, which will inform emotional wellbeing and mental health services for children with SEND.
The way that the SEND improvement programme is structured is via theme groups which aim to address a number of APA's across a spectrum of need, this is demonstrated as follows:



The majority of the work to support CYP mental health and emotional wellbeing is within theme 3 however there are cross overs in other theme groups such as theme group 1 is aimed at delivering early help. Interventions such as Tellmi, Mental Health training at universal settings and parenting support programmes now sit within theme group 1. CAMHS and acute services report to theme group 3 to support the more specialist level of need along with theme group 4 – Transition to Adulthood whereby there are CAMHS transition improvements.

Below is a table that demonstrates the Emotional Mental Health and Wellbeing action plan projects and where they sit within the SEND improvement programme. There were additional projects that have formed since the launch of the EMH&WB strategy that support the PAP which include:

[6] Appendix 3 – CAMHS dashboard

- Complex children framework
- Neuro developmental conditions redesign project to move to a needs led model
- Roll out of WellComm in Primary Schools (speech, language and communication needs – SLCN)

The table below support the gaps identified in the EMH&WB strategy and SEND Local Area Inspection outcome report 2023.

EMH&WB strategy action plan workstreams	**Theme group 1 – Right Support Right Time**	**Theme group 2 - Right Plan, Right First Time, Every Time**	**Theme group 3 – Right Provision looking to independence**	**Theme group 4 – Preparation to Adulthood**
Digital offer and directory of services	Tell Mi app		SHARON platform– CAMHS	
Family Learning and support programmes	Family Hub development			
Whole school wellbeing resilience programme			MH in Schools CAMHS transformation project	
16-25 transition service				Transition to Adulthood CAMHS transformation work
Training Programme for the children and young people's workforce	PH MH training in universal services Features in the Early Help Strategy			
Does not feature in the EMH&WB strategy but			Complex children framework	

addresses the PAP			NDC redesign project to move to a needs led model Roll out of WellComm in Primary Schools (SLCN)	

5.7 How data is being used, including through the JSNA or elsewhere, to shape the strategy as well as actions being taken to address children's mental health.

JSNA dashboard Children and Young People dashboard in the JSNA is used to identify and review need, and for service development. Data from hospitals including ED attendances for self harm- prompts deep dives into certain issues/trends.

The OxWell Survey 2025[1] is a large-scale annual survey designed to measure wellbeing (health and happiness) of children and young people aged 9–18-year-olds. Oxfordshire participates in this survey and data is made available to participating school and the public health team in Oxfordshire County Council.

5.8 How the strategy is aligning with or supporting Marmot principles (best start in life, fair employment, healthy living).

As part of the work to improve health equity in the County Oxfordshire are partnering with the Institute of Health Equity and are a Mamot Place. As part of embedding Marmot principles in the system, IHE have undertaken a review of "**Best start in life**" focusing on early years to the age of 25, with the aim of identifying what is driving inequalities, and where the challenges or blockers are.

In phase one of this project they aimed to gain an understanding of context by hearing from stakeholders working within the system and providing an independent review of data. They have completed an initial draft, with recommendations. Phase two will commence in late 2025, when they will engage with key system leaders to build on the momentum of current work, with a focus on identified inequalities. There will be a focus on gaining commitment from system leaders to take forward recommendations in the report. The partnership group will review the strategy and action against the Marnot Principles and consider the recommendations from the "**Best start in life**" review.

5.9 Is there a whole Oxfordshire approach - what is this for children and what does success look like?

Our whole Oxfordshire approach to supporting the emotional mental health and wellbeing of children and young people is set out in the emotional mental health and wellbeing strategy to identify and meet need as early as possible. This is also supported by the Early Help Strategy and the work of the Early Help teams along with system partners.

This is complemented by our Oxfordshire Children and Young People's Plan which sets out our vision for a child first county where every child and young person can thrive. We want every child to get the best possible start in life and to have opportunities to be the most they can be. This strategy is delivered through our Oxfordshire Children's Trust Board and a wide range of other partnership boards, such as our SEND local area partnership and our Early Help and Prevention Partnership Board.

A new area of development in Oxfordshire is planning for a county-wide Family Hub network, which will bring together partnership early help services to provide support at the earliest stage, in local communities, for children and families. We are beginning to design the model for this in collaboration with partners and aligned to national government guidance.

