

**Developing a new Child and Adolescent Mental Health Service in Barnsley**

**Engagement Feedback Report**

**September 2019**

1. **Developing CAMHS services in Barnsley**

We are currently developing a new Child and Adolescent Mental Health Service (CAMHS) for Barnsley and during August and early September we’ve been asking for views and comments from a range of people on our proposals for the service.

Nationally, we know that children and young people are waiting a long time to be seen by Child and Adolescent Mental Health Services, or CAMHS, and this has also been the case in Barnsley.  We want to develop a new approach to providing care for children and young people’s mental health and emotional wellbeing, which offers a more joined up approach, so they can get the right support at the right time.

We have been listening to feedback from the children, young people and families/carers that have used the range of mental health and wellbeing services available across Barnsley.

In 2019 we also heard from the NHS England’s Intensive Support Team who carried out an independent review of CAMHS and the separate MindSpace service, which runs in secondary schools. This review helped identify what was working well, and what could work better, to improve outcomes for children and young people experiencing mental health and emotional wellbeing issues. The independent review took place in April 2019 and one of the recommendations was to do an urgent review of service specifications.

We are responding to this recommendation by developing a new service, which is based on all the feedback we have received so far. We plan for the new joined up services to start in April 2020.

#### What does the Long Term Plan say about children and young people’s mental health?

The [**Long Term Plan**](https://www.longtermplan.nhs.uk/areas-of-work/mental-health/)explains what the NHS will do over the next 10 years to expand mental health services for children and young people, reduce unnecessary delays and deliver care in ways that young people, their families and carers have told us work better for them.

Its commitments are based on the views of patients, staff, experts and stakeholders, including the young people who joined NHS England and YoungMinds at an event in 2018 to get their views on what the future of mental health services should look like.

#### What does the current service model look like?

The model currently in place to provide mental health services for children and young people within the borough is as follows:

* 0-18 years old specialist Children and Young People’s Mental Health Services (CAMHS), including crisis care, provided by South West Yorkshire Partnership NHS Foundation Trust (SWYPFT);
* Lower-level emotional health and wellbeing support which is provided by a number of voluntary and community providers.
* Specialist Autism Spectrum Disorder (ASD) services are provided by Barnsley Hospital NHS Foundation Trust (BHNFT).

#### What work has taken place so far to get us to here?

So far we have looked at national best practice and spoken to local health professionals about what they think. From recent engagement work undertaken by [**OASIS - the Barnsley young commissioners**](https://www.chilypep.org.uk/oasis)**,**[**Chilypep**](https://www.chilypep.org.uk/what-we-do)**,**[**HealthWatch Barnsley**](https://healthwatchbarnsley.co.uk/wp-content/uploads/2019/03/Healthwatch-Barnsley-CAMHS-Report-2018.pdf)and [**local MPs**](http://www.johnhealeymp.co.uk/wp-content/uploads/Schools-Mental-Health-Report-1.pdf) amongst others, we have gained a rich picture of what children, young people, their parents/carers, and professionals expect from a CAMHS service.

We are also working closely with OASIS, to develop the specification and have also utilised the recent Young People’s Survey report compiled by the Integrated Wellbeing Team working in the Dearne coordinated by the Dearne Area Team at Barnsley Council as a reference.

#### What are the proposals for the new service model?

The new service that we are proposing is a joined up offer which ranges from low level support to specialist medical support. A key aim of the new service is that children and young people receive support and treatment quickly as we know this is important for getting the best outcomes.

Based on best practice and feedback, we are proposing the following four key elements for the new service which are:

1. Provide timely support and offer children and young people robust, ongoing support while they are waiting to be seen.
2. A joined up offer of more low-level support as well as specialised medical support.
3. The service will support people up to the age of 25 (this would be a gradual rather than immediate change).
4. The service will see children and young people outside of school/college hours wherever possible so that they do not have to miss lessons to get support.

Additional feedback identified through engagement to date which we will be incorporating into the new specification covers the following areas:

* Children and young people want to be more involved in their treatment and care planning
* Parents and carers would like more support when their child/young person is being seen by CAMHS
* The treatment environment should be child/young person friendly e.g. comfortable furniture and calming décor
* The service should provide technologically-based support tools such as online self-help and apps Increase awareness and training with regard to what support is available
* Offer more support outside of normal hours (not just crisis support)
* Re-model the Single Point of Access (SPA) to make sure people are seen quickly

1. **Summary of findings**

**What people told us about our proposals for the new service model for Child and Adolescent Mental Health Services?**

During August and September 2019, we asked people to feedback their views and comments on our proposals for the development of a new service model for CAMHS and any recommendations for changes. People fed back on the proposals, provided direct feedback on their own experiences or posed questions for consideration. People also fed back on the overall vision, which will help inform future plans.

Over the course of the past few weeks we have heard from 142 people who have fed back to us either in person at one of the meetings that we have attended, via one of the two surveys that we have hosted online and provided paper copies of or via email or telephone call directly to the CCG.

The emerging themes from the conversations and feedback that we have received as part of this brief engagement period has helped to reinforce our direction of travel in relation to our proposals for the new service model for CAMHS and to further inform the service specification.

This will at a later date also help to shape the development of the new service and we hope to continue the dialogue that we have previously established with OASIS and that we have newly established with the Barnsley Youth Council and the CAMHS Parent and Carer Support Group as part of this process.

**Overall the general viewpoint was that this is the right thing for us to do in Barnsley and it is important for us to stop talking hypothetically and move towards taking some action for the benefit of local children and young people and the people that work in the associated services.**

**Conversations at the face to face sessions quickly moved on to how we can we make this happen and questions and ideas for us to respond to and take into consideration as part of the service development phase.**

Here’s what people told us about the things that need improving and what we need to consider and emphasise both in terms of our new service specification and the future way of working:

**Waiting times**

* Shorter waiting times for assessments.
* Shorter waiting times to start treatments.
* Offer more support whilst waiting for assessments and between appointments.
* Some people are paying for treatments as the wait is too long.
* Improve communication about and between referrals and between services.

**Expectations of the new services**

* Overall people supported the plans and the four key elements proposed.
* Some people said they were hopeful things would change.
* Some people said they would believe change when they saw it as they had felt badly let down by services in the past.

**Access and environment**

* There was overwhelming support for extending the age range up to 25 but some concern expressed over how quickly this could be achieved.
* Importance of people knowing what services are available and how to access them.
* Offer more support for schools and within schools to teachers and other support staff.
* Offer a range of appointment times for working parents.
* Child friendly environments are not always the same as young person friendly.
* Have a dedicated space for people in crisis within A&E.

