

# Impact Report: Better mental health support for children and young people in Birmingham

Jul 2022



## **Our Impact:**

### **Better mental health services for children & young people**

After receiving concerning feedback from young people and their families who were struggling to find support for their mental health on the NHS, we investigated the services being provided by Forward Thinking Birmingham (FTB). People told us about issues around the accessibility, quality and continuity of care, which we used to make recommendations for improvement to FTB.

Following engagement with service users, their families/carers and Healthwatch Birmingham, FTB has made a number of important changes to mental health support for children and young people in Birmingham. Improvements made include:

**Co-production with patients and carers**, for example young people with lived experience designing training modules for staff.

**Better communication with patients and families**, including improvements to the FTB website and reviews of clinical letters sent to patients.



*"I find 1:1 sessions with my Peer Support Worker (PSW) helpful as they help me add structure and routine to my day which I feel is beneficial to my recovery."  
- FTB patient*

**Funding for FTB staff to ensure greater consistency and variety of roles**, alongside a Peer Support Worker programme, more student nurse placements and recruiting people with lived experience of mental health issues.

*"It is making a big impact not only on the patient's recovery but also for the clinicians who sadly don't always have time to do some of this really important social recovery work."  
- FTB staff member*

**Increased staff awareness in working with patients with various needs**, such as training in autism, reflective practice sessions and motivational interview training for support staff and clinicians.

Healthwatch Birmingham will continue to listen to young people experiencing mental health issues in order to drive improvement. How to share your experiences:

Visit [www.healthwatchbirmingham.co.uk](http://www.healthwatchbirmingham.co.uk)

Call 0800 652 5278

Email [info@healthwatchbirmingham.co.uk](mailto:info@healthwatchbirmingham.co.uk)



## Summary

**Children and Young People (CYP), families and carers in Birmingham will benefit from improvements to mental health services provided by Forward Thinking Birmingham (FTB) following our report into their experiences. The report highlighted the importance of a mental health service that is responsive to the needs of service users. Since the report, FTB has made changes to its service and as a result CYPs, families and carers seeking support should experience:**

- Increased engagement and co-production on various aspects of the care of CYP with mental health issues.
- More involvement in service improvement through the use of feedback and the delivery of services (e.g. through the Peer Support Worker Programme).
- Improved staff knowledge of various mental health conditions and improved understanding of approaches to delivering goal centred care.
- A more responsive crisis service that is continuously learning from the experiences of CYP and through a review of the crisis pathway.
- Improved communication between clinicians/staff and CYP/carers including improvements to clinical letters/referral letters and prescriptions.
- Improved access to community activities for CYP through the social inclusion pathway.
- Increased involvement of families and carers through various FTB platforms (e.g. Family and Patient Advisory Group).
- Clearer information about the referral and access process and how decisions are made regarding accessing clinical services within FTB (e.g. through improvements to the FTB website and Wellbeing Passports).
- Better access to care plans that are periodically reviewed.
- A service that offers a balance of different types of appointments (e.g. remote, face-to-face) based on the needs of CYP.
- Improved signposting to sources of support external to FTB especially when waiting on the pathway to support.
- Using the report's findings to inform practice.

## Introduction

When people seek help for mental health issues, speed and sensitivity of response is vital. However, when CYP in Birmingham or their families ask for help, it not only takes far too long to be seen but the experience is often confusing and isolating.

In November 2021, Healthwatch Birmingham investigated the Forward Thinking Birmingham (FTB) mental health service for children and young people after numerous CYP, families and carers contacted us to raise concerns about access to treatment and the quality of care. The report identified various issues that CYP and their families face when accessing FTB services.

**82% of FTB service users (or parents/carers) said support did not match their needs**

Among the issues identified were:

- Delayed responses from the mental health crisis support team. This puts CYP at risk.
- Difficulties getting suitable support. This may lead some CYP and their parents to turn to A&E as their only option.
- Long waiting times after referral meaning opportunities for early intervention are missed, with the individual's mental health deteriorating before their first assessment.
- Lack of care plans resulting in some CYP receiving insufficient care and/or inappropriate treatment for their needs.
- Inadequate understanding and support for CYP with mental health issues and other conditions such as autism.
- Poor communication and lack of integration across different services.