5.10 How are vulnerable children identified and supported?

There are a range of comprehensive, partnership mechanisms in place to identify and support children with their emotional mental health and wellbeing across the health, education and social care system. These include:

- The 0-19 service – school health nurses
- CAMHS service – single point of access (SPA) and MHST's
- GP's
- The Multi agency safeguarding hub (MASH) who will direct the child/family to the appropriate level of intervention within Children's Services
- Schools
- Community paediatric service
- Tell mi app
- Wellcomm tool

We work together to make sure that the child's needs are met by the most appropriate service. The future ambition is for these services to be co-located through the Family hub and Neighbourhood Health Team initiatives.

5.11 In a school setting are there good practice examples of schools developing a nurturing culture which supports staff in schools and parents to nurture good mental health. How are staff working with vulnerable children supported in their own mental health.

School Health Nurses (SHNs) have an essential role in supporting schools with CYP MH particularly during times of sudden or unexpected deaths, such as the loss of a student. They provide emotional support to those affected, help

identify young people who may be at greater risk of emotional distress, and work with school staff to respond to the needs of the family and the wider school community. SHNs also liaise with other agencies to offer advice and arrange referrals for additional support when needed.

When a sudden or unexpected death occurs within a school, the impact can be felt across the entire community. Young people may require help to process what has happened, understand their emotions, and feel able to return to learning. In Oxfordshire, the Postvention protocol, developed from research and best practice, guides schools and colleges in identifying and supporting students who may be at risk of suicide. This protocol helps schools prepare for the possibility of a suspected suicide, outlines how to respond effectively when such an event occurs, and ensures suicide prevention is integrated into the curriculum.

When a young person dies by suspected suicide or sudden unexpected death, SHNs provide vital support for both students and staff by being available in a safe location within the school where individuals can express their thoughts and feelings about the loss. School staff, who are often deeply affected as well, benefit from having someone to talk to and a supportive space. Typically, SHNs are based in the school library, which may also house a remembrance book for students to write, draw, or otherwise share their emotions regarding the person who has died.

School Health Nurses (SHNs) are actively involved in the planning and response following a sudden death in a school community, guided by established Standard Operating Procedures designed to support staff during these rare but challenging events. They work closely with Child and Adolescent Mental Health Services (CAMHS) to quickly identify any students already known to the service, and will share the names of those most affected so that early support can be provided if needed. Children can also access a NHS grant funded service called Seesaw which provide bereavement counselling for children affected by death in their families. SHNs also reach out to parents and carers, offering advice on how to support their children through this difficult period and providing information about where to find further help if necessary.

SHNs work in pairs and are supported by senior colleagues. They remain present in the school as long as required, with the named SHN for each school continuing to provide ongoing support to both students and staff as needed. Prioritising the wellbeing of School Health Nurses (SHNs) in schools affected by sudden or unexpected events is essential. Staff benefit from strong support provided by senior SHNs, including Clinical Education Leads, who offer supervision and guidance on emerging issues. These leads can step in when needed, ensuring SHNs have time and space to process difficult situations. Regular daily debriefs are held both within the school and across the service, giving staff the opportunity to discuss and reflect on their experiences and emotions.

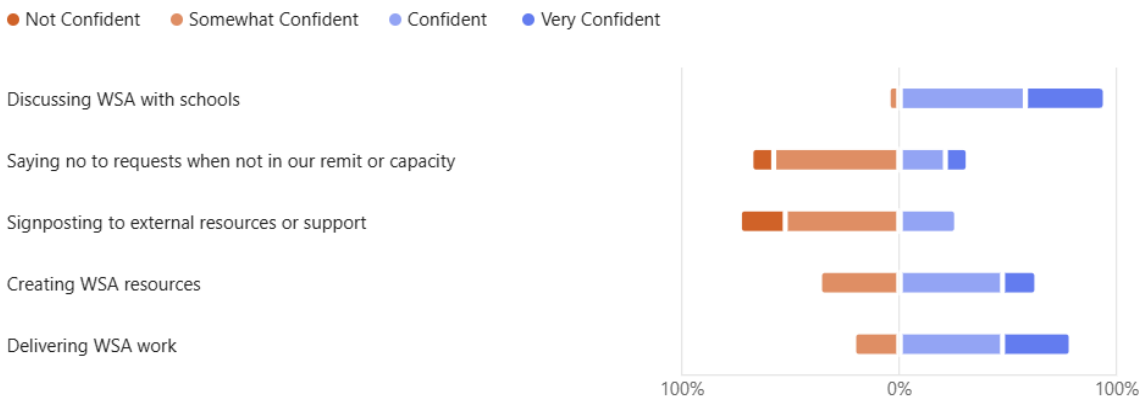
An example of the SHN providing support to a child who was experiencing anxiety and was missing school can be found in appendix 4[7]