**Levels of support available**

* More consideration and dedicated support for parents, which helps them to carry on doing what they do 24/7 and try to effectively support and understand their child’s needs and requirements and cope themselves.
* A blended model is good – open it up to other sectors.
* Look at the levels of support needed – there is a mismatch/gap in level of need and what’s on offer in NHS and the Voluntary Community Social Education (VCSE) sector.
* Criteria - the level of need in relation to the referral criteria doesn’t fit with people’s experiences and people can fall through the gaps between tiers.
* Treat people as people – not a condition.
* Consider the way the child mental health team is also assessing neurodevelopmental conditions.
* Some people said ADHD services should not sit with CAMHS. Others said it should be more integrated.
* There needs to be considered provision for looked after children and their specific needs/ requirements.
* Practical and emotional/ wellbeing support needs of staff working within services needs to be considered to enable them to carry out their roles effectively within often difficult circumstances.

# ****3. Overview of engagement activity****

**We set out with the aim to carry out engagement activity that would:**

* Build on the existing service user, carer, clinical and public feedback outlined previously.
* Obtain further views from a range of stakeholders and help to shape and refine the service specification and provide opportunity to reflect any proposals or suggestions for future ways of working.
* Be in accordance with the National Health Service Act 2006 (as amended by the Health and Social Care Act 2012), in which CCGs and NHS England have duties to involve the public in commissioning, (under sections 14Z2 and 13Q respectively).

Based on our assessment of the level of service change envisaged as part of this work, and the level of engagement already in place for the development of a new model of service provision for CAMHS, the Overview and Scrutiny Committee supported the engagement approach outlined in this report. Should any of the circumstances change in the future this will be reviewed and assessed again.

**Who got involved?**

Over 140 people took part in dedicated focus sessions or fed back via a range of methods listed below. Some provided their details and asked to be kept informed and involved in the next phase of this work.

In partnership:

* The engagement activity was coordinated in partnership with South West Yorkshire Partnership NHS Foundation Trust (SWYPFT), Barnsley Hospitals NHS Foundation Trust (BHNFT), Barnsley Metropolitan Borough Council (BMBC) and MindSpace. Over 200 hard copy surveys were provided by the CCG with freepost envelopes to partners to distribute via the appropriate services to their service users and/ or their parents/ carers and also to their staff.

In person:

* Focus sessions were all held during the evening and took place with the following groups as part of their regular meetings;
  + OASIS Young Commissioners (supported by Chilypep) on 15th August and 5th September
  + Barnsley Youth Council (supported by the Youth Voice and Participation Team) on 2nd September
  + CAMHS Parent and Carer Support Group (supported by the Young People’s Outreach Service) on 3rd September

Online:

* Online on the ‘Get Involved’ section of the NHS Barnsley CCG website where the links to the two surveys – one for Service Users and Carers and one for Professionals were made available.
* Social media posts via the CCG Facebook and Twitter pages. Posts that were shared by the CCG on social media reached over 8,000 people. A wide number of partner organisations and local groups also shared posts on social media helping promote the surveys to a wider audience.

Sent directly to stakeholders:

* Sent to members of OPEN (Our Public Engagement Network) database.
* Sent to members of the NHS Barnsley CCG Patient Council.
* Circulated by local partners working across the health and social care economy.
* Promoted directly with colleagues and partner organisations working within mental health and children’s services and we asked for them to share with their wider networks.
* Sent directly to a wide list of stakeholders. This list was compiled in partnership with local service leads.

**What did we ask people?**

Two different surveys; one for service users and parents/carers and another for professionals were made available to people online at [**www.barnsleyccg.nhs.uk/haveyoursay**](http://www.barnsleyccg.nhs.uk/haveyoursay), on request or at the face to face sessions.

The survey questions we asked were as follows;

* Are you aware of the Barnsley Child and Adolescent Mental Health Service (CAMHS)?
* Have you, or one of your family members or friends, ever attended the Barnsley CAMHS service? **(Service User and Carer Survey only)**
* Have you ever made a referral to the Barnsley CAMHS service? **(Professionals Survey only)**
* Can you advise the approximate number of children/ young people that you have referred to CAMHS in the last six months? **(Professionals Survey only)**
* What support would you find / have found helpful whilst waiting to be seen by CAMHS? **(Service User and Carer Survey only)**
* From your personal experience of CAMHS, please can you share with us what you felt worked well and the reasons why?
* From your personal experience of CAMHS, please can you share with us areas you feel could be improved upon and the reasons why?
* Is there anything that you think is particularly good about our plans for the new CAMHS service?
* Is there anything that you think we could do differently as part of our plans for the new CAMHS service?
* What would give you confidence that the new service is working for children and young people, their families and carers? **(Professionals Survey only)**
* Any other comments

The questions for the focus sessions were tailored to each of the specific groups that we were meeting with.

# ****4. Overview of the feedback we received during this engagement phase****

As previously stated above, over the course of the past few weeks we have heard from 142 people who have fed back to us either in person at one of the meetings that we have attended, via one of the two surveys that we have hosted online and provided paper copies of or via email or telephone call directly to the CCG.

Below is an overview of all the feedback that we received and the demographic information we were able to capture where possible. We would like to thank everyone who has taken the time to provide us with their valuable comments, questions and feedback to inform this work.

**Feedback from Focus Sessions**

**OASIS Young Commissioners (supported by Chilypep) – Combined feedback gathered during sessions held on 15th August and 5th September**

**Q1: What are your first thoughts on what the new CAMHS should look like?**

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| * I think it’s an improvement |
| * A lot better for young people |
| * Clean Slate (start again) |
| * Need access in schools (Staff in schools) (Schools should do more) (Check up on how school’s doing) |
| * Young people receive support when they hit risk/ crisis, just like adult services, a 0-25 service could work to support young people up to the age of 25 and offer more support from the point of referral. |
| * Important to remember that Young People’s mental health can change faster than the model. |
| * Would like to see a crossover period between children and adult services (18 – 21) |
| CAMHS workers to be more open and honest with Young people (from You’re Welcome interviews) young people to be involved more pro- actively with their support plans/treatment programme. Safeguarding process to be clearer: who are CAMHS workers sharing information with and why? |
| Young people should be able to refer themselves to the ‘stage/tier’ that they feel they are at. Not start from the beginning have an assessment for one ‘tier/service’ and then moved to another tier for waiting list and further assessment. |
| Don’t compromise on quality of services to bring down waiting times. The two need to balance out. |
| Would be good to have a dedicated space within A&E for people in mental health crisis. Often feel judged whilst waiting to be seen in main waiting room and this makes you feel worse when you are already at crisis point. |