Since publishing our report "Access to mental health services for children and young people in Birmingham: what needs to change?", Forward Thinking Birmingham (FTB) has made important changes to the services it provides to children and young people in Birmingham. FTB has worked closely with CYP on the recommendations in the report, with an initial focus on improving communication with patients and increasing staff awareness of neurodevelopmental needs, alongside a drive to recruit new staff to the FTB workforce.

***"For Forward Thinking Birmingham it has been vital to listen and act on the findings of the report. It matters to us that local people get the mental health services they need. We feel a huge responsibility to get things right and we use our patients' feedback to make sure that we are continuously improving our services. Working together with Healthwatch, who have a place in our Think 4 Brum forum (a young people engagement group), and our patients, we have collectively worked on three very important elements of improvement. Not only have we done this, but we are also placing importance on our urgent care and crisis systems and undertaking a review of our substance misuse services and personality and complex trauma pathway."***

**Elaine Kirwan, Director Of Nursing, FTB**

In response to the report, FTB outlined a number of actions aimed at improving mental health service provision for children and young people in Birmingham, which were featured in our initial report. In June 2022, we wrote to FTB requesting evidence that the actions they committed to have been implemented. The full response can be found in Appendix 1.



## Actions taken by FTB

### Co-production with service users and carers

- CYP are creating scenarios for Moodle training on suicide prevention.
- We are further developing our partnership with IMROC who provide the peer support training to FTB in creating guidance and support to staff on the concept of recovery.
- Carers from the Early Psychosis service have developed a welcome handbook for families who are supporting those with a first episode of psychosis.
- We are working with The Recovery Foundation to train our peer support workers in how to facilitate Hope in Recovery groups with patients.
- Experts by experience are now core members of FTB's Clinical Senate and will support the service wide work on recovery.
- People with lived experience of mental health problems will be supporting a number of workshops to develop some bespoke pages on physical health and wellbeing that will be included in the existing Wellbeing passports developed by Think4Brum.

***"I find 1:1 sessions with my Peer Support Worker (PSW) helpful as they help me add structure and routine to my day which I feel is beneficial to my recovery."***

**Service user**

### Co-production with service users and carers

- Improve formal communication to patients and families -Think4Brum and service leads have worked together to review clinical letters sent to patients, developed a how to guide on what makes a good clinical letter and role reversal training with admin staff,
- Patient experience lead and clinical/ops leads are supporting the development of phase 2 of the FTB website. Key themes are a "patients journey" through the FTB services, a family carers section and information re internal and external well-being support.
- Staff training initiated to support goal focused communication with patients.

***"From a staff point of view PSWs have been a great asset and addition to the team. They've been doing some great work with those patients that need the most input when it comes to working on their social recovery. It is making a big impact not only on the patient's recovery but also for the clinicians who sadly don't always have time to do some of this really important social recovery work."***

**FTB staff member**

### Consistency and variety of staff roles

- Funding has been received to support recruitment to FTB roles
- Peer support worker<sup>i</sup> programme rolled out across with first cohorts in the Early Psychosis and Eating Disorder pathways
- Increased capacity for student nurse placement with an increased allocation for mental health and child mental health students
- Increased the number of people who have experienced mental health problems into FTB administrative roles through the Shaw Trust.

<sup>i</sup> PSW are paid roles held by YP with lived experience who work alongside FTB staff to improve patient experience

## Increased staff awareness in working with patients with various needs

- A Moodle training course on ASD (Autism Spectrum Disorder) is going live on FTB's intranet for staff to access
- The neurodevelopmental service is developing some training and reflective practise sessions for FTB core community team staff
- A roll out of motivational interview training for support staff and clinicians (e.g. started in Eating Disorder, Early Intervention in Psychosis and Urgent Care services).