MHST's also provide whole school approach training with school staff such as anxiety training to enable schools staff to enable a positive mental health environment and support children's wellbeing. There are 5 Whole School Approach champions who are passionate about WSA and finding the most effective, impactful, research backed ways of working with our schools. The feedback received was extremely positive, these comments were received following the anxiety training:

Following the training, what two things will you take away and put into practice?

Small steps	Muscle relaxation - try this with my class Research grounding	Reducing reassurance Steps to reduce avoidance	Reducing reassurance Externalising for younger chn
- It was interesting to learn about coping and safety behaviours. - I would like to look at the book recommended: Helping your child with fears and worries	Think about how I respond to children with anxiety making sure I respond appropriately. Understand that children's worries should not be shrugged off by telling them that everything will be okay.	Review responses to worries	

CAMHS constantly measure the WSA champions confidence in delivering WSA as shown in the survey results below. CAMHS can then focus on the weaker areas and provide targeted support to champions to increase their confidence:



[7] Appendix 4 – SHN case study

6. Health Overview & Scrutiny Recommendation Response Pro Forma

Please see a update on the recommendations from HOSC

Recommendation	Accepted, rejected or partially accepted	Proposed action (including if different to that recommended) and indicative timescale.	Progress Update May 2024	Progress November 2025
1. To work on developing explicit and comprehensive navigation tools for improving communication and referral for services at the neighbourhood level and within communities. It is recommended that piloting such navigation tools in specific communities may be a point of consideration.	Partially accept	We work closely with partners across Oxfordshire who offer advice, support and interventions for children, young people and their families and are currently tendering for a peer support app for CYP to support their mental health and well-being with a directory of local services to meet their needs. We recognise the importance of ensuring that local communities and neighbourhoods are connected to service provision in their areas. This is also important to the workforce so that	The Healthy Child and Young Person Public Health Service 0-19 years is now working at a more local level to respond to need and information is being made available in these 11 localities for CYP, families and settings. The CYP digital app has been tendered and we are currently in the standstill period following the outcome of the	Tellmi the CYP digital app went live in July 2024 and was aimed at all schools in Oxfordshire aged 11-18. The app has been extremely successful with 433 young people engaging with the app. See appendix 5[8] below for the year 1 report: The new Early Help strategy has been launched and implemented across the Oxfordshire Safeguarding Partnership Work will be progressing in 2026 on the Family Hubs and Neighbourhood Health teams to support the NHS

[8] Appendix 5 – Tellmi annual report

		they know who their local link is for support and services. This recommendation applies to all system partners to ensure that information is made available. HOSC can also support this approach with members of the scrutiny committee sharing information through their networks. The new SEND Local offer also provides details how to apply for help and includes a directory of local provision that both CYP and their families as well as professionals can access. This has been co-produced with Oxfordshire Parent Carer Forum and is key action in the priority action plan the link for the new website: Oxfordshire SEND local offer | Oxfordshire County Council	tender, we hope to be able to implement the app by start of the 24/25 academic year. The Local Offer is live and improvements are continuously being made as new content becomes available. The refresh of the Early Help strategy is now being lead by Delia Mann and is part of the SEND Transformation programme.	10 year plan to ensure people access support within their communiites. The Oxfordshire response to Neighbourhood Health teams will be submitted to NHSE by December 2025.