**Q2: Where do you think is the best location for children and young people to be seen? (e.g. at home, specialist community building e.g. New Street or combination of options)**

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| --- |
| Somewhere near town (easy to access) |
| Home |
| CAMHS building |
| Near bus station for transport |
| College/ health well being |
| Clinic |
| Children’s Centre |
| School |
| Friendly environment |
| Young people decide |
| Lightbox library |
| A wellbeing hub |

**Q3: From previous feedback, should provide support for children and young people up to 25th birthday? (As this would be a big transformation with impacts in people already in the service as well as staff and finances this needs to be a gradual change to ensure as little disruption as possible).**

**Do you have any ideas on how we could best support people during the period of change?**

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| It would be better because you can have support for longer |
| Workshops |
| For the first four weeks in the adult services, check in to make sure they are getting the support needed |
| Let them know in advance what treatment they will be receiving and what service they will be with (To calm anxiety and nerves) |
| Keep in touch/ text service so people can text when needed. ‘Like’ as people find this useful, so if CAMHS do this, it will help during the period of change |
| Mentors – partner up with some who has already gone through this change |
| Work out how to support those young people who have turned 19 after the service changes.  Can young people aged 19-24 choose whether they access support from CAMHS or AMS? YP need to be given accurate information about waiting times and treatment offered in both services. Young people who find themselves in AMS after changes have been made in CAMHS should be prioritised treatment. If they are already in adult service they should stay unless a major reason for them to move back to CAMHS. Discussed the change -over process from 18-25 this should be gradual, young people already in the service stay up until 25- for new referrals the YP is given a choice. |
| Even when CAMHS is working up to 25 at least one session given to understanding the process of moving into Adult Mental Health Services and what the differences might be, and the type of support than can be offered. |

**Q4: While people are in the waiting list, we want to offer them support. What type of support do you think would work best?**

**For example, this could be an online chat/ regular phone calls or a combination of these, or anything else you can think of.**

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| --- |
| Drop in centre |
| Online chat would be good for young people because they find it easier to talk by text and internet. |
| Online, easy accessible chat. Online 24/7 support available, this is good as can be anonymous but need to verify surroundings to know if the child or young person is safe/happy to talk. |
| Peer mentor |
| Talk to a worker or mentor |
| Text messages |
| Through an app |

**Questions/ requests from the group for lead commissioners to respond to as part of the ongoing dialogue around this work are as follows;**

1. Please can you send a copy of the final service specification through?
2. What will the lower level support look like?
3. Who is providing this?
4. How would a young person move between stages? How will young people move between ‘services/levels of support’?
5. How will it work? (In real life?)
6. Do you have a choice? Some Young People might want to move to adult services at 18.
7. What defines the service? What are the criteria for each tier/ level and how will you ensure people don’t fall through the gaps between the tiers?
8. Additional funding to help with waiting times – how much has been allocated?
9. Can the assessment process include some self -assessment that is perhaps completed before appointment by young person? Some young people find the assessment intimidating and if they don’t feel able to explain everything at the appointment then they may be placed on waiting list from wrong service or even turned away completely.
10. How are waiting lists prioritised? Young people shouldn’t have to be at crisis point to get support.
11. How are current waiting lists managed is any support offered while YP are waiting? YP’s situations and support needs can change whilst they are on waiting lists.
12. Are you looking to reduce all waiting times not just the initial one for an assessment? Important to reduce waiting times between services and appointments too.
13. Due to waits, lots of people escalate to crisis level and this leads to a lack of low level support as the resource is shifted to those with greatest need. How will you ensure there is a balance between adequately resourcing all the different levels of need?
14. Where appointments take place- Young person’s choice somewhere they feel comfortable. CAMHS should be in schools and colleges. Is it cheaper or more expensive for CAMHS if appointments take place in community rather than at office building?
15. There is a tracker used for Looked after Children for mental health provision – could something similar be used for everyone?
16. What will the referral process be for crisis and other services? Will this just be via a single point of access (SPA)?
17. In terms of local inpatient bed provision – will there be enough beds locally? as we are aware of young people having to go out of area
18. What is the waiting time in A&E for mental health crisis support? Is it 4 hours?
19. Are you aware of the dedicated mental health ambulance and paramedics in Sweden?

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**Pictures courtesy of OASIS – Young Commissioners Group**

**Barnsley Youth Council (supported by the Youth Voice and Participation Team) on 2nd September**

1. **Is there anything that you think is particularly good about our plans for the new CAMHS service?**

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| --- |
| Ongoing support and reducing waiting times **x 8** |
| I’m sat at an average waiting time of 2 years to be referred for ASD by then I’ll be 16 and out of school. So having ongoing support whilst being referred would be a massive help for me and coping with the public environment of school. |
| Lower level support is a better option |
| Support up to 25 **x 6** |
| Giving young people more self-help tools |
| Seeing children out of area. |
| Youth voice in their treatment and care planning **x 3** |
| The extra support for your parents as it can have huge effects on the people in the person’s life as well as the person **x 2** |
| Using more apps and technology to provide services **x 2** |
| Not taking time out of school |
| Appointments at school a really good idea |
| Reduce waiting times between appointments – seen in September and then again in January |

1. **Is there anything that you think that we could do differently as part of our plans for the new CAMHS services?**

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| --- |
| I think that if you provided check- ups, home and school visits for people with working/ on- the- go parents/ carers would be extremely helpful. However, having them in class hours may feel too open so lunch break/ after school hours would be ideal. |
| To provide an information pack this is easy to use and accessible. |
| To ensure the person keeps the same person to ensure they are safe. |
| Reduce stigma around CAMHS – more education around what types of care/ service is needed for each kind of need/condition |
| Make it more comforting for children to express their feelings. |
| Make service easier and quicker to access **x 4** |
| Peer support - Letting people talk to other people that have been through a similar thing to them **x 2** |
| Young people knowing where to go to get support – they don’t know |
| Less time in between appointments would be better |
| Give more support to victims of bullying and support schools to have more online support in tackling bullying. |

1. **If you were receiving support from the new service, would you prefer for this to be;**

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| --- | --- |
| **Potential location** | **Your preference** |
| 1. Home | **2** |
| 1. School | **7** |
| 1. A community building near your home e.g. GP practice | **6** |
| 1. Online | **3** |
| 1. Another location (state where in the box on the right) | **1 x Hospital** |

* Home – if you are comfortable with your situation at home
* School – but you need a cover story so other kids don’t become petty
* Community building – if easy to get to but only if they’re allowed out
* Online – easy if you can get online / you don’t know who is online on the other end

**Additional Comments**

* *‘It would be amazing if you actually followed the plans and stopped making false promises! The wait time is 2 years so stop lying to young people because people access the service when they are at crisis point. Let people be involved in their own treatment’.*
* *‘As someone who has been discharged from CAMHS and who has huge issues of trust, I do not have confidence within this plan as I know there will be people suffering from injustice’.*

**Questions/ requests from the group for lead commissioners to respond to as part of the ongoing dialogue around this work are as follows;**

1. How will you encourage people to search for your help?
2. Through this plan, how is CAMHS going to save its already negative reputation?

