

The logo for Young Somerset features the text 'Young Somerset' in a bold, black, sans-serif font. The word 'Young' is on the top line and 'Somerset' is on the bottom line. A thin black line arches over the 'o' in 'Somerset'. The text is centered within a circular graphic composed of two thick, brush-stroke-like rings. The top ring is blue and the bottom ring is green, both with a slightly irregular, hand-painted appearance.

**Young  
Somerset**

How we use data  
to inform  
practice

Mental Health and Wellbeing Team

Putting Young People First Will Improve Somerset



# Why is data important?

- We can evidence our work and fulfil our contractual obligations
- We can feedback to the ICB
- We can improve performance
- Young People and families can trust that we are an evidence based service
- We can celebrate successes
- We can identify and solve problems quickly





# Where we began

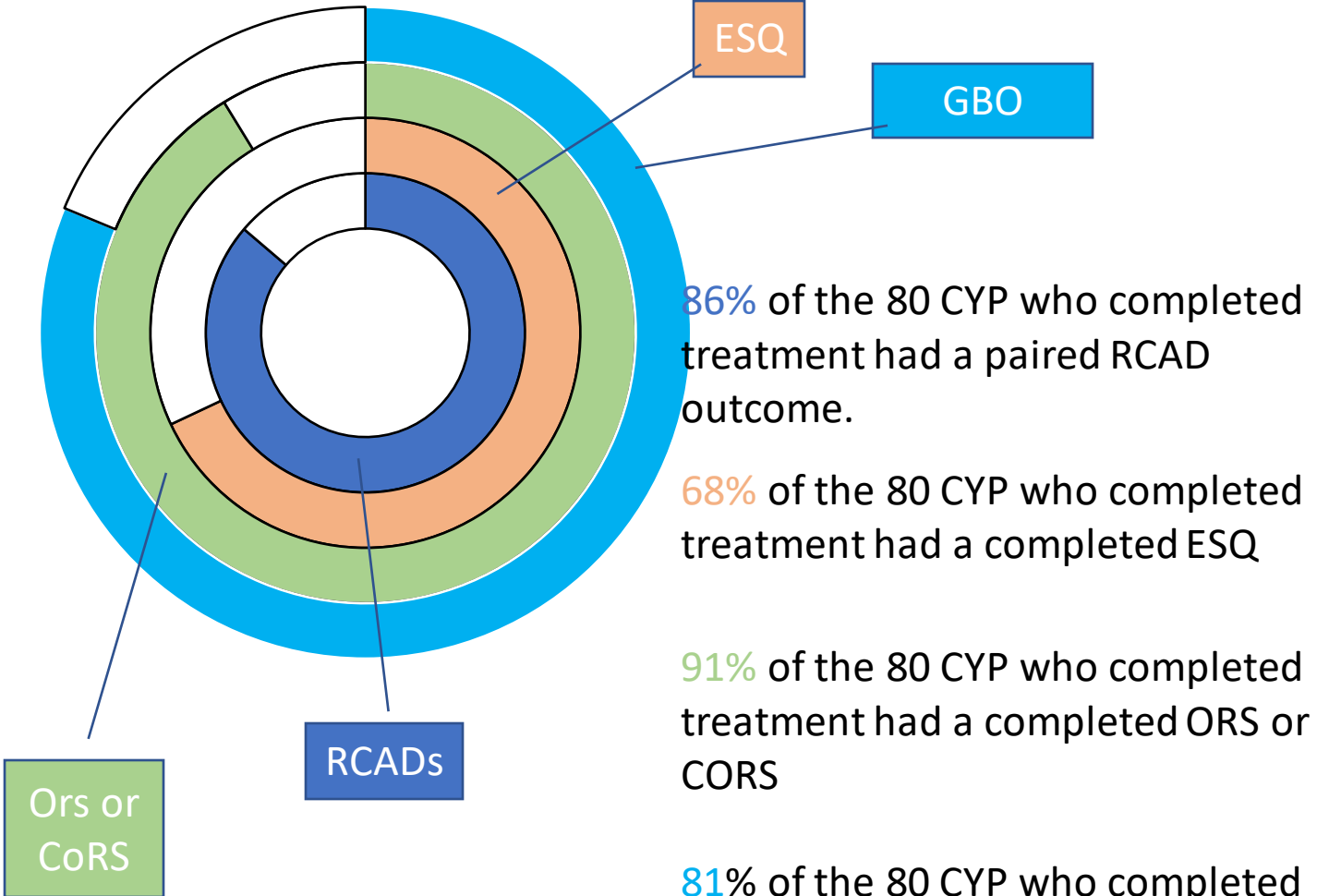
- 2018 we had 2 CWP practitioners
- 2019 MHST partnership with CAMHS established
- WST 2021 with 1 person and now team of 8 with Team Leader
- Today we have a team of over 50
- Data collection and reporting has changed significantly



CWP Q1 2022/23

# COMPLETION RATES

CWP RCADs completion rate



86% of the 80 CYP who completed treatment had a paired RCAD outcome.

