



19,215 patients accessed CAMHs services in 12 months to Feb 22*



158,095 appointments delivered in FY 21/22



37% of appointments were digital consultations



7% of CYP had a paired outcome score as at March 2022*



Median wait times CAMHs:

Emergency: 2 hours

Urgent: same day

Routine: 34 days

NDC: 174 days



CYP Eating Disorders

rolling 12 months as at March 2022*

- **56.7%** of **Urgent** referrals seen within 7 days
- **47.3%** of **Routine** referrals seen within 28 days



Access to Child & Adolescent Mental Health Services (MH Long Term Plan metric)

In FY21/22, each integrated care system were set a target based on the child population who may need **access** to mental health services. Targets are set at an Integrated Care System level (ICS).

Performance for the Trust/ICS as at 12 months up to Feb 2022:

Bucks, Oxon & West Berks (BOB) target: **20,666**

BOB Feb 22 performance: **21,070** (Oxon CCG 7195, Bucks CCG 7040)

BanNES, Swindon & Wiltshire target: **12,326.5**

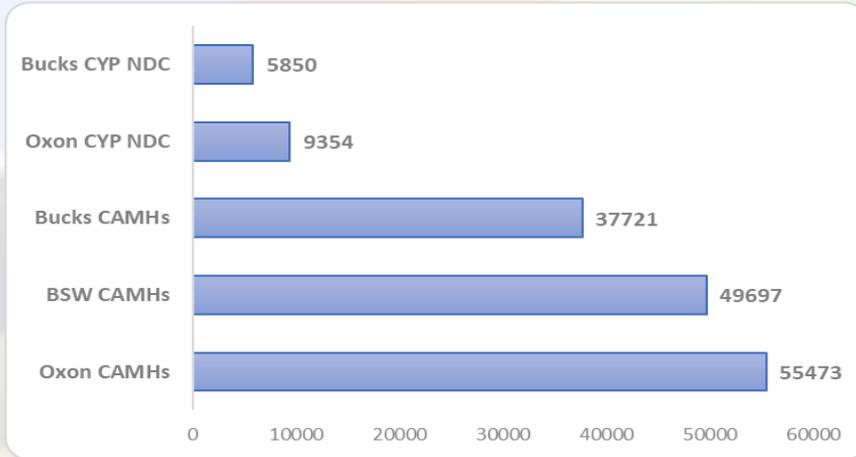
Feb 22 performance: **7,915** BSW CCG

Oxford Health NHS Foundation Trust total contribution across two ICSs: **19,215** CYP accessing services (1+contacts)

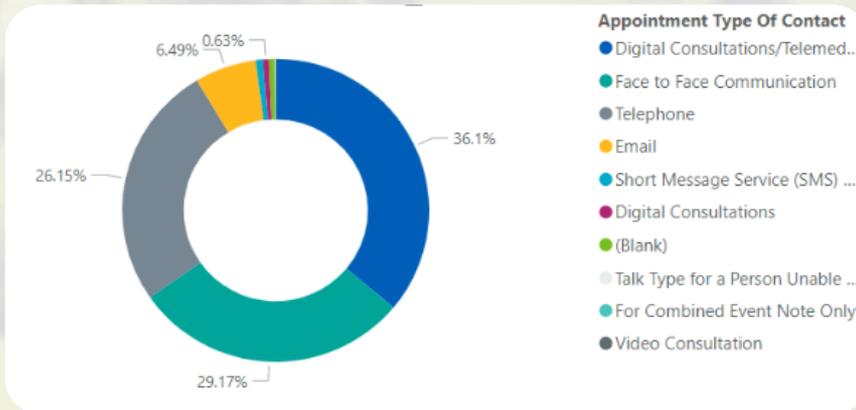
Services in BSW are linking with other providers in the ICS to explore ways of improving the access performance. Work is also underway within the Trust to develop clinical information systems to support the capture of clinical activity not currently recorded on Carenotes. This will increase the access numbers reported.