**CAMHS Parent and Carer Support Group (supported by the Young People’s Outreach Service) on 3rd September**

1. **Is there anything that you think is particularly good about our plans for the new CAMHS service?**

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| Increasing the age to 25 and for CAMHS to be involved throughout would be fantastic and a great reassurance from a parent’s point of view **x 6** |
| Consistency of care **x 3** |
| Improved crisis support and seven day a week services **x 3** |
| More flexible plan and times for delivery of care |
| Seeing young people outside of college and school **x 2** – this allows young people to have an unbroken education and avoids young people of having to leave classes. |
| Reducing waiting times would be fantastic as it takes quite a long time to be seen **x 4** |
| ‘*My daughter says she would not be alive today if she’d been told to wait 2 years (she was referred as a crisis by a third party organisation once her situation had been investigated by the police)’* |
| Ongoing support whilst waiting to be seen – may not escalate to full on emergency care |
| Development of more low level support |
| ‘*CAMHS is really helpful not only with young people but as well with parents’* |
| ‘*More support for parents/carers would be good – as parents we are not experts but often feel like we should have all the answers and we don’t know how to help our children’.* |

1. **Is there anything that you think we could do differently as part of our plans for the new CAMHS service?**

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| Ensure robust delivery and recording of interventions across the full range of services |
| Low level – intense support – Ensure for evidence based practice. |
| More cohesive care throughout – including for record keeping |
| Offer more assistance/ support for parents including childcare support for parents to attend support groups. |
| Provide information at the outset of admission to CAMHS if problem already evident. |
| Option for young person to meet with various therapists if they are unable to gel with a specific person as can be counterproductive **x 3** |
| Not really – I am really happy with the CAMHS services. |
| Ensure there is somewhere to go for a young person if they are in crisis and at risk of harm but not A&E as this is very stressful. |
| Possibly provide training to schools staff to enable them to identify and support pupils in school who may need help’. |
| Longer hours for children to be able to access help. |

1. **As a parent/carer of someone receiving, or waiting to receive, care from CAMHS, what would make you feel involved in your child/young person’s care?**

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| --- |
| The team now active at CAMHS keep me involved/ updated on my child’s care. |
| *‘My daughter/we are already receiving a service from CAMHS. She is currently in … but still she is receiving support from Barnsley CAMHS by weekly visiting. I am thankful that CAMHS is still involved’.* |
| *‘I already feel involved in my child’s care which is good but it’s important it continues especially after 18 when things will change*.’ |
| *‘Regular contact and feedback about my child’s progress and any tips/ pointers for things I could do to help and support at home’.* |
| Constant care from the same person who builds a relationship up with the child/ family and regular updates. |

1. **As a parent/carer what support would you want to receive from CAMHS if you are waiting to receive care? E.g. telephone calls, access to group sessions**

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| *‘Looking back at our journey, access to group sessions with other parents would have been useful. Direction to alternative support whilst waiting.’* |
| *‘I think these group sessions are great and for me they are really helpful. I would like to see these continue and to be more visible for people who need support like this. I didn’t have childcare and I couldn’t attend for two weeks, I was exhausted.’* |
| *‘As a parent of a young person who has been accessing support from CAMHS, the parents group is very supportive and needs to continue. Phone calls are a big help too.’* |
| Information – online etc. Knowing where to look and find help is difficult. |
| Regular updates. |

**Any other comments**

*Provision needs to be made for the CAMHS staff to get support in the job to help them cope in an already difficult job that they do.*

**Survey Feedback**

**Service User and Parent/ Carer Survey**

61 responses received in total by the deadline of 5pm on Friday 6th September 2019

**I am responding to the survey as…**

A current CAMHS service user - 12

The parent/ carer of a former CAMHS service user – 5

The parent/ carer of a current CAMHS service user – 22

The parent/ carer of a young person waiting to access CAMHS – 10

A member of public – 4

Other – 8 (Teachers/ Support Staff)

1. **Are you aware of the Barnsley Child and Adolescent Mental Health Service (CAMHS)?**

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| --- | --- |
| **Yes** | 58 (95%) |
| **No** | 3 (5%) |

1. **Have you, or one of your family members or friends, ever attended the Barnsley CAMHS service?**

|  |  |
| --- | --- |
| **Yes** | 46 (81%) |
| **No** | 11 (19%) |

1. **What support would you find / have found helpful whilst waiting to be seen by CAMHS?**

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| --- | --- |
| Access to online support | 8 (13%) |
| Access to group sessions | 8 (13%) |
| Access to telephone support | 12 (20%) |
| Access to support specifically for parents and carers | 14 (23%) |
| Access to support at school/ college | 15 (25%) |
| All of the above | 11 (18%) |
| Other (please state) | 16 (26%)  No support offered x 12  Therapy and physical observations x 2  Improved communication x 2 |

1. **From your personal experience of CAMHS, please can you share with us what you felt worked well and the reasons why in the space provided below?**

40 people provided a response to this question. Due to the number of responses they have been themed below and example quotes provided.