***“As a PSW I visited S [name redacted] at home and spoke to her about my own experience of psychosis. She found this useful since it helped her to know she was not alone in her experience. We also went on short walks around the local area which helped to boost her confidence since she has struggled with anxiety since her hospital admission. S has told me that peer support has helped in making her feel accepted and has encouraged her to talk about her own journey.”***

**Peer support worker**

## Conclusion

Healthwatch Birmingham welcomes the changes that FTB has made and recognises the impact this will have on CYP, families and carers. However, as FTB has rightly recognised, engagement opportunities need to go beyond involvement in Think4Brum. Varied methods need to be used to ensure that all CYP are involved in service development and improvement including the general public, families and carers.

The changes that FTB has outlined in this impact report need to be embedded in practice. This requires that change is across the organisation and leaders have agreed these changes. There also needs to be an enabling environment created for the changes to become embedded and ways developed to check that change has happened. For instance, there should be an understanding across FTB of the importance of goal focused care. Therefore, training should go beyond frontline and clinical staff.

We believe that continued accountability around the continued implementation of these actions is crucial as we continue to hear both positive and negative feedback from service users of FTB. Since the publication of our initial we have gathered feedback to observe whether people's experiences are improving. A majority of the feedback still show concerns with response times, appointments, referrals, follow-up and staff attitudes. We have also heard positive feedback about the involvement of parents in the care of their children. This has included being provided with an interpreter/translator and being given information about the process and how to appeal decisions.

## Next Steps

To ensure positive progress, we will continue to listen to the experiences of patients seeking or receiving support from FTB, and their families/carers. You can share your experiences by:

- Visiting our Online Feedback Centre at [www.healthwatchbirmingham.co.uk](http://www.healthwatchbirmingham.co.uk)
- Calling Healthwatch Birmingham on 0800 652 5278
- Emailing [info@healthwatchbirmingham.co.uk](mailto:info@healthwatchbirmingham.co.uk)

Healthwatch Birmingham will request updates from FTB on all outstanding work in its response. These will be reported on our website. Feedback will be shared with key stakeholder such as the Care Quality Commission (CQC), Birmingham and Solihull Integrated Care Board (BSol ICB), and Birmingham City Council Health and Social Care Overview and Scrutiny Committee (BCC HOSC).

## Acknowledgments

Healthwatch Birmingham would like to thank FTB staff, CYP, families and carers for their participation and in this investigation.

## About Us

Local Healthwatch were established in every local authority area across England following the Health and Social Care Act 2012. Our key role is to ensure those who commission, design and deliver health and social care services hear, and take into account, the public voice. Healthwatch Birmingham listens to and gathers public and patient experiences of using local health and social care services such as general practices, pharmacists, hospitals, dentists, opticians, care homes and community-based care. We hear these experiences via our Information and Signposting Line, our online Feedback Centre, and through our community engagement activity led by staff and volunteers.

You can read more about the work of Healthwatch Birmingham here:

<https://healthwatchbirmingham.co.uk/about-us/>

## **Appendix 1**

### **Healthwatch Birmingham Report FTB' Action Plan – July 2022 Update**

The following is a review of the progress made against the Healthwatch Birmingham Report Action plan.

#### **Background:**

Forward Thinking Birmingham is the youth mental health service for 0–25-year-olds, the service provides support for young people who need specialist Mental Health care and treatment, such as Early Intervention Psychosis, Community Treatments for Complex Mental Illness and Disorder, Specialist Eating Disorder Services and Complex Trauma Pathways. We also offer an autism assessment service for children and young people who are not yet diagnosed and are experiencing mental health issues. In addition to this we work closely with our colleagues within Birmingham Community Healthcare Trust and their Autism assessment service to ensure that young people's needs are met within the right service at the right time.

There are also incredibly resourceful services within Forward Thinking Birmingham for outreach and low-level support. This encompasses those who need a general chat about their mental health wellbeing at the drop in pause hub or chats in school such as the STICK team (Screening, Training, Intervention, Consultation, Knowledge) who go into schools and GP surgeries. Forward Thinking Birmingham services support for children, young people and young adults with young people and young adults with complex and vulnerable presentations. Forward Thinking Birmingham prides, itself on being innovation focused. There are always new ideas about how best to support young people, a key example of this is the IROC (Intensive, Residential, Outreach, Community) service.