		As part of the early help strategy refresh this year OCC Children's Services will be ensuring the offer of early help is accessible to all families to find information to support them along with resources available within the local offer and linked with FIS.		
2. To ensure adequate co-production with children and their families as part of continuing efforts to deliver the strategy, including considerations of how children and families can be placed at the heart of commissioning. It is also recommended for an early review with the users of the digital offer once this becomes available; to include testing with neurodivergent children and other children known to be at higher risk of mental ill health.	Accepted	Co-production is a critical part of the strategy development and the commissioning cycle. This approach was adopted for the development of the emotional health and wellbeing strategy and in the commissioning of the digital offer. The Council recognises that improvements can be made and in future tenders we would like CYP to be able to be part of the evaluation process. We are working with	The CYP digital app has been tendered and we are currently in the standstill period following the outcome of the tender, we hope to be able to implement the app by start of the 24/25 academic year. CYP will be invited to review the app 6 months after this	CAMHS launched a Comms survey and engagement piece of work in Summer 2025 and have established a plan to respond to feedback received parents, carers and CYP along with professional stakeholders. Supportive steps and the SHARON platform has been implemented in CAMHS to support parents of children with mental health or neurodivergent needs.

		procurement and legal colleagues to enable this to happen without being at risk of breaching contract procurement regulations and legal challenge. We have built reviews and service improvement into the digital offer and will be able to provide updates in due course.	has been implemented. Guidance for involving children and young people in tender evaluations is being drafted with legal and procurement colleagues.	Tellmi feedback on the app, any % of children identifying as neurodivergent on the app Children are routinely part of tender processes.
3. To continue to explore and secure specific and sustainable sources of funding for the Strategy to be effectively delivered in the long-run.	Accepted	Funding for supporting emotional health and wellbeing comes from a number of government departments and organisations. This includes Department for Education and NHS England as well as funding provided to the voluntary and community sector and for research and evaluation to grow the evidence base on what works. As a system we will strive to identify sustainable sources of funding for Oxfordshire.	Grants and funding from NHSE are being used to support development of services to address gaps in service provision for CYP to support them with their mental health. The BOB ICB is currently in financial turnaround therefore new investment	Public Health have prioritised resources for services to support non-clinical interventions to children with Mental Health needs which include TellMi and MH training and aim to invest significant funding into development EMH&WB resources to primary schools which will be evaluated by a university in 2026. The funding position with Children's social care and the ICB remains un-changed.

		Local funding streams will be determined by the financial envelope provided to us nationally for this work. Any proposals to increase resources to better meet the needs of CYP in Oxfordshire are being managed by the SEND Priority Action Plan to address priorities identified during the Local Area SEND inspection by OFSTED and CQC.	opportunities may be limited to support the action plan of the strategy. However opportunities to apply for time limited funding such as the Better Care Fund are being explored to support CYP.	
4. To ensure that children and young people and their families continue to receive support that is specifically tailored toward their needs. It is recommended that a Needs-Based Approach is explicitly adopted, as opposed to a purely Diagnosis-Based Approach. This could allow for early intervention to be initiated as soon as possible.	Accepted	System partners recognise the recommendation to be needs led and provide support to children, young people and families at the earliest opportunity utilising the Think Family Approach and as endorsed within the Early Help Strategy to offer the right support at the right time. Oxford Health are already taking this needs-	The new contract for The Healthy Child and Young Person Public Health Service 0-19 years has commenced and this has a Think Family approach, health visiting workforce will now be supporting children and families up to the age of 8 years.	Work has started to move to a needs leaf approach for children who are autistic. CAMHS have been piloting a AI tool to support with triaging NDC diagnosis requests and aim to utilise this to create a profiling tool. A kick off event has been scheduled on the 25th November to learn from Portsmouth and Kent practitioners who have developed a needs lead approach. NHSE are also bench marking ICB areas in

		led approach through Universal Public Health Services for CYP. Oxford Health CAMHS service also commission Autism Oxfordshire to give CYP and their families pre-diagnoses support for those waiting for a Neuro-development Conditions assessment. We are exploring different ways of commissioning and delivering Neuro-development Conditions assessment services across the BOB ICB as long waits are a national issue. Addressing waits for Neuro-development Conditions assessments is also an action in the SEND Priority Action Plan.	Work is also underway to develop the Early Years and Prevention Strategy. The Early Years Strategy and Board are also in development following meetings with system partners. As part of the SEND Transformation programme the use of profiling and intervention tools are being explored to identify and address children's needs early to prevent needs escalating, some local authorities have reduced demand into the NDC pathway by 80% from using	the South East to provide support in adopting a needs lead approach. The roll out of the WellComm tool in Primary schools and Early Year settings has supported children who are neuro divergent to be able to communicate more effectively.