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| Staff/Professionals working within the services **x 17** – *‘Kind, friendly approachable professionals’, ‘ We have always found the staff excellent and the facilities adequate’, ‘ I have recently complained and the staff were understanding and shared my frustration. I believe they are doing the best they can with the resources they have.’* |
| Access to the right services/ specialist support **x 5** - ‘*Access to various experts with different disciplines is key’, ‘We have utilised CAMHS in the context of being a long term foster family, over many years and with several different young people with differing needs. We have accessed one to one support sessions for the young person, play therapy, FLAG group, and group work with the young person to promote attachment’, ‘Regular sessions with the eating disorder team’. ‘Friendly and supportive towards parents as well’* |
| Crisis support **x 2** – *‘Ability to get an appointment at short notice’, ‘Support available throughout. Ongoing accessibility’* |
| Regular, ongoing support and follow – ups **x 3** – ‘ *Consistent person seen and regular appointments’* , ‘*Regular check-ups and the fact that you get a letter after confirming what was said in the meeting’* |
| Person- centred/tailored support to individual needs/ circumstances – ‘*Someone for my daughter to talk to that was not family who didn’t judge. She was able to share how was feeling’* |
| One to one support **x 4** – *‘My child has one to one, this helps him loads’, ‘What worked well was the one to one sessions with my care coordinator and dietician. In reflection, my admissions in inpatient care have been significantly helpful in managing my eating disorder and depression. The after support from my inpatient admission in transitioning to home have been helpful ’* |
| Support for the whole family **x 6** – *‘I felt the family sessions were helpful. It’s helped with understanding my daughter’*, ‘*Still ongoing with sessions – have been helpful for both young person and parents and carers’, The group sessions were attended were useful – good content and supportive staff – worked well with young people and seemed experienced and effective’.* |
| Nothing **x 11** – ‘*Sorry to say that none of it worked well’ , ‘There are so many negatives, that it is hard to remember any positives’* |

1. **From your personal experience of CAMHS, please can you share with us areas you feel could be improved upon and the reasons why in the space provided below?**

43 people provided a response to this question. Due to the number of responses they have been themed below and example quotes provided.

|  |
| --- |
| Reduction of waiting times for initial assessment and between appointments **x 25** – *‘Time between seeing someone was quite lengthy before starting anti-depressants’, ‘Waiting time to be seen are too long. Mental health problems should be dealt with before they get worse’. ‘Waiting times are ridiculous. Even when our son took a knife to his room and stated he wished to die we were told the wait would still be around two years’, ‘The government need to put money in CAMHS because it’s failing so many young people, the long wait times are ridiculous…I know it’s not just Barnsley CAMHS that’s struggling, it’s all over’* |
| Referral criteria **x 5** – ‘*The criteria for being accepted are unfair, why should a child have all their behaviours put down to a condition? He isn’t a condition, he is a person…*’, ‘*When I was initially diagnosed by my GP, we contacted CAMHS and the ‘team’ said I wasn’t at a risky enough weight to receive support and contact them when I have lost more weight, this was incredibly triggering and led me deeper into anorexia’* |
| Out of hours support **x 4** – ‘*Weekend support’, ‘It’s sometimes difficult to attend during work hours for parents who work’* |
| Increased support for children and young people **x 5** – *‘Advice and support needs to be improved’* |
| Dedicated support/ time for parents/carers and/ or siblings **x 6** – *‘More time with CAMHS team without our child being present’. ‘Family therapy is important in sustaining improvements at home’, ‘No support until too late (hospital admission)…parents made to feel to blame despite asking for two years for help and being ignored’* |
| Increased support in schools **x 3** – ***‘****Many children in care are struggling with school and need continuity and prioritisation of education – interrupting school is counter- productive, we realise this increases the burden on the service but it should be developed with the client group in mind – not expecting the client group to fit into office hours’* , ‘*Perhaps more collaborative work with school – provide strategies for school to support my child’* |
| Increased early intervention support **x 9** – ***‘****Support easier and quicker access to local teams’, ‘Early intervention is key…if she’d had intervention from the beginning then maybe her mental health wouldn’t have deteriorated so much’.* |
| Increased resources **x 5** – **‘***Maybe longer sessions’* **, ‘***Make children’s mental health a priority’* |
| Communication from and between services **x 7** –*‘Poor communication…calls not returned, pathways not explained, proposed treatment not explained’* |
| Increasing understanding and awareness raising **x 3** –*‘Advice and support needs to be improved. Being aware of the facts when declining referrals and when a referral is made by a GP and the answer comes back and they have declined’* |
| Everything **x 1** – *‘In one word, everything needs to be improved’.* |
| Nothing **x 1** – *‘Nothing, my daughter didn’t have to wait long to be seen and has been seen by the same person throughout’* |

1. **Is there anything that you think is particularly good about our plans for the new CAMHS service?**

43 people provided a response to this question. Due to the number of responses they have been themed below and example quotes provided.

|  |
| --- |
| Ongoing support and reduced waiting times **x 19**  ‘*It takes twice as long to nurse back than it is to prevent’* , ‘*It’s great that you are looking to provide support for people waiting for an assessment’,* ‘*Provision of on-going support in the waiting period is essential to prevent further deterioration of the situation’, ‘Provide timely support and offer children and young people robust, ongoing support while they are waiting to be seen’* |
| Joined up services and range of service offer – low level to crisis support **x 20**  *‘Plan for more joined up offer of more low level support as well as specialised medical support’,*  *‘Joined up working and early intervention is key’. ‘Having a balance between low level support and medical’, ‘Integrating service is helpful – sometimes each type of service seems to be operating in a silo and could be more effective if more joined up’.* |
| Plans seem positive but proof will be in the delivery/ improved outcomes **x 8**  ‘*I think all the proposed plans seem good in theory but put in practice might not work due to lack of staff and resources. I also find it disappointing that these plans aren’t a given, they sound very much like common sense’,* ‘*Plans always appear first class* *but it’s the follow through that counts and a good plan is not good if the waiting time is so long a child hits crisis before they are seen’, ‘I’ll believe it when I see it!’, ‘If it’s genuinely going to happen then any additional support for the young people of Barnsley is a good thing’* |
| Plans being developed in partnership with young people and organisations **x 3**  ‘*I think it’s good that you seem to have listened to young people and organisations that know what the issues are’* |
| Out of hours support **x15**  ‘*Seeing them outside of school and college time and speeding up the process’* , *‘Seeing service users outside of school hours to avoid them missing lessons’* |
| Dedicated support for parents/ carers **x10**  ‘*Yes, it all sounds very good and would be a vast improvement particularly help for parents too’. ‘Good that there is a focus on parents’, ‘ New parent support group has been very helpful’* |
| Increasing the age to 25 **x9**  ‘*The fact that the service will be available up to the age of 25 as our child is now heading into adolescence and planning for the future it gives us hope’* , ‘*Support to 25 is reassuring’*. |

1. **Is there anything that you think we could do differently as part of our plans for the new CAMHS service?**

30 people provided a response to this question. Due to the number of responses they have been themed below and example quotes provided.