Other meaningful examples of co-production include how young people sit on the Divisional Management Board for Forward Thinking Birmingham to have a say and create change within Forward Thinking Birmingham at a senior level.

Every aspect of Youth Mental Health Services goes through the co-production steering group. this encompasses but is not limited to training (suicide prevention training), communication-focussed work (around clinic letters and leaflets) and staff recruitment. We also created a wellbeing passport which was reported to make a profound difference to young people's mental health when in Crisis, in a Place of Safety.



As young people despite the presence of strain of services from high referrals, we know that each staff team at senior level is passionate and dedicated to the cause of youth mental health. We know the people at the top care about us and our wellbeing. They value our collaborative partnership because they know that together we make a difference!

However, we note the co-production and achievements from Think 4 Brum represent a small proportion of the population that we aim to serve. We fully recognise that we do not always reach everyone and that we need to do a lot more. We aim to increase engagement, feedback and co-production using the feedback from this report to support improvements.

As a Mental Health Service, we were genuinely saddened to hear of the experiences within the Healthwatch Birmingham Report and we are committed to ensure that we learn and improve from the feedback. We hope that the action plan we have provided highlights where we have made progress and our intentions to ensure that we improve so that we achieve the aspirations of a high-quality Mental Health Services for our children and young people across the city.

Concern Identified	Progress and Outcomes	Update – July 2022
Communication		
1. Poor treatment from some practitioners is leading some young people to opt out of services despite still needing support.	<p>The Connections and Communications Group has formed a response to feedback from children, young people, and young adults (CYPYA).</p> <p>Think 4 Brum are working with the Forward-Thinking Birmingham Teams in devising a training package around engagement of hard-to-reach young people and young adults and the importance of fully valuing a young person's input into their care and treatment. This training will be delivered to all professions within the service. This training has been developed by our senior mental health youth work practitioners.</p>	<p>We have continued to deliver a variety of approaches in response to the feedback received in relation to poor treatment</p> <p><u>Training:</u></p> <p>Think 4 Brum have developed a Suicide Prevention training Moodle for staff, including scenarios for working with LGBTQ+ young people and BAME Young people.</p> <p>Think 4 Brum are in discussion to develop further Moodle training with young person and family involvement.</p>