			profiling tools and feedback from families has been good and they have felt that their child has benefited and outcome measurements have been extremely positive.	
5. That consideration is given to the use of a simple and evidence-based standardised evaluation measure, that is suitable across all services that are working on Children's mental health in community settings.	Partially accepted	Evaluations tell us what works and what does not. An evaluation should be a rigorous and structured assessment of a completed or ongoing activity, intervention, programme or policy that will determine the extent to which it is achieving its objectives and contributing to decision-making. Collecting feedback, data and local intelligence from children and young people, communities and services is essential to inform a needs-led approach. We will explore what guidance and	As part of the SEND Transformation programme the use of profiling and intervention tools are being explored to identify and address children's needs early to prevent needs escalating, some local authorities have reduced demand into the NDC pathway by 80% from using profiling tools and feedback from families has been good and they have felt that their	Oxford Health are using a platform called True Colours in order to capture and be able to review routine outcome measures. The digital platform is linked to patient records and remote web-based access is used to support completion by the young person and/or parent/carer. The True Colours system uses established and Nationally recommended outcome measures for a range of general and specific mental health difficulties and links into National CYP reporting for the NHS. CAMHS are using some basic measures on referral,

		evidence-based practice is available to address this recommendation. We would also like to recommend that this is broader than 'children's mental health in community settings' to recognise the impact of wider determinants on emotional health and wellbeing for children, young people and their families. Children's Services already utilise SDQ's to measure and evaluate children's Mental Health for Children We Care For and we could look to expand this practice to a wider cohort of children to further explore their needs.	child has benefited and outcome measurements have been extremely positive. The are a range of profiling tools to assess children with special educational needs, Neurodivergent needs and speech and language	assessment and discharge. These are the CGAS, RCADS or SDQ and Goal Based Outcomes. The True Colours system tracks repeated measures to show progress and final outcome, but it is acknowledged that not all cases will show change on general measures. In addition , some teams may use more symptom specific measures at these points to pick up more on specific issues. Patient, parent/carer feedback can also be gathered through the IWGC system but the use of this is currently being reviewed by the Trust as it doesn't quite capture required information. NDC Needs Lead approach is being developed as explained in this paper and we aim to launch this offer in 2026.

				WellComm: a speech, language and communication tool has been implemented in Early Years settings and is being trailed in 45 schools. the reports RAG rate a child from their assessment and tailored interventions are offered to meet their needs. When a child is re-screened three months later we are seeing reductions in red and amber and increases in green.

7. Part 2– Child and Adolescent Mental Health Service (CAMHS)

7.1 Overview of service updates

Since the CAMHS service last reported to HOSC in November 2023 there have been new service developments to respond to the needs of children in Oxfordshire and to respond to new national and regional developments. The following are an overview of o the new services within CAMHS.

7.2 Development of Supportive Steps

CAMHS have developed and implemented a new programme: 'Supportive Steps' which aims to support parents to be able to support their children who may have mental health difficulties. The new service has been developed over the past 8 months, we know that building and supporting parent / child relationships and helping build parental or carer capacity is key in helping children and young people address mental health issues.
The team provides workshops covering the fundamentals of mental wellbeing, preparing for change, engaging with therapy and overall understanding the CAMHS pathway. The offer draws on the power of parent peer support, social prescribing and evidence based clinical care to ensure families are offered a robust service right from the very start of their journey with us.

Supportive Steps update:
- Developing self help videos for parents and carers
- Workshops – 2 cohorts will be running alongside each other – families will wait no longer than 5 weeks before the next run starts.
- Pilot – solution focused approach offer with dedicated supportive steps workers.

'We are with you' update:
- Blenheim Palace have given a FREE regular space for our in person groups / walks
- Running two groups per month – one in person / one online
- Data collection process in place to capture feedback / activity
- Dedicated communications regarding what is on offer and how to sign up will be implemented
- Holding a joint fathers group with Ox United

Groups update:
- Psychologist informed group activity
- 14 + emotional literacy group starting November 2025
- Under 14's group starting January 2026
- Getting Help staff will be supporting the groups

7.3 Shared Enterprise Project

CAMHS Family Assessment and Safeguarding Service (FASS) in partnership with Childrens Social care have carried out a shared enterprise project to pilot a joint

agency collaboration between health and social care for high-risk complex families open to both agencies:

- Through identifying, screening, consultation and assessing parents together
- Delivering a therapeutic parenting group
- Forms part of the treatment offer within FASS, CAMHS, The Lighthouse Parenting Programme.