|  |
| --- |
| Provision of services that fall between low level and crisis level **x 4** – ‘*These are too severe for current voluntary offering and not bad enough for current offering of CAMHS’*, ‘ *Good to ensure that there is social value dynamics within the specification and also a blended model e.g. not all funds to one provider’* , ‘*Employ more staff to reduce waiting’* |
| Dedicated Services **x 3** – ‘*Maybe you need to offer a segregated autism service for those who already have a diagnosis’, ‘Dedicated team needed for adopted children… I would extend the provision for looked after children to include children previously looked after’,’ I don’t believe that ADHD service should sit with CAMHS, I think it should be commissioned separately, possibly alongside the autism assessment’ .* |
| Be clear on the service offer / provide more information about services **x 4** – ‘*I would also be clear with clients what CAMHS is and what it offers’*, ‘*More information for teachers how to refer children to CAMHS and support how to help within the classroom’*. ‘*Publicise SPA and listen to those who are affected’* |
| Continuity of Care **x 3** – ‘*Support families, not a statistic. Every family will require different help’* |
| Signposting and managing expectations regarding waiting times and offering interim support options **x 5** – ‘*Be honest at the first call about waiting times and make sure the parents know what to look out for and what to do and where to go if it becomes serious/ dangerous’* , ‘*Effective communication throughout the referral process – offer other services whilst waiting’* |
| Working alongside schools **x 1** – ‘*Capacity for health teams to work in schools to support children and teaching teams without just noting they need an EHC. This changes nothing’* |
| Cater to wide range of ages **x 2** *– ‘Remember there is a difference between child friendly and suitable for teenagers’* |
| Provision for looked after children **x 2** – ‘*Looked after children have an annual health assessment but this seems to be a little biased towards physical health and I don’t think enough emphasis is placed on mental health during these assessments – if mental/ emotional health issues are identified on health assessments there should be fast track options for the young people’* |

1. **Any other comments**

18 people provided a response to this question. Due to the number of responses they have been themed below and example quotes provided.

|  |
| --- |
| Support for the whole family **x 2** – ‘*I understand that CAMHS have had a difficult time however when you are the carer or a parent of a child that is unable to cope this eventually impacts on your own ability to cope. Especially when there are numerous barriers in place…CAMHS needs to think whether too many parenting courses alienate the family and feel like they are a barrier to care’* |
| Support for changes/ change required as soon as possible **x 4** – ‘*Glad to see improvements are planned’* , ‘*Just get on with it, and deliver please’. ‘Thank you’* |
| Be honest about challenges and provide updates **x 3** – *‘…without diagnosis we can’t get support from other organisations, we can’t get ongoing support when [my son] leaves school. He is in need of support but so are his parents and siblings. We all need support’* |
| Praise for service received **x 1** – ‘*The service we have received has been very supportive and consistently good’* |
| Important to listen and learn from first- hand feedback **x 2** – ‘*Listen to the people on the frontline dealing with it daily’* |
| Importance of promotion of service and communication **x 2** – *‘I only know about the service as I work for the NHS. I don’t see it advertised’* |
| More information about the service **x 1** – *‘More information to be made available about this service and what you offer for schools’* |
| More support in school **x 1** – ‘*I feel [my daughter] needs some support for going back to school in September. I don’t know where to turn for this. She attends an academy which is focused on behaviour and academic success above mental health’* |

**Equality Monitoring Questions**

**Age Range**

|  |  |
| --- | --- |
| **Under 18** | 8 (13%) |
| **18 - 24** | 1 (2%) |
| **25 - 34** | 13 (21%) |
| **35 - 44** | 18 (30%) |
| **45 - 54** | 13 (21%) |
| **55 - 64** | 4 (7%) |
| **65 - 74** | 1 (2%) |
| **Prefer not to say** | 3 (5%) |

**Gender**

|  |  |
| --- | --- |
| **Male** | 7 (11%) |
| **Female** | 51 (84%) |
| **Prefer not to say** | 3 (5%) |

**Transgender - Do you live and work permanently in a gender other than the one you were born into?**

|  |  |
| --- | --- |
| **No** | 56 (92%) |
| **Yes** | 2 (3%) |
| **Prefer not to say** | 3 (5%) |

**Ethnicity - How would you describe your ethnicity?**

|  |  |
| --- | --- |
| **White British** | 58 (95%) |
| **Prefer not to say** | 3 (5%) |

**Sexual Orientation - How would you describe your sexual orientation?**

|  |  |
| --- | --- |
| **Heterosexual** | 52 (85%) |
| **Bisexual** | 3 (5%) |
| **Lesbian** | 1 (2%) |
| **Prefer not to say** | 5 (8%) |

**Religion - How would you describe your religion?**

|  |  |
| --- | --- |
| **No religion** | 37 (61%) |
| **Christian** | 20 (34%) |
| **Prefer not to say** | 3 (5%) |

**Disability - Do you have any of the following disabilities?**

|  |  |
| --- | --- |
| **I do not have a disability** | 33 (54%) |
| **Mental Health Condition** | 14 (23%) |
| **Physical Impairment** | 3 (5%) |
| **Cognitive Impairment** | 2 (3%) |
| **Long Standing Illness** | 2 (3%) |
| **Sensory Impairment** | 1 (2%) |
| **Learning Disability** | 2 (3%) |
| **Learning Difficulty** | 4 (7%) |
| **Prefer not to say** | 4 (7%) |
| **No response to question** | 6 (10%) |

**Carer - Do you provide unpaid care for someone (friend/family member)?**

|  |  |
| --- | --- |
| **Yes** | 26 (46%) |
| **No** | 25 (45%) |
| **Prefer not to say** | 5 (9%) |

**Did we provide enough information for you to be able to comment on the questions we asked?**

|  |  |
| --- | --- |
| **Yes** | 39 (67%) |
| **No** | 9 (16%) |
| **Unsure** | 10 (17%) |

**Where did you find out about this survey?**

|  |  |
| --- | --- |
| **CAMHS** | **11** |
| **Social Media** | **18** |
| **Colleague** | **5** |
| **Family Member/ Friend** | **4** |
| **Email from CCG** | **4** |
| **Partner Organisation** | **4** |
| **GP** | **2** |
| **CCG Website** | **2** |
| **School** | **8** |

**15 people gave us their contact details and asked to be kept updated.**

**Professionals Survey**

36 responses received in total by the deadline of 5pm on Friday 6th September 2019