Of the **158,095** appointments delivered in FY 21/22 **142,891** were in CAMHs and **15,204** in CYP neurodevelopmental services. Broken down as follows:



This was a **+19%** increase in activity in CAMHs, whilst CYP NDC activity remained in line with pre-pandemic levels (FY 19/20)



Digital consultants was the highest method of delivery (37%) followed by face to face appointments (29%) and telephone (26%).



As at provision March data **7,700** referrals had received two contacts of which **7% (505)** had a **paired outcome score** via the following outcome tools:

Child Outcome Rating Scale (CORS)

Generalised Anxiety Disorder 7 (GAD-7)

Outcome Rating Scale (ORS)

Patient Health Questionnaire (PHQ-9)

Revised Children's Anxiety & Depression Scale (RCADS)

Strengths & Difficulties Questionnaire (SDQ)

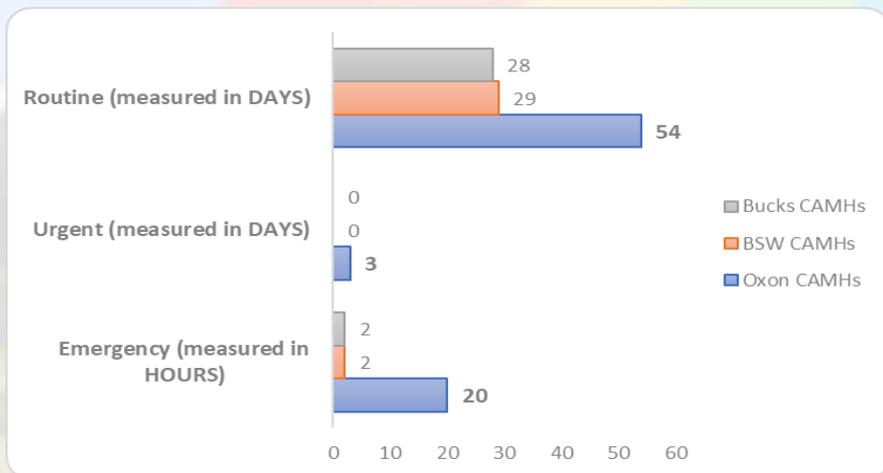
The Trust has a project underway to develop the True Colours system to support the automated capture of Patient Related Outcome Measures.

CAMHS is in Phase 1 of the project and it is anticipated it will be complete by end of September

Clinician focus groups have taken place and a re-launch of the system is expected to improve engagement with the use of PROMs across the service



In CAMHS there were **23,629** initial assessment appointments delivered in FY21/22. The wait time for these were as follows:



CAMHS (see left hand visual):

- **Emergency** referrals were seen within **20 hours** or less.
- **Urgent** referrals were seen within **1 day** in Bucks and BSW and within **3 days** in Oxon
- **Routine** referrals were seen within **30 days** in Bucks and BSW and within **54 days** in Oxon

CYP Neuro Developmental conditions median wait time was **258 days** in Oxon and Bucks was **99 days**.

The services are significantly under-resourced for the demand. Discussions with the CCG and system regarding capacity and possible solutions are ongoing.



Child & Adolescent Mental Health Services Eating Disorders Waits (MH Long Term Plan metric) reported quarterly based on rolling 12 months as at March 2022:

95% of **Urgent** referrals to be assessed within 7 days. Oxford Health's performance is below target and performance has declined over the last year to **56.7%** in March.



A review of the triage process is underway to ensure referral priorities are allocated appropriately. Due to the small number of urgent referral received, reported performance is impacted by one or two breaches

95% of **Routine** referrals to be assessed within 4 weeks. Oxford Health's performance is below target and performance has declined over the last year to **47.3%** in March.



Increased referrals into the service and increase in acuity coupled with vacancies in service has resulted in increased waiting times. Services are working with HR to fill vacancies as well as working with system partners to identify potential solutions.