	<p>Staff from all clinical areas will be trained and this will form part of future Forward Thinking Birmingham inductions.</p> <p>The use of service user developed training #teentalk.</p>	<p>To support this training the purchasing of videography and editing equipment/Tools is in progress.</p> <p>Think 4 Brum input is now included in the FTB Induction booklet.</p> <p>We have been delayed in rolling out #TeenTalk as this has recently relaunched after a Covid enforced pause. Ongoing discussions with the #Teentalk team to deliver training in FTB – Delivery by end of September</p> <p>Motivational Interviewing – a roll out of motivational interview training for support staff and those clinicians who are newly qualified has started. The Eating Disorder, Early Intervention in Psychosis and Urgent Care services are the first areas that will receive this, but this will then continue into the wider mental health teams. Alongside the training we are establishing supervision structures to ensure staff are supported in bringing the training into practice.</p> <p>We are currently exploring the potential to roll out service wide training on solution focussed approaches to delivering goal centred care. This will underpin our ongoing work to improve the use of patient outcome measures and how these drive patient centred care plans.</p> <p><u>Communication:</u></p>
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		<p>Following a hiatus at the end of 2021 the Communications group has relaunched. The group focus on three main areas: social media, formal communication to patients &amp; families (i.e., clinic/referral letters/prescriptions) and interpersonal communication (between young people/carers and clinicians/staff).</p> <p>The current action in progress for the group is:</p> <ul style="list-style-type: none"> <li>- Developing a 'how to' guide for writing clinical letters, which could be shared amongst clinicians.</li> </ul> <p><u>Workforce:</u></p> <p>We have successfully launched a Peer Support Worker programme within our community mental health teams. People with lived experience of mental health problems receive bespoke training through our partnership with IMROC and on completion take up paid roles (at Band 3) within our clinical teams. The training also includes preparation for teams and mentor training for staff who will provide supervision to the peer workers. To date we have 5 workers in our Early Intervention in Psychosis service (with a further two to start in the next weeks), 3 in our Eating Disorder service and 1 about to start within one of our Community Hubs. 5 more candidates are currently booked for training. The target is for 20 WTE's workers to be in post within the next 12 months (the number of actual workers will be higher as many prefer to join on a part time basis</p>
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		<p>to begin with). Feedback from the impact the workers have had has been shared with Healthwatch.</p> <p>Over the past 12 months we have worked in partnership with The Shaw Trust who are commissioned to deliver an Individual Placement and Support (IPS) programme into mental health services. Their workers are integrated into our clinical teams, have honorary contracts with BWC and can record their activity and outcomes directly into our care record system. In these 12 months they have helped secure sustained employment for over 100 of our patients and in their annual fidelity review were the highest scoring deliverer of IPS service in their first year in the country based on the collaboration with FTB.</p> <p>Recovery Hubs – we have just completed a social inclusion pathway with the providers of the Birmingham Recovery Hubs (MIND and Creative Support) to improve the access to community activities for our young people. Supported by BSOL CCG we have worked in collaboration with them and other community partners to design a model where young people will have opportunity to engage in programmes focussed on education and training as well as wider wellbeing. As with IPS the workers within these organisations will be integrated within our teams. We are currently preparing our roll out plan for the new model.</p> <p><u>Assurance:</u></p>
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		<p>The FTB Quality group meets weekly and one of its key functions is to track progress on all complaints and PALS that have been raised. They oversee the allocation of investigating officers and receive the complaint responses to give feedback on these</p>
<p>2. Although most parents feel involved, some parents reported that they do not feel listened to, and their views taken into consideration. Often leading to poorer outcomes for young people due to delays in support that in some cases result in sectioning.</p>	<p>Carers Group has been refreshed and reinstated post covid.</p> <p>Creation of a Carers Charter in Partnership with Forward Thinking Birmingham Carers Voice – To be signed off and rolled out Carer's involvement in Family and Patient Advisory Group for trust wide representation and recognition.</p>	<p>The Early Intervention in Psychosis Service continues to deliver a Parent &amp; Carer Group. This is a rolling 4-week programme and covers information about psychosis, EIS, stress management, communication skills and is a good opportunity for carers to share their lived experiences.</p> <p>Guide produced by carers of EI patients to be published by the end of July (attached).</p> <p>The FTB Patient and Carer experience lead has worked with Oaklands Community Hub to involve Carers and young people in QI project.</p> <p>We are exploring links with 3rd Sector partners to deliver new Trust wide carers group – New meetings to start by September 2022. Included in this work is the Early Interventions in Psychosis services plan to develop closer links with Homegroup who deliver Carer Assessment support in Birmingham for carers of adults with mental health problems.</p> <p>A working group led by the Trusts Communication Team is currently building the content for an updated version of the FTB website. A priority area is</p>



		<p>to develop pages for families/carers plus links to support available in Birmingham.</p> <p>FTB Nurse Educators, Clinical Staff, Physical Health Leads and Carer representative are working through additional content to add to FTB's mandatory physical health training. Their goal is to add the carers perspective on why early monitoring of physical health alongside treatment for mental illness is so important. Carers will share their experience of how poor physical health support can have significant implications in later life and contributes to reduced life expectancy for those with mental illness.</p> <p>As detailed above we have successfully launched a Peer Support Worker programme within FTB. Candidates for the programme can include those with lived experience of being a carer of someone with mental health problems. WE currently have one worker I post with this expert experience with another due to start shortly.</p>
<p>3.A majority of CYP and parents/carers feel that there is need to improve the capacity and capability of staff including attitudes of staff.</p>	<p>We are starting live supervision* to ensure that the skills we are teaching are being implemented into practice. Evaluation will be monitored through friends and family interactions and clinical supervisions with staff.</p> <ul style="list-style-type: none"> <li>• Live Supervision involves direct observation and monitoring of clinical interactions and interventions to provide</li> </ul>	<p>As described above we have commenced a roll out of Motivational Interview training and supervision across our teams. The aim of the training, and the ongoing access to training resources the programme provides, is to improve how communication is held with patients and carers</p> <p>Introduction of peer support workers into our who will contribute to improving the culture within services. Part of the training provided by our partner,</p>