**Job role of respondents**

|  |  |
| --- | --- |
| Mental Health and Wellbeing Practitioner x 2 | Public Health Nurse |
| Midwife | Social Worker x 3 |
| GP x 6 | Family Support Worker x 2 |
| Barnsley Targeted Youth Support – Youth Offending Team | Advanced Practitioner (Children in Care) |
| Specialist CAMHS Nurse | Psychotherapist |
| Cognitive Behavioural Therapist (CBT) | Child Protection Worker |
| Speech and Language Therapist | Head of Service – Children in Care and Care Leavers |
| Teacher/ School Support Staff x 7 | Specialist Nurse – Community Paediatrics |
| Learning Mentor |  |

* + - 1. **Are you aware of the Barnsley Child and Adolescent Mental Health Service (CAMHS)?**

|  |  |
| --- | --- |
| **Yes** | 35 (97%) |
| **No** | 1 (3%) |

* + - 1. **Have you ever made a referral to the Barnsley CAMHS service?**

|  |  |
| --- | --- |
| **Yes** | 20 (59%) |
| **No** | 14 (41%) |

* + - 1. **Can you advise the approximate number of children/ young people that you have referred to CAMHS in the last six months??**

|  |  |
| --- | --- |
| **0** | 4 (11%) |
| **1 - 5** | 14 (39%) |
| **6 – 10** | 3 (8%) |
| **10 +** | 4 (11%) |
| **No response to question** | 11 (31%) |

* + - 1. **From your personal experience of CAMHS, please can you share with us what you felt worked well and the reasons why in the space provided below?**

26 people provided a response to this question. Due to the number of responses they have been themed below and example comments provided.

|  |
| --- |
| Work closely with service **x 2** – ‘*As a service we are able to work closely with [CAMHS] to step up and step down referrals this has been effective and easy’* |
| Helpful and knowledgeable staff **x 4 – ‘***Staff are really helpful if we need to contact to discuss possible referrals to the service’, ‘It is helpful to discuss cases with a member of the team prior to referral. This saves the time involved with making a referral when the team will not accept it. It also saves the families’ expectations being raised inappropriately’, ‘D.H. is amazing and is a real asset to the service. He always attends and he is always helpful regardless of when I have needed to speak to him’ , ‘Staff try to be as helpful as possible but are constrained by resources on offer’* |
| Helpful once you get into the service **x 2** – ‘*I feel the actual consultation sessions have been very productive, especially for the carers given the guidance and support they require. Social work advice only goes so far and I know that the advice and guidance that is received from a CAMHS perspective has a huge impact on the carer’s confidence and insight… Carers value the input from the CAMHS practitioners’* |
| Referrals form to get into the service **x 3** *–‘The referral process is quite straight forward. There is a consultation arranged quite quickly’* |
| Single Point of Access **x 2** – ‘*The SPA can be helpful if advice is needed rather than needing to make a referral. Initial appointment times are relatively fast’* |
| Good experience and patient outcomes **x 1** – ‘*Patients now they have been accepted and seen by the service have a good outcome and experience of the service’* |
| Improved timescales for consultation **x 2** – ‘*The timescales for consultation is much improved and works well in most cases. The consultation is good as it offers an opportunity for all professionals including foster carers the opportunity to share their individual views on the presentation of the child/ young person. The FLAG training can have a positive effect on how foster carers parent looked after children’* |
| Nothing **x 2** |

* + - 1. **From your personal experience of CAMHS, please can you share with us areas you feel could be improved upon and the reasons why in the space provided below?**

26 people provided a response to this question. Due to the number of responses they have been themed below and example comments provided.

|  |
| --- |
| Communication and sharing information and feedback with other services **x 4** – *‘I feel that some CAMHS reports need to be more specific in terms of highlighting behaviours and categorising them as high risk as what does this mean?... I feel that in some instances the language in the reports feel generic and need to be more personalised and realistic as to what level of care is required’* |
| Waiting times and greater access to the service **x 10** – *‘Waiting list is far too long. One child was waiting two years to be seen and in that time things deteriorated significantly’* , ‘*Once referrals have been made, the waiting times for families to receive support are extremely long’* |
| Referral process **x 4** – ‘*Hard to get referrals through – lots of waiting for responses following referrals in or chasing them up to find the outcome is long waiting times when accepted’* , ‘*Referrals have been refused in the past due to requiring more information when the information was already on the original form. This has happened on more than one occasion’. ‘Referrals often rejected – to the point that I tell patients to expect referrals to be rejected.* |
| Clearer criteria for support **x 3** – *‘A lack of clear transparency about what sort of patients are suitable for the service’* |
| Signposting to other services if referrals declined **x 4** – ‘*There is a need for appropriate signposting to APPROPRIATE services if CAMHS cannot support’* |
| Services for younger children **x 1** – ‘ *There are infants and children that I have not referred because I know the local CAMHS service does not provide a service for these children – for example children younger than 5 years old. There are usually children with eating and drinking difficulties...it would be helpful if CAMHS could provide a service to these children and their families’* |
| Importance of early intervention **x 3** – ‘*Waiting times for families are extremely long and this has often led to families going into crisis. If the support had been put into place earlier the families might not have been in so serious a situation’. ‘ Timely intervention would be very helpful – not just for the families, but also for the wider multi-disciplinary team (MDT) to make the most of intervention from every service’* |
| Increased resources and support **x 4** – ‘*Once a diagnosis was in place for ADHD – no treatment of support was offered except a parenting class’* |
| Better integration between adult services and CAMHS **x3** – ‘*There is a total mismatch between what is available for adults as opposed to children and young people’, ‘I feel children should get the same access and level of service as an adult and presently they appear not to’* |
| In school provision **x4** – *‘In school provision (MindSpace) should be available to looked after children’* |

* + - 1. **Is there anything that you think is particularly good about our plans for the new CAMHS service?**

32 people provided a response to this question. Due to the number of responses they have been themed below and example comments provided.