68% of the 80 CYP who completed treatment had a completed ESQ

91% of the 80 CYP who completed treatment had a completed ORS or CORS

81% of the 80 CYP who completed treatment had a completed GBO

ESQ- Experience of service questionnaire.

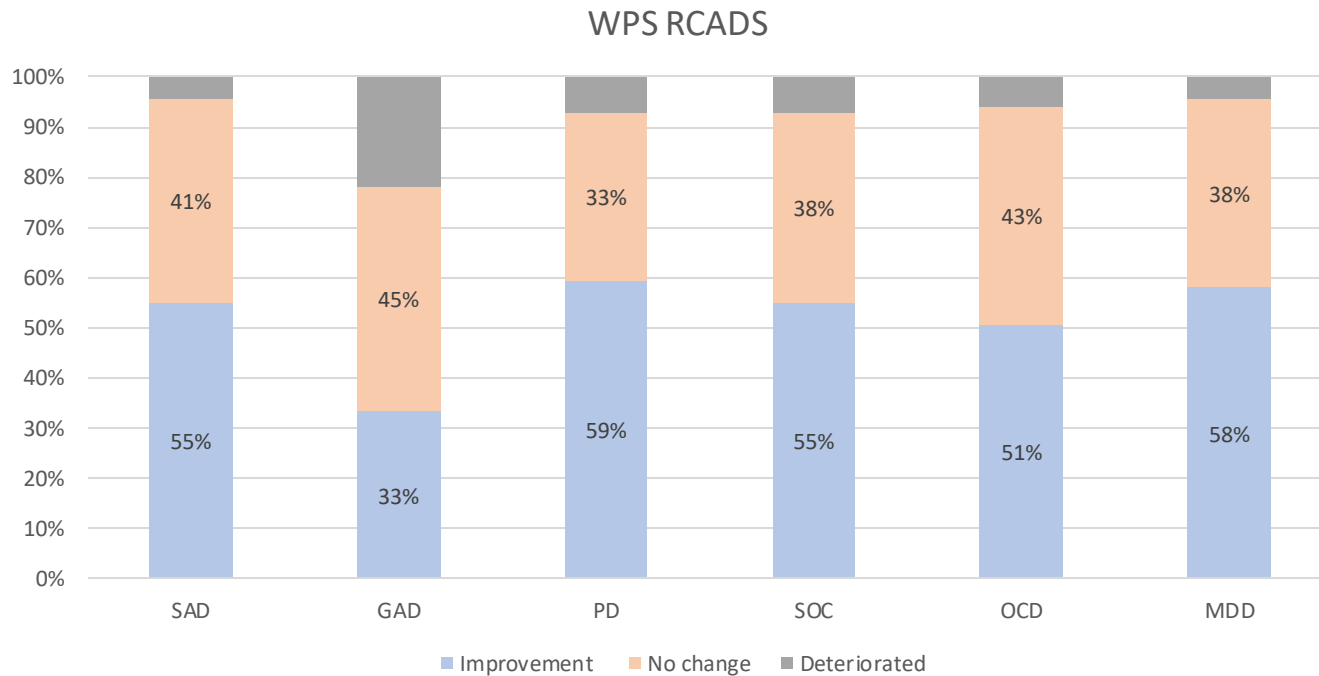
RCADs- Revised Children’s Anxiety and Depression Scale. CYPs will complete one of these as part of their assessment. This will inform therapists where their sessions should focus.

Another RCAD would be completed at the end of the treatment and the scores compared to measure the impact.

ORS – Outcome Rating Scale  
 CORS – Children Outcome Rating Scale  
 GBO- Goal based outcome



# Celebrating the positives



Based on 69 responses-CWP Service

In most cases young people showed an improvement in their low mood or anxiety. This obviously not the whole story and there may well have been progress in goals even if the RCADS stayed the same.



# Feedback

"They are brilliant with our young people, who get a lot out of these sessions. Thank you so much for this."

"I find myself now thinking more now how I approach things; being more reflective and asking questions. We do a lot of problem solving."

"He has achieved things in the last few weeks we wouldn't have imagined at Christmas."