Achievements and updates to date :

- 147 families on repeated CP Planning were considered for the project. 63 were of these families were on Getting More Help wait lists and reviewed.
- Five families who were identified have been re-referred to FASS. A reflection of the chronic nature of difficulties. Repeat cycle, balancing need for support change/ capacity to engage.
- Ongoing process of gathering feedback from parents who were screened but did not engage in the treatment/mapping the child's journey.
- Ongoing longer-term needs being identified from this cohort, which we are in a position to assist with.
- Families need to be identified early – earlier intervention and before experiencing repeated CP planning. An early offer but also highlights the need for longer term /complex needs

7.4 Anxiety and Depression Clinic (AnDY)

For the past year Oxford Health Foundation Trust have worked in partnership with Oxford University to set up a research clinic within CAMHS called AnDY. The clinic offers high-quality treatments to young people with anxiety, depression, and/or obsessive compulsive behaviour. Through the clinic research is supported that improves our understanding of the development and maintenance of anxiety, related disorders and depression in young people, and that supports the development of targeted, effective and accessible treatment. The clinic has received 302 referrals since May 2024, 69.4%* have diagnosed or suspected autism. 97% are working towards their goals, 88% have improved functioning, 77% have reported improved symptoms.

7.5 CAMHS Transitions and Interface

For the past 2 years, we have had 2 clinicians working closely with colleagues in Oxford University Hospitals and Childrens Social Care to support transitions when a young person presents to a acute hospital with mental health difficulties or having self-harmed as well as coordination when a young person is admitted to the place of safety under Section 136. Appendix 6[9] gives further detail of the work that the team does and its developments over the last few years.

Oxford Health and Commissioning Colleagues within OCC have been working on creating transition process on a page for all health, education and social care pathways to share processes with young people and their families and improve processes based on feedback from young people and their families.

[9] Appendix 6 – CAMHS Transition presentation

7.6 Development of AI to support Neurodevelopmental Assessment

CAMHS Neurodevelopmental conditions (NDC) service are conducting a range of transformation activity to maximise clinical resource by:

1. gathering clinical information using a online form rather than clinical time
2. triaging cases using this form and matching complexity to clinical time (different clinic models)
3. use AI to complete triaging of referrals into different complexity levels
4. use AI to suggest tailored early help for families waiting for a diagnosis
5. us AI to complete strength and need reports
6. the long term aim is to utilise the AI tool to move to a needs lead approach and only offer a full diagnosis where clinically required e.g. for medication purposes

Progress to date:

1. created, tested and trailed the form in True Colours
2. set up clinics completing assessments in 9, 6 or 4 hours depending on complexity
3. information from the form and triage is now starting to train the AI (safe information governance systems set up)

7.7 Thames Valley Link Programme

In February 2022 Oxford Health as lead provider was successful in the bid for the Framework for Integrated Care known as the Thames Valley Link Programme locally. We had to rebid in December 2024 and was successful for a further 4 years of funding until March 2029. 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.

We 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. We have a partnership with a third sector organisation ‘RAW’ who provide Youth Workers within the county based teams.

Teams have been implemented within Oxfordshire, Berkshire and Buckinghamshire and have worked with 755 cases up to June 2025 (346 of those Oxfordshire cases), and are offering advice, consultation, assessment and direct interventions.

8. CAMHS HOSC questions:

8.1 Details on CAMHS referral data and waiting times, ideally broken down by age group, condition type, and local geography by Districts, PCN and/or Schools.

Please Appendix 7[10] for a breakdown of data as requested, please note we are unable to break this data down by PCN area.

8.2 How the cost-of-living crisis or broader inequalities may be exacerbating mental health challenges among children and young people.

We know that adults living with financial stress are at increased risk of mental health problems and poor mental wellbeing. This in turn influences parental mental health, family relationships and parenting, impacting on the mental health of children and adolescents. Sleep quality and sleep problems were widely reported in the 2023 Oxwell survey, reason cited included worries about their family not having enough money and worry about what is going to happen.

A sense of belonging and activities outside of school are a protective factor for mental wellbeing; the ONS Mental Health of Children and Young People survey 2023 found that more than 1 in 4 children aged 8 to 16 years (26.8%) with a probable mental disorder had a parent who could not afford for their child to take part in activities outside school or college, compared with 1 in 10 (10.3%) of those unlikely to have a mental disorder. JSNA_2024_mental_health_final.pdf.