	feedback and access to further training and development if required.	<p>IMROC, explores with the clinical teams how attitudes and communication can impact on change in how care is delivered. We have recently commissioned IMROC to provide further consultancy in this area.</p> <p>As described above we are widening the support offer to patients through our partnership working with The Shaw Trust, Recovery hubs and other partners. The expertise these organisations are valuable learning opportunities for our clinical staff.</p> <p>We have started working in partnership with the Recovery Foundation to deliver Hope in Recovery groups to patients of our services. Staff, such as our Peer and support workers will have the opportunity to be trained in delivering these groups as well as becoming trainers for training.</p>
4.Mental health support for CYP with other conditions needs to be reviewed and improved in order to address the specific needs of this group – i.e., autistic, Asperger's, learning disability etc.	<p>Training plan is being formed for dissemination in terms of enhancing knowledge and skills to support those with co-morbid diagnosis/complex needs – March 2022</p> <p>Training is being targeted at Core teams and reception staff as this is where we have highlighted need based on feedback received in this report and our complaints and PALS.</p>	<p>A training moodle on ASD has been developed and will be available to staff via the Trust Intranet</p> <p>The neurodevelopmental service is developing training and reflective practise sessions to FTB core community team staff who are seeking support in respect of working with neurodiverse patients.</p>
5.Some CYP and parents/carers told us that continuous service	Co-production, service design and service improvement occur through membership of Forward Thinking Birmingham, Carers Voice	Development of a Co-Production Strategy including Experts by Experience involvement and payment

<p>user involvement and co-production in service design and improvement is needed.</p>	<p>and Family and Patient Advisory Group (FPAG) and Think 4 Brum</p> <p>Gym shark Garden project at Parkview Clinic</p> <p>We are actively engaging with Birmingham and Solihull Mental Health Foundation Trust carers forum to look at our crisis pathways</p> <p>Co-production of re writing letter templates for clinicians to use to ensure improved care and engagement with young people.</p> <p>Our mental health support team has been designed and continues to be evaluated with inclusion of representatives from our Think 4 Brum group.</p>	<p>opportunities, completed in collaboration with ICS Partners.</p> <p>Development of new ways of communicating and improved work with Trust Comms team</p> <p>Peer Support Workers have joined the FTB clinical Senate and the subgroup which will focus on Recovery.</p> <p>As described above IMROC, our training partner for the PSW programme have been commissioned to provide consultation on the work they lead nationally on cultural change within mental health services.</p> <p>Suicide prevention training – Young People are creating scenarios for a moodle training</p> <p>As described above Carers from the Early Intervention in Psychosis Service have developed a welcome booklet and are supporting additions to the physical health training provided to all staff.</p> <p>The FTB Connections and Communications group are reviewing clinical letters and young people are creating a “how to write a good letter” guidance</p>
<p>6.The service provided by the Crisis team is considered to be poor in its response to some CYP including the time taken to respond and</p>	<p>Review of Complaints, Patient Advice and Liaison Service (PALS) and Friends and Family Tests (FFT's) highlighted concerns in relation to initial Crisis telephone calls and empathy experienced by young people in Crisis. This has</p>	<p>Focus groups have been delivered with Think 4 Brum</p> <p>There has been a review of all incidents to ensure those where actions have been completed are closed or an investigation has started. A newsletter has been developed for Urgent Care staff which</p>