|  |
| --- |
| Plans for reducing waiting times and offering interim support **x 10** - *‘Timely support’* , ‘*The plan looks good – low level support and access to diagnosis and treatment faster in particular’* , ‘*The plans to ensure families have access to support whilst waiting for specific services is an excellent one in theory but this must be put into practice’* |
| Increasing age limit up to 25 **x 8**– ‘*Offering the service for young people up to the age of 25’, ‘Holding a service which support young people up to the age of 25 sounds really positive as transition at 18 into adult services can often be a shock and can precipitate disengagement’* |
| Extended hours **x3** – ‘*Children to have the opportunity to be seen outside school time and carrying on past 18 are all good ideas’* , ‘*Offering more support outside of normal hours (not just crisis support)’* |
| Additional resources **x 2** – *‘…resources simply do not meet demand. I hope that the new service is not built on false promises and that children and young people can access the service not only for assessment but for treatment in a timely manner’* |
| Early intervention **x 3** – ‘*Improve the timing of when intervention is offered’ , ‘I am in favour of support from the service before whilst patients are waiting and more support at the lower ends of mental health problems’* , ‘*I think the low level support is really needed in a timely manner before things escalate and problems become serious’* |
| Remodelling SPA **x2** – ‘*Remodelling SPA should be better – works well with adults’* , ‘ *I think it is very important that the SPA system is changed as it is not working and parents and professionals constantly struggle to speak to workers or even make basis contact with the service’* |
| All plans **x 2** – ‘*I think that all of the four key elements sound very positive and will be really good for the service. Particularly the timely support and the service working with children and young people up to the age of 25* |
| Joined up and more integrated services **x 3** – ‘*Joined up approach by all and ages of young people increased’, ‘From what I’ve read, I would welcome a more joined up approach with the other agencies that provide low level of therapeutic intervention such as Chilypep or TADS’* ,*’A joined up service that accepts referrals for all types of problems’* |

* + - 1. **Is there anything that you think we could do differently as part of our plans for the new CAMHS service?**

27 people provided a response to this question. Due to the number of responses they have been themed below and example comments provided.

|  |
| --- |
| Provide updates on waiting times **x2** – ‘*Providing young people and parents with an approximate waiting time’* |
| Improve communication with healthcare professionals **x 4** – *‘Improve communication with health care professionals… acknowledge the waiting list is too long’, ‘Communication and working WITH other professionals’, ‘ Publicity of what is on offer for professionals to access- this often reaches managers but others working directly with children and young people don’t get to know things in the area for families to access’* |
| Training and support for professionals **x2 –** *‘Maybe some local masterclasses to help support GPs in managing some of the problems’* |
| More service integration **x3 – ‘***I have been involved in some hugely positive joined up working with a CAMHS MH Practitioner which has allowed us to use our respective expertise in a positive way to support a family directly. I feel that it would be hugely positive if there was more of this type of work’***,** *‘More integrated pathway for young people with ASD and ADHD’* |
| Support for mid- level mental health **x2** - ‘*Hopefully cover those with mid- level mental health problems better as this is where most of the problems are’* |
| More time to consider the new specification **x1** – ‘*It would have been helpful to have a bit more time to consider the proposed service specification’* |
| Early Mental Health Support **x 2** – ‘*MindSpace in primary schools would be of great benefit. Currently there is a huge gap in early mental health support for primary age children with difficulties such as anxiety, especially those with special educational needs and disabilities’* |
| Telephone helpline and support for parents **x4 –** ‘*Offer patients and parents a help and advice helpline’, ‘I think there needs to be some support groups for parents’, ‘ Telephone support for carers when young people are in crisis’, ‘Peer support and drop in sessions for parents with others who have similar struggles’* |
| Work within schools to raise awareness **x 2** – ‘*I think there needs to be some preventative scheme going into schools and running sessions’, ‘Promoting the positives around the service- talks within schools’* |
| Home visits **x1** – ‘*I continue to be concerned about hard to reach children and wonder whether there could be a more flexible approach from CAMHS by undertaking home visits. Could this reduce young people’s needs escalating to a point where they require the outreach service?’* |
| Referral process **x 2** – ‘*I think children/ parents should be able to self- refer as adults do’, ‘Please don’t allow the referral form to be used as a tool to decline referrals. As a GP, I give as much information in a referral as I am able to get in the limited time I have with a patient. Rejected referrals due to ‘insufficient information’ are not helpful. Surely a better way would be to contact the patient to get this information. Then the patient knows they are going to be receiving help’* |
| Increase of age range up to 25 **x1** – *‘I note the intention – the service will support people up to the age of 25. I would like to suggest that Care Leavers… would make an ideal group to test the support to 25 aims. The current children in care pathway does not take into account the 180 plus children in care that are placed in Barnsley and as such the services for one of our most vulnerable groups is not defined as well as it should be’.* |

* + - 1. **What would give you confidence that the new service is working for children and young people, their families and carers?**

29 people provided a response to this question. Due to the number of responses they have been themed below.

|  |
| --- |
| Positive feedback from the community |
| More resilient young people |
| Teachers noticing improved wellbeing in their schools |
| Praise and satisfaction about the service |
| Ongoing engagement in service development by a wide range of stakeholders particularly children and young people and their families |
| Successfully integrated services working well together to support one another and local children and young people and their families |
| Reduction of waiting times for both assessments, diagnosis, treatment and ongoing support |
| Improved referral process with less people being declined as there will be a wider criteria covered by the services |
| Clear information and signposting to the right services first time |
| Recruitment and retention of highly skilled and experienced specialist staff |
| A service that is child focused and responsive to their needs and the community in which they live will support the development of children’s mental health services moving forwards. |
| CAMHS to be more visible and the benefits that they can offer young people to be better known. |
| Reduction of stigma around children and young people talking and addressing mental health issues. |
| Improved performance reporting |

**Did we provide enough information for you to be able to comment on the questions we asked?**

|  |  |
| --- | --- |
| **Yes** | 29 (81%) |
| **No** | 2 (6%) |
| **Unsure** | 5 (13%) |

**Where did you find out about this survey?**

|  |  |
| --- | --- |
| **CAMHS** | **2** |
| **Social Media** | **5** |
| **Colleague** | **12** |
| **Email from CCG** | **11** |
| **Partner Organisation** | **5** |
| **GP** | **1** |

**18 people gave us their contact details and asked to be kept updated.**

# ****5.**** Next steps

This engagement report supports the development of the service specification. Following submission to Barnsley CCG Governing Body, further involvement activity will take place as part of the procurement and mobilisation phases during 2019/20.

A copy of this report and decisions taken by the Governing Body will be sent to everyone who has requested it and provided us with their direct contact details. It will also be published on the CCG website.

We would like to take this opportunity to thank all of the individuals and organisations who have taken the time to share their views and also get involved in the promotion of this engagement activity.

Report produced by NHS Barnsley Clinical Commissioning Group

This report will be available here, visit [www.barnsleyccg.nhs.uk/haveyoursay](http://www.barnsleyccg.nhs.uk/haveyoursay)

If you require this report in a different format please contact us

Email: [barnccg.comms@nhs.uk](mailto:barnccg.comms@nhs.uk)

Telephone: 01226 433738/ 433773