Poverty makes everything more difficult and mental illness has a number of causes which can be attributed to both nature and nurture. Please see examples of two children both with generic risks of developing ADHD and how broader inequalities affect both these children:

Child A:
- Brain with genetic risk of ADHD
- mother well nourished, in stable relationship with partner
- no financial problems
- good multigenerational support
- child breast fed and then fed on home cooked balanced diet
- good primary school with small number of children in class all with English as first language
- lots of exercise and access to outdoor space

Outcome: Child manages fine. Does not need medication for ADHD, achieves academic potential, no mental health problems, passes exams and apprenticeship, manages stable relationships.

Child B:
- Same brain and genetic risk
- mother smokes and drinks in pregnancy

[10] Appendix 7 – CAMHS dataset

- father has addiction problems and there is domestic violence
- financial difficulties and often in poverty
- bottle fed and consumes processed foods
- not outside space
- school with lots of children from deprived families, 32 in class lots of SEN
- Child struggles to learn, behavioural problems referred to CAMHS

Outcome: Needs stimulant medication, lots of behavioural issues, not meeting academic potential, exclusions, antisocial behaviour, involvement of social care, needs EHCP, high risk of criminality and prison, unlikely to manage to work, high risk of teenage pregnancy in partners, high risk of illicit drug use, increased risk of becoming a looked after child.

8.3 Relationship with schools- CAHMS checklists are used in some schools for referral to CAMHS. Is there a standard check - is it evidence based and does it rely on child self-report or related also to known risks and with parental report?

CAMHS have several ways to make a request for service into CAMHS –

- Self-referral via the Single Point of Access (SPA) via a phone consultation
- Online professional referral form
- GP colleagues have their own referral proforma
- Clinicians use evidence-based screening questionnaires to support the triage process, this helps SPA formulate the needs and make a timely decision around next steps for the YP and family. The questions used in our online referral form also prompt referrers to think about their answers and provide us with the most relevant information.

8.4 Details on any staffing pressures as well as staff wellbeing, recruitment and retention challenges, and how these may affect service delivery?

- Current sickness rate is below Trust target of 4.5% and Oxfordshire CAMHS is currently 2.67%. Main sickness reason is Cough, Colds and Flu
- Current vacancy rate has increased from 6.30% to 7.66%
- Wellbeing champions hold various team events on a regular occurrence. These can be anything from a coffee morning, lunchtime walks, sunflower challenge etc.
- On a wider scale, all of Oxfordshire CAMHS wellbeing champions come together to help seek donations for a Christmas raffle for all the staff.
- We also sub contract NDC assessments to the Owl centre and Helios for anxiety and depression to support capacity in teams.

8.5 Whether there are any innovative workforce models or partnerships being trialled to mitigate any recruitment or retention issues.

Oxford Health have supported a pilot of remote workers to work digitally only. Once evaluated this may be something that is implemented more if results prove to be positive

Oxford Health have a recruitment incentive programme and operate HR fairs all over the country which were successful. OH also offer staff rotational posts which are popular.

Oxford health also offer a varied apprenticeship scheme especially for non clinically trained MHST practitioners.

8.6 How CAMHS services continue to expand any digital offers available for children and young people or patients. What measures do you have of effectiveness of digital offers?

CAMHS have purchased SHaRON which is a parent/carer peer support digital platform. There are 2 SHaRON platforms one for NDC (that covers the BOB region) and one for the main CAMHS service parent/carers. They are safe spaces for parent/carers to ask questions, connect with others and it is monitored by camhs clinicians who are able to pick up any issues and give advice/signposting if needed. Oxfordshire have the highest number of SHARON users- 1993 across the BOB region.

Breakdown of BOB region SHaRON users.

	Total Members
Berkshire	653
Oxfordshire	1933
Buckinghamshire	723
Total	3309

We offer appointments online where appropriate and feedback is that a lot of parents generally prefer as it saves them driving to appointments. There is a mixture of feedback from young people some prefer being seen face to face which is always a choice.

8.7 Data Outcomes for children in Oxfordshire; including suicides, A&E, hospital admission, as well as number of days admitted for.