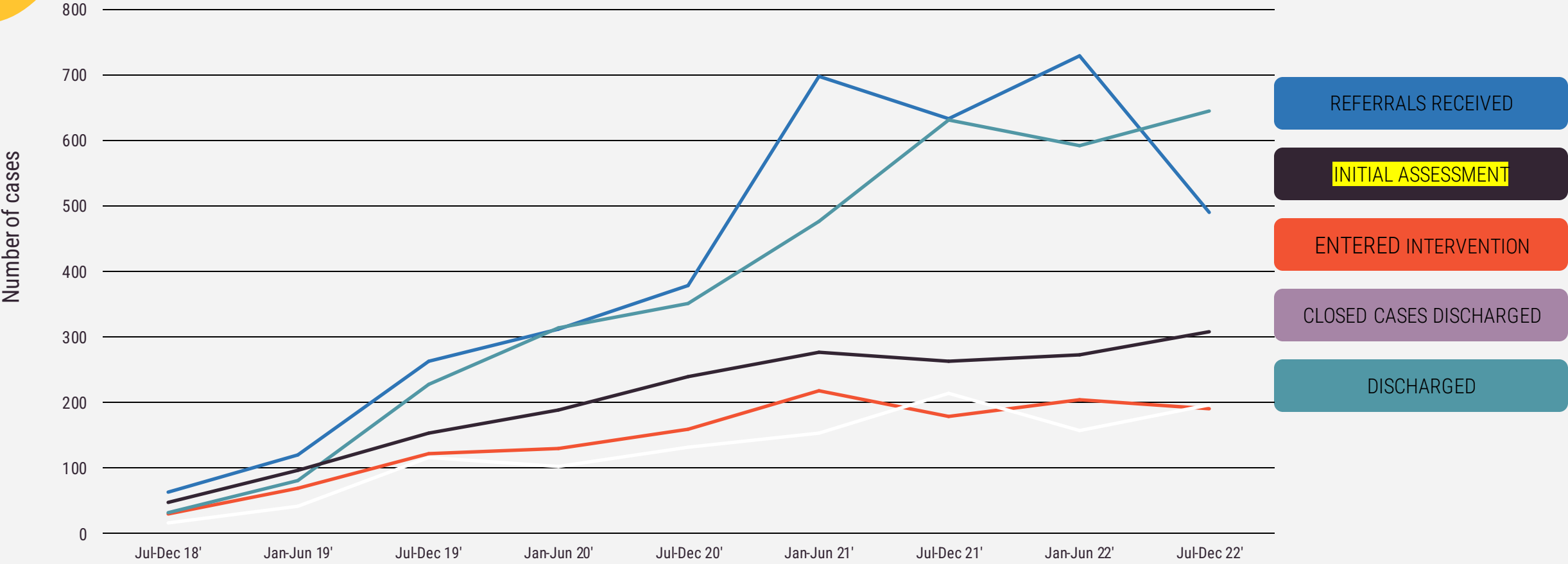
## Issues identified from data diving

- Cases not following the DNA Policy
- Delays for EMHPS as waiting for admin to send discharge letters
- Use of patient delay
- Missing information
- Inconsistency in rating risk
- Incorrect use of care pathways
- Some goals not SMART
- Goals being rated as a 7 at the start
- Admin and clinical time not being recorded
- Setting for intervention not recorded



# ACTIVITY

Data consist of all cases since July 2018. Each line represents activity specified by its colour within each 6 month period (e.g. number of referrals received, initial assessments, when were closed cases discharged etc.)







# Efficiency- At the initial stage

- Having clear and accurate information on our website and promotional material so that we reduce the number of inappropriate requests
- Using the IAPTUS forms for referrals has streamlined the process.
- The Wellbeing Support Team are making check in calls freeing up practitioner time.



# Priage and Triage

- We introduced the daily CWP Priage system which meant that unsuitable requests were spotted earlier and signposted to more appropriate services. This was very successful in reducing a backlog and we are reviewing whether is still required
- CWP Daily Triage is now run by our Clinical Supervisor, Safeguarding Lead, OMs and CWPs ensuring a variety of expertise and experience inform the decision making-this is more efficient as it means that cases do not have to be taken back to triage at allocation.

# Data

- A Service Manager has regular meetings with our Data Officer and receives regular updated information on case loads across the MH&W service. This means irregularities can be spotted quickly and resolved.
- Regular meetings between Service Managers and Operations Managers mean that issues can be discussed and passed on to the appropriate person.
- Regular monthly data update for HoS and Service Managers
- The Wellbeing Support Team keep accurate records of cases and each month the data is checked for anomalies.



# Working with partners

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- We attend twice weekly meetings with CAMHS which means fewer inappropriate requests and better understanding of each others' services.
- We have regular meetings with the ICB where we are honest and transparent about positive and negative impacts on the service.
- A Service Manager and Senior Clinical Supervisor attend the Southwest Community of Practice meetings, to keep up to date with changes and liaise with other providers across the region.
- Wellbeing Navigators are in regular contact with Open Mental Health Area Leads.



# Our DNA Policy

- We have a clear and robust DNA policy; this is on the website and each practitioner has a copy. Lengthy delays caused by waiting for people to respond to messages means fewer young people being seen.
- A quicker throughput of cases improves our data.



# Assessment

- The current expectation is that once allocated the assessment should take place within 2 weeks and then the intervention should be completed within 12 weeks.
- An intervention can be between 2 and 6 sessions
- Moving forward the ICB require us to work towards an average 4 week wait from request to assessment.
- CWP Allocation is now more efficient with a qualified Practitioner taking responsibility for each of the four areas



# Case loads

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- An intervention can be between 2 and 6 sessions, it can be weekly or fortnightly and take place virtually, in person or over the telephone
- Trainees and qualified practitioners have clear expectations around case loads-trainees build to 10 over the year and qualified staff should have a minimum caseload of 15 but ideally 20. Adjustments can be made for group work
- Clinical Supervisors are working on a form allowing them to have an overview of caseloads at supervision so that there is less delay in new cases being picked up.
- We have agreed that home visits can be made where finding a venue is difficult or the yp is having trouble leaving the home-this allows for more flexibility making the service more accessible.





Any Questions or suggestions





# Young Somerset

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