<p>the opening hours of the service.</p>	<p>prompted a deep dive into telephone experiences and has created the focus group action to translate experiences into improvements.</p> <p>The service has the ability to review interactions and interventions delivered by telephone. Leads within the service regularly use recorded calls as a learning tool for the staff within the Crisis Team</p>	<p>includes lessons themes and lessons learnt from incidents.</p> <p>There is now a process of sharing RCA reports following review of a serious incident with Urgent Care and the actions/learning from these</p> <p>The FTB Safeguarding team are providing training to teams using recent serious incident case studies as a facilitator for these sessions. The safeguarding team are exploring how further sessions can be delivered to work around the Urgent Care shift patterns.</p> <p>The Urgent Care Team has recruited a full-time psychologist to enhance the multidisciplinary nature and clinical interventions being delivered. They are supporting the roll out of Motivational Interviewing to Urgent Care staff and providing the clinical supervision to go alongside this.</p> <p>With the success of the IPS model in other FTB teams we are exploring how this model can work within an Urgent Care setting to further enhance the offer from the team</p> <p>Urgent Care staff are taking a proactive approach to gathering Friends and Family Test with this being promoted across all clinicians when visiting patients.</p>
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Referrals and Waiting Times	Progress and Outcomes	July 2022 Update
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7.The service provided by the Crisis team is considered to be poor in its response to some CYP including the time taken to respond and the opening hours of the service.	Refer to Section 6 above	See section 6 above
8.CYP and parents/carers suggest that Forward Thinking Birmingham should get feedback from CYP and their parents/carers about the places they signposted to for treatment to understand their experiences and impact	<p>Target feedback from parents and carers are received within Contract meetings about our services;</p> <p>Living Well Consortium Pause Open Door Acacia</p>	<p>In support of this work, we are currently building a Voluntary Sector page on the planned version 2 of the FTB website. This will provide more detailed information regarding the services that FTB work directly with in either a formal commissioned way or in close partnership. It will make use of the web-based link for community support The Waiting Room <a href="https://the-waitingroom.org">https://the-waitingroom.org</a></p>
9.Most young people and parents believe that face-to-face assessments and treatment are crucial for addressing mental health in young people	<p>Audit completed in January 2021 around experience of virtual care delivery.</p> <p>Our young people representatives from Think 4 Brum have been engaged in the commissioning of this platform.</p>	<p>Think 4 Brum are working with the FTB Clinical Senate to relaunch the Questionnaire to review the current balance of different types of appointments (remote, face to face) experienced by our young people.</p> <p>Dr Doctor launch – Young people have been involved in the procurement process and ongoing development of the rollout programme</p>
10.Long waiting times for treatment have an impact on help-	Waiting times have reduced through this group.	<p>Extensive work has been undertaken in reducing the waiting times experience by those accessing FTB. This includes:</p>



<p>seeking with some young people and parents opting not to access services and others paying for private care. Long waiting times from referral to assessments are impacting the ability of the service to intervene early and prevent deterioration in the mental health of some young people.</p>	<p>Significant progress has been made with the waiting times for the speciality Pathways. Clinicians from other pathways have been supporting this initiative and also providing evening and weekend support to enable us to offer further appointments.</p> <p>Further work has been done around out STICK Early help including reducing the referral to assessment time from one month to 2 weeks. This has been achieved by simplifying routes into the service through consultation.</p> <p>The ambition is for this to continue to reduce and is tracked on a weekly basis. This should become business as usual when all pathways are achieving the referral to treatment target.</p> <p>Further ambition is for waiting times to be added to the website to assist with communication in relation to referrals.</p> <p>Following feedback from parents, carers and young people who have requested information on waiting times we have an ambition for waiting times to be added to the website for communication.</p>	<ul style="list-style-type: none"> <li>-Waiting list validation cycle</li> <li>- Developing a Clear Access Policy-which has been recognised as an exemplar by NHSE</li> <li>-Weekly meeting to review all waiting lists and escalate long waiters</li> <li>-Capacity building initiative, i.e., overtime, outsourcing support to Helios, Acaciam.</li> <li>-Job planning and clinic utilisation monitoring to ensure all clinic slots are used.</li> <li>-Referral Management Centre backlog work...as this was contributing to a significant % of our 18-week RTT</li> </ul> <p>We will continue to explore how waiting time information could be helpfully included in the new version of the FTB website. An area that is being worked through is a clear description of the referral and access process and how decisions are made regarding accessing clinical services within FTB</p>
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Attitudes and Values	Progress and Outcomes	July 2022 Update
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<p>12.Lack of care plans outlining conditions, interventions, and expected outcomes for some CYP means that their needs are poorly identified which affects treatment and outcomes</p>	<p>Quality of care plans are reviewed through monthly audits. Given the feedback from this report we are currently focusing on ensuring all young people have copies of their current care plans.</p> <p>The service has identified areas for improvements and are actively working on these.</p>	<p>As part of the BSOL Transformation work we are currently exploring as a collaborative the potential to use Dialog+ as a tool for creating more goal centred plans of care. This care planning tool uses patient feedback from completing the Dialog patient outcome measure to generate a "conversation" on developing plans to meet goals. Initial scoping meeting are being held this month in conjunction with BSMHFT.</p> <p>The FTB data team has generated a report that identifies whether a patient has a current care plan and risk assessment. Clinical teams are also conducting monthly audits of cases on teams caseloads to further review whether these are in place. Alongside this a report has been developed to monitor that care plans are being reviewed annually as per our Care Programme Approach and a similar report is in development to ensure risk assessments are in place and also reviewed</p>
<p>Frequent staff changes means that there is no continuity in care/treatment leading to variable outcomes for some children and young people (CYP)</p>	<p>We are continuing to closely monitor the number of vacancies in the service, recruitment targets and turnover rates.</p> <p>Nationally there are challenges recruiting to Psychiatry posts. We are actively recruiting both nationally and internationally to ensure that children and young people have access to the workforce that they need.</p>	<p>As an organisation we continue to have challenges in recruiting to our workforce which is mirrored nationally especially in nursing and medical posts.</p> <p>We continue to have a rolling recruitment programme for nursing posts and have had clinical representatives from our teams at a number of local and national recruitment events</p> <p>As detailed above we have successfully started our peer support worker programme and are on target to meet the 20 WTE posts into our teams.</p>