Oxfordshire Tier 4 admission numbers

2019-2020	2020-2021	2021-2022	2022-2023	2023-2024	2024-2025	2025-2026
66	52	53	49	29	45	21

Please note 25/26 is only a partial year.

Average length of stay (days) for all discharged Oxfordshire Patients

2019-2020	2020-2021	2021-2022	2022-2023	2023-2024	2024-2025	2025-2026
98	112	123	141	114	87	76

Age standardised rate for suicide aged 10-24 years for BOB ICB region 2018-2022 count was 72, rate 4.7 Fingertips | Department of Health and Social Care

Suicide data for the BOB ICB region:

County	Berks	
Number recorded	27	
Male	20	
Female	7	
Berks:	M	F

County	Bucks	
Number recorded	23	
Male	18	
Female	5	
Bucks:	M	F

County	Oxon	
Number recorded	57	
Male	46	
Female	11	
Oxon:	M	F

Source: Thames Valley Police Real Time Surveillance System

8.8 Details around the funding arrangements in place for CAMHS services, and the sustainability of these.

The CAMHS service which is £22m per year will solely be funded by the NHS (NHSE and ICB) from January 2026. Funding from agencies will be focused on services that those agencies are statutory responsible for. OCC also provide the Family Solutions Plus Mental Health service for parents and the clinical psychology services and Attach team for Children We Care For and Care Leavers living in supported housing. OCC also makes effective use of pupil premium plus for Children We Care For to meet Mental Health
needs where CAMHS services cannot respond outside of the County

8.9 The status of any data reporting recoveries following any recent cyber incidents.

Oxford Health has not been the subject of any recent cyber incidents. There was a national incident in 2022 that the Trust was impacted by. This resulted in a reporting recovery programme which concluded in FY 24/25. The Trust continues to develop new reporting insights to support operational care delivery.

9. Recommendations from HOSC for CAMHS service

9.1 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.

The SEND system has developed a complex children's case framework to ensure that there is effective multi agency planning in discharges of care from acute and T4 units with clear escalation processes. This will ensure that children are discharged from hospital with the right support and placement (if needed) at the thanright time to prevent re-admission. This is further supported through the Oxford Health LD and Autism Liaison team who track children on the Dynamic Support Register (DSR) and provide a lead key worker role to children with autism and or learning disability. The key worker is a crucial person that will work with the child/young person and their families or advocate and provide referrals and sign posting to local resources if required. This team will also direct a LAEP or CETR meetings to prevent admission into hospital and work with commissioning and operational colleagues to ensure that all members of a child's care team are involved in planning and crises mitigation. The 50/50 funding agreement between

the ICB and OCC for S117 eligible children has been key to ensuring a placement or services are in place to ensure no delays to the child's discharge from hospital.

9.2 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.

CAMHS have improvement to reduce waiting times in Getting Help and Getting More Help via a task force to focus on the longest waits utilising funding that has been re-distributed to CAMHS from within Oxford Health. Activity includes purchasing online assessments via Helios and the Owl Centre and purchasing additional temporary staffing for a period of time to carry out assessments. CAMHS are conducting follow up phone calls with CYP and their families for those on the waiting list to review their needs while they wait. Supportive steps is also being developed to offer to families to offer a tailored living well with neurodiversity which will become part of the move towards working in a needs lead approach.

9.3 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.

Oxford Health conducted a engagement piece of work in 2025, see appendix 8[11] outlining the approach and recommendations.

10. Financial Implications

There are no financial implications to content of the report at this stage.

11. Legal Implications

There are no legal implications to the content of the report at this stage. Legal colleagues have been engaged to ensure compliance with the Contract Procurement Regulations in respect of the commissioning of the mental health digital app.

12. Staff Implications

There are no new or additional staff implications to the content of the report.

13. Equality & Inclusion Implications

One of the primary aims of the emotional wellbeing and mental health strategy is to reduce health inequalities in a range of priority groups. The views and input from the main beneficiaries of the content of the report – children, young people and families continue to be sought as the development of the work.

14. Sustainability Implications

There are no sustainability implications to the content of the report.

[11] Appendix 8 – CAMHS comms survey overview

15. Risk Management

There is a risk that gaps will not be met causing further detriment to children and young people, however this is being addressed through the Emotional Mental Health and Wellbeing Board and SEND Programme following the OFSTED inspection.

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