	<p>Exit Interviews have been reviewed to identify themes and trends of service leavers. Top themes identified centred around individual development and promotion as reasons for leaving. Extensive training and development has been identified within each professional group to support retention of workforce and enhance the skills of the workforce.</p>	<p>In recent weeks we have been driving through an international nursing programme in mental health alongside colleagues in BWC and wider NHS Trusts. Following a successful recruitment drive in South African we are expecting our first cohort of staff from mid-September. To support this, we have identified clinical staff to form a group of trainers for training in the OSCE process (the assessment process for overseas candidates). An "on-boarding" programme is also being finalised</p> <p>To support our future workforce growth, we have increased our allocation of student nurses with an increase in those on mental health nurse training.</p>
<p>Some children and young people (CYP) note that Forward Thinking Birmingham should have a model or policy of use for 18–25-year-olds to base care on and ensure person-centred care</p>	<p>Work is due to commence in the new year around communication through both our website and on our social media channels. As part of this we are aware of the need to focus on communicating our model and offer at each stage of a children, young people/young adults (CYPYA) life. The communications group will be creating a working group to achieve this.</p> <p>Well Being passports are an integral component to patient centred approaches and are a recognised tool used by patients in collaboration with Forward Thinking Birmingham professionals to support self-directed recovery.</p>	<p>First run of Well Being Passports developed by Think 4 Brum have been printed and provided to clinical teams for patients</p> <p>FTB website developments as above</p>

Other Actions	Progress and Outcomes	July 2022 Update
Ease of Access to Services	<p>This is measured on a monthly basis in our clinical governance meetings with patients and carer feedback forming part of the standing agenda.</p> <p>There is service user representation at this meeting.</p>	<p>We intend to undertake a review of how of how patient experience is reporting into QOPS. Currently patient experience is a standing agenda and updates presented each month. It is our intention to include action plans such as those attached to this report and themes coming out of the Clinical Senate and wider BSOL transformation work</p>
Some children and young people (CYP) and parents/carers told us their mental health has deteriorated following the use of mental health services.	<p>Training is planned for clinicians responding to deteriorations in mental health, but we still need to ensure that children, young people, and young adults (CYPYA) and parents and carers know how to get help when they are worried.</p>	<p>See training initiatives described above.</p> <p>There is more detailed planning related to risk assessment and management being explored along with training needs aligned to this. This will be linked to adoption of a risk management tool more suited to working with complexity, suicidality, and multi-agency approaches.</